Sexual and Reproductive Health and HIV

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Global estimates of HIV-(2009)

- People living with HIV 33.3 million [31.4 – 35.3 million]
- New HIV infections 2.6 million [2.3 – 2.8 million]
- Deaths due to AIDS 1.8 million [1.6 – 2.4 million]
- % Adult prevalence (15-49 years) 0.8 [0.7-0.8]

Source: UNAIDS Report on the global AIDS epidemic 2010

HIV/AIDS statistics 2001, 2009

	Adults and children living with HIV	Adults and children newly infected with HIV	% Adult prevalence (15–49 years)	AIDS-related deaths among adults and children
2009	33.3 million [31.4–35.3 million]	2.6 million [2.3–2.8 million]	0.8 [0.7–0.8]	1.8 million [1.6–2.1 million]
2001	28.6 million [27.1–30.3 million]	3.1 million [2.9–3.4 million]	0.8 [0.7–0.8]	1.8 million [1.6–2.0 million]

Source: UNAIDS Report on the global AIDS epidemic 2010

Regional HIV/AIDS - 2001, 2009

		Adults and children living with HIV	Adults and children newly infected with HIV	% Adult prevalence (15–49 years)	AIDS-related deaths among adults and children
SUB-SAHARAN AFRICA	2009	22.5 million [20.9–24.2 million]	1.8 million [1.6–2.0 million]	5.0 [4.7–5.2]	1.3 million [1.1–1.5 million]
	2001	20.3 million [18.9–21.7 million]	2.2 million [1.9–2.4 million]	5.9 [5.6–6.1]	1.4 million [1.2–1.6 million]
MIDDLE EAST AND NORTH AFRICA	2009	460 000 [400 000–530 000]	75 000 [61 000–92 000]	0.2 [0.2–0.3]	24 000 [20 000–27 000]
	2001	180 000 [150 000–210 000]	36 000 [32 000–42 000]	0.1 [0.1–0.1]	8300 [6300–11 000]
SOUTH AND SOUTH-EAST ASIA	2009	4.1 million [3.7–4.6 million]	270 000 [240 000–320 000]	0.3 [0.3–0.3]	260 000 [230 000–300 000]
	2001	3.8 million [3.5–4.2 million]	380 000 [350 000–430 000]	0.4 [0.3–0.4]	230 000 [210 000–280 000]
EAST ASIA	2009	770 000 [560 000–1.0 million]	82 000 [49 000–140 000]	0.1 [0.1–0.1]	36 000 [25 000–50 000]
	2001	350 000 [250 000–480 000]	64 000 [47 000–88 000]	<0.1 [<0.1–<0.1]	15 000 [9400–28 000]
OCEANIA	2009	57 000 [50 000–64 000]	4500 [3400–6000]	0.3 [0.2–0.3]	1400 [<1000–2400]
	2001	29 000 [23 000–35 000]	4700 [3800–5600]	0.2 [0.1–0.2]	<1000 [<500–1100]
CENTRAL AND SOUTH AMERICA	2009	1.4 million [1.2–1.6 million]	92 000 [70 000–120 000]	0.5 [0.4–0.6]	58 000 [43 000–70 000]
	2001	1.1 million [1.0–1.3 million]	99 000 [85 000–120 000]	0.5 [0.4–0.5]	53 000 [44 000–65 000]

Regional HIV/AIDS 2001, 2009 (2)

		Adults and children living with HIV	Adults and children newly infected with HIV	% Adult prevalence (15–49 years)	AIDS-related deaths among adults and children
CARIBBEAN	2009	240 000 [220 000–270 000]	17 000 [13 000–21 000]	1.0 [0.9–1.1]	12 000 [8500–15 000]
	2001	240 000 [210 000–270 000]	20 000 [17 000–23 000]	1.1 [1.0–1.2]	19 000 [16 000–23 000]
EASTERN EUROPE AND CENTRAL ASIA	2009	1.4 million [1.3–1.6 million]	130 000 [110 000–160 000]	0.8 [0.7–0.9]	76 000 [60 000–95 000]
	2001	760 000 [670 000–890 000]	240 000 [210 000–300 000]	0.4 [0.4–0.5]	18 000 [14 000–23 000]
WESTERN AND CENTRAL EUROPE	2009	820 000 [720 000–910 000]	31 000 [23 000–40 000]	0.2 [0.2–0.2]	8500 [6800–19 000]
	2001	630 000 [570 000–700 000]	31 000 [27 000–35 000]	0.2 [0.2–0.2]	7300 [5700–11 000]
NORTH AMERICA	2009	1.5 million [1.2–2.0 million]	70 000 [44 000–130 000]	0.5 [0.4–0.7]	26 000 [22 000–44 000]
	2001	1.2 million [960 000–1.4 million]	66 000 [54 000–81 000]	0.4 [0.4–0.5]	30 000 [26 000–35 000]

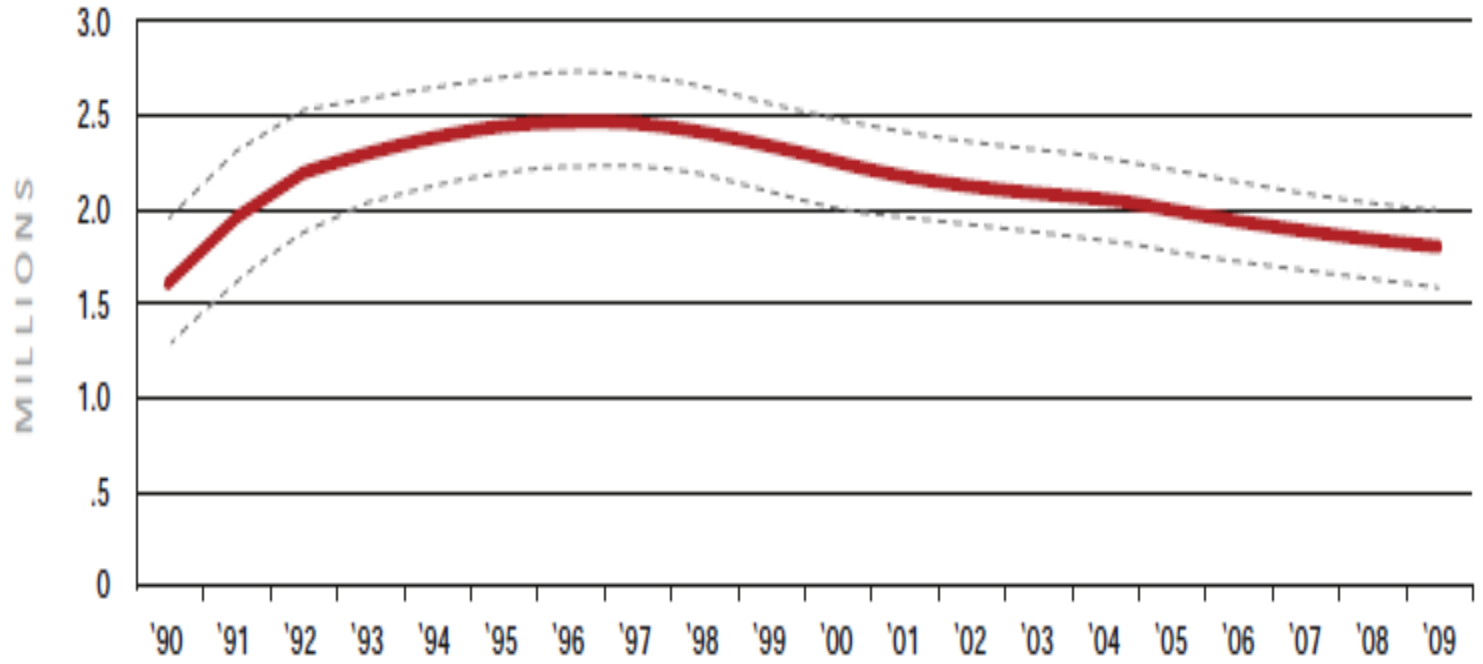
Source: UNAIDS Report on the global AIDS epidemic 2010

New HIV infections are declining

- The global incidence of HIV infection declined by 19% between 1999 (the year of peak incidence) and 2009; the decline exceeded 25% in 33 countries, including 22 countries in sub-Saharan Africa.
- This is nearly one fifth (19%) fewer infections than the 3.1 million [2.9 million–3.4 million] people newly infected in 1999, and more than one fifth (21%) fewer than the estimated 3.2 million [3.0 million–3.5 million] in 1997, the year in which annual new infections peaked.

Source: UNAIDS Report on the global AIDS epidemic 2010

Number of people newly infected with HIV infections are declining



Source: UNAIDS Report on the global AIDS epidemic 2010

AIDS-related deaths are decreasing

The number of annual AIDS-related deaths worldwide is steadily decreasing-

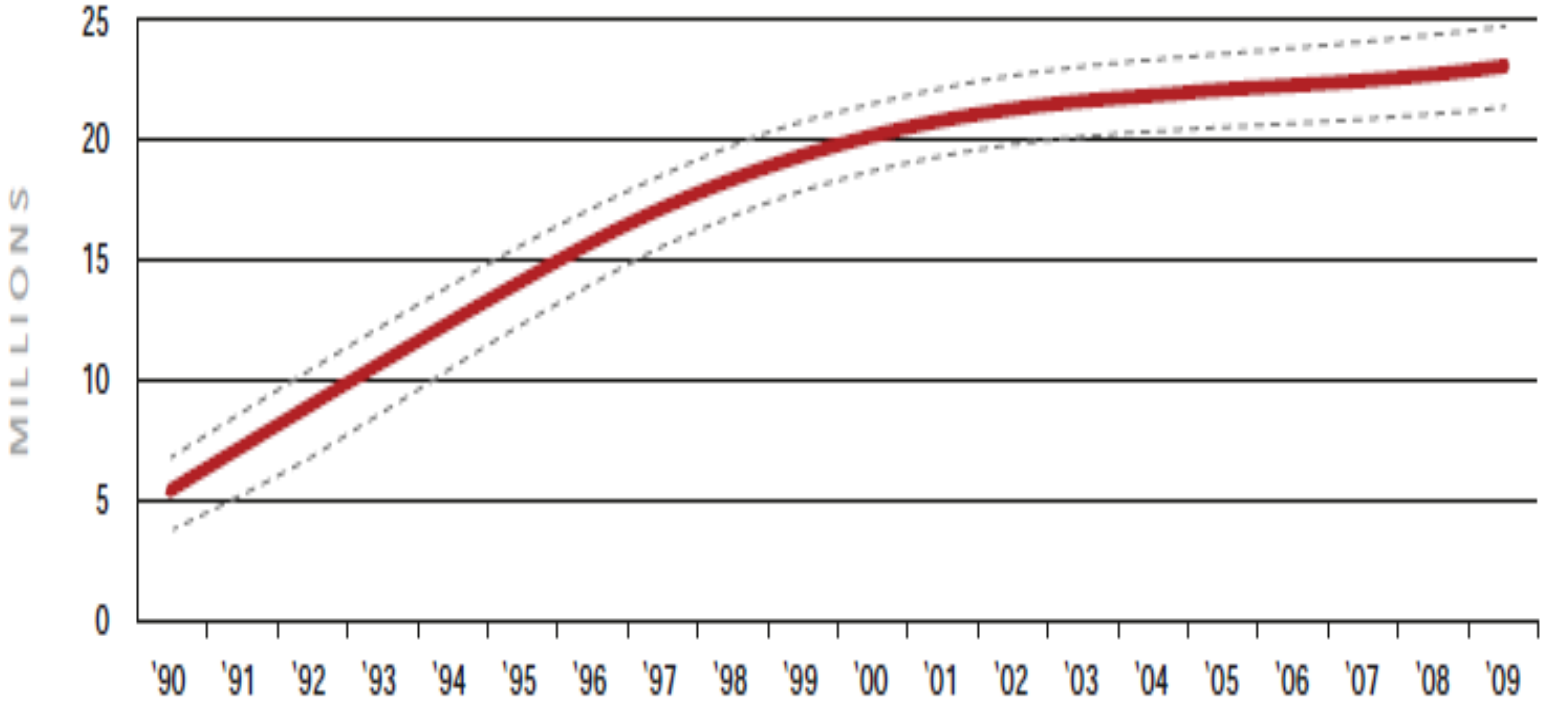
- from the peak of 2.1 million in 2004 to an estimated 1.8 million in 2009.
- The decline reflects the increased availability of antiretroviral therapy, as well as care and support, to people living with HIV, particularly in middle- and low-income countries.

Source: UNAIDS Report on the global AIDS epidemic 2010

People living with HIV/AIDS have increased

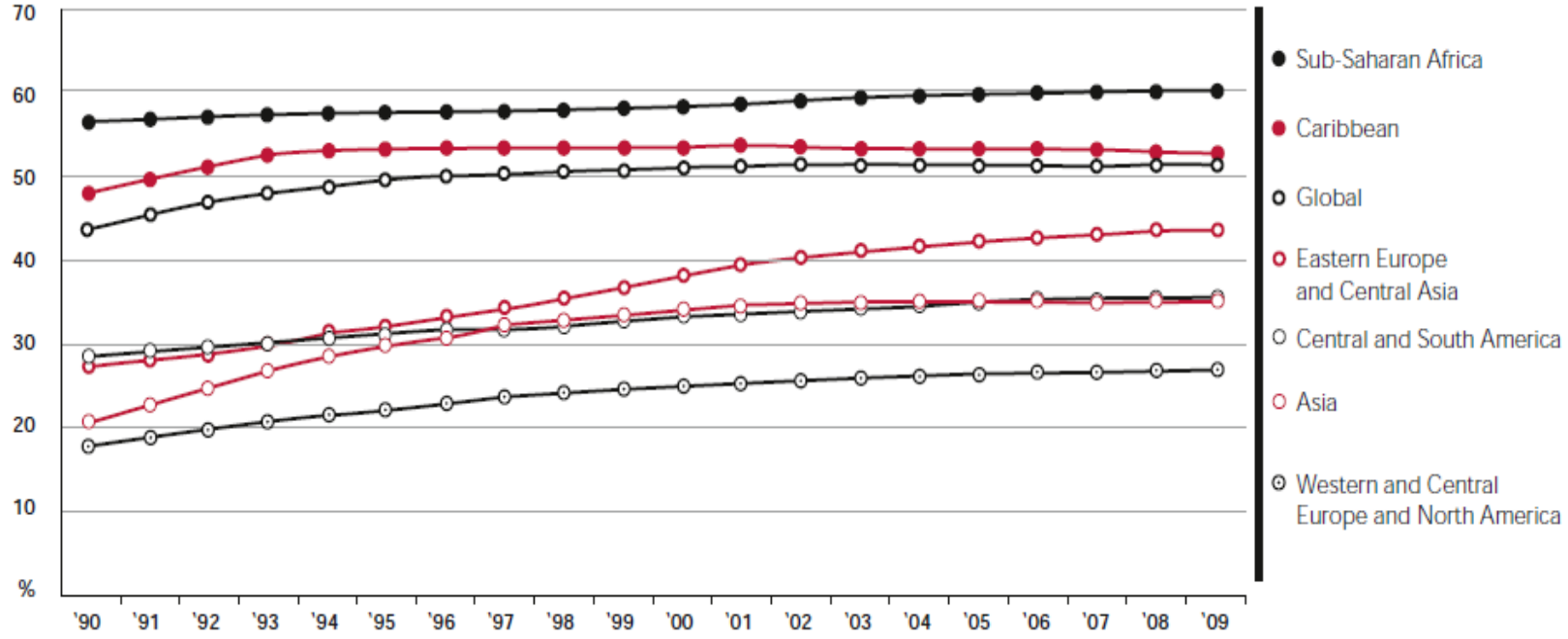
- Although the number of new infections has been falling, levels of new infections overall are still high, and with significant reductions in mortality the number of people living with HIV world wide has increased.

Number of people living with HIV/AIDS have increased



Source: UNAIDS Report on the global AIDS epidemic 2010

Proportion of women 15 yrs and older living with HIV, 1990-2009



Source: UNAIDS Report on the global AIDS epidemic 2010

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, diagnosis, treatment, care).
- Availability of new medicines and preventive technologies.

Access to services

- 26% of all pregnant women living in low and middle income countries received an HIV test in 2009.
- 53% of all pregnant women living with HIV received antiretroviral drugs to reduce the risk of transmitting HIV to their infants in 2009.

Source: UNAIDS Report on the global AIDS epidemic 2010

Impact of HIV/AIDS on health of mother and children

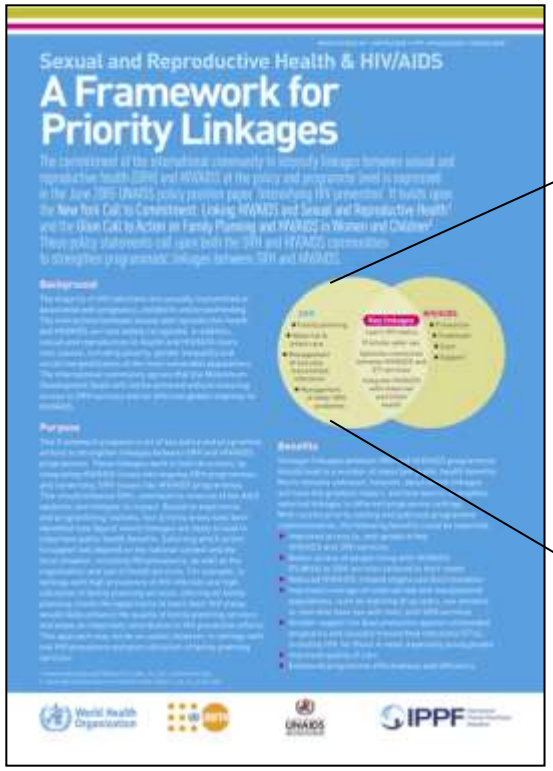
- HIV infection in pregnancy increases the risk of complications of pregnancy and childbirth.
- Increases risk of miscarriage, anaemia, postpartum haemorrhage, puerperal sepsis and post surgical complications.
- Children of an HIV positive mother have higher mortality risk than children of HIV – negative mothers.

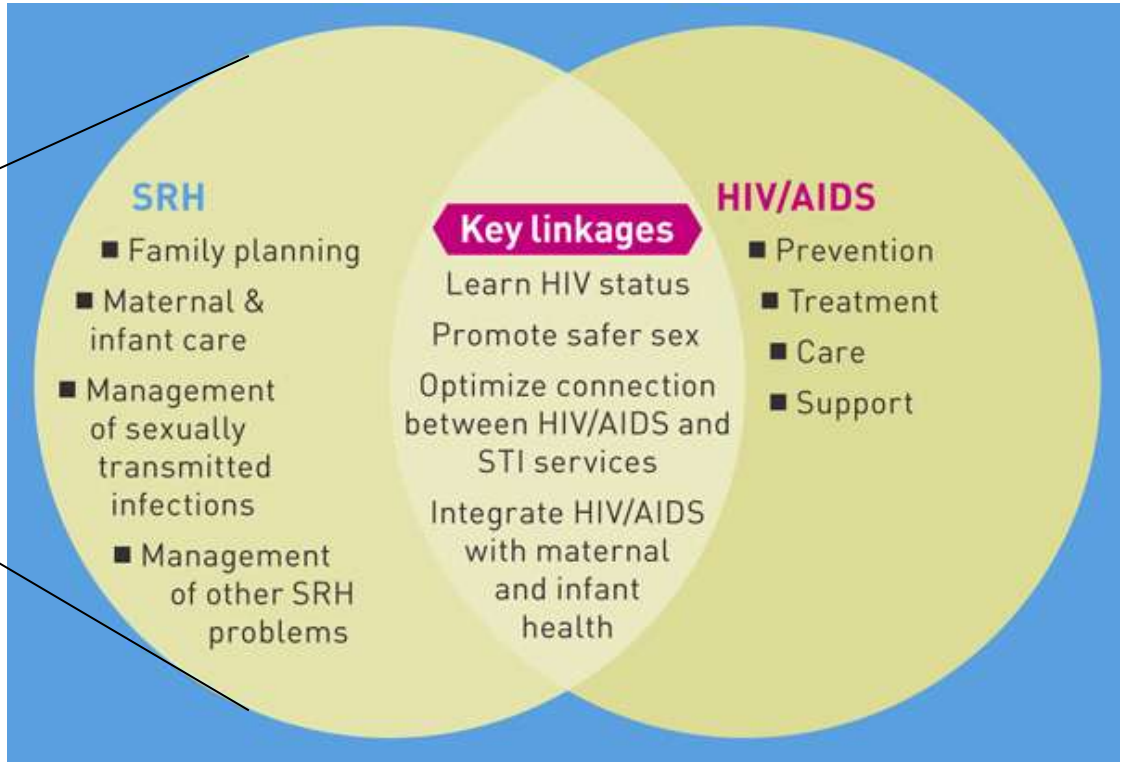
Source: The World Health Report 2005

WHO global health Sector strategy on HIV/AIDS

1. Optimize HIV prevention, diagnosis, treatment and care outcomes.
2. Leverage broader Health outcomes through HIV responses.
3. Build strong and sustainable systems.
4. Reduce vulnerability and remove structural barriers to accessing services.

SRH&HIV/AIDS- Conceptual Framework





Source: *Sexual and Reproductive Health & HIV/AIDS: A Framework for Priority Linkages*, WHO, IPPF, UNAIDS, & UNFPA, 2005.

1. Learn HIV status

- Support legal and policy reform to remove barriers to HIV testing and counselling, particularly for young people.
- Reoriente 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.

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).

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.

4. Integrate HIV/AIDS with maternal and newborn 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.

The four-pronged approach to prevent transmission of HIV from mother to baby

1. Primary prevention of HIV infection among women of childbearing age.
2. Preventing unintended pregnancies among women living with HIV.
3. Preventing HIV transmission from a woman living with HIV to her infant.
4. Providing appropriate treatment, care and support to mothers living with HIV and their children and families.

Source: WHO- PMTCT strategic vision 2010-2015

Prevention of maternal to child transmission (PMTCT)

- Deliver comprehensive package of PMTCT services
- Integrate HIV counselling & testing into SRH
- Provide high quality SRH to women living with HIV
- Integrate SRH into ART centres or strengthen referrals
- Provide family planning counselling and services during antenatal and post-partum care
- Screen and treat for syphilis and other STIs
- Develop appropriate guidelines, tools & competencies for SRH people living with HIV in the context of PMTCT

Source: *Guidance on Global Scale-Up of the Prevention of Mother-to-Child Transmission of HIV, IATT on* Prevention of HIV Infection in Pregnant women, Mothers and their Children, 2007.

Service Integration: What SRH Providers Can Do

- HIV prevention information and services, including for people living with HIV.
- Information to prevent unintended pregnancies and HIV/STIs (dual protection) through correct and consistent condom use; provision of male and female condoms.
- Nondirective, nonjudgmental and confidential counselling on SRH of people living with HIV.
- HIV counselling and testing and ART as indicated.
- Strengthen maternal and child health services by including elements of prevention of mother-to-child transmission services.
- Address the SRH needs of key populations, including men who have sex with men, people who use drugs, sex workers and their clients.

Source: *Gateways to Integration Case Studies for Haiti, Kenya and Serbia*, WHO, UNFPA, UNAIDS, IPPF, 2008.

Service Integration: What HIV Providers Can

- Address sexual and reproductive health of people living with HIV.
- Prevent, diagnose and treat sexually transmitted infections other than HIV.
- Refer for prenatal care and high quality obstetrical services.
- Provide counselling on fertility desires and provide related services and commodities.
- Better understand and respond to the SRH needs of key populations, including men who have sex with men, people who use drugs, and sex workers and their clients.

Source*: Gateways to Integration Case Studies for Haiti, Kenya and Serbia*, WHO, UNFPA, UNAIDS, IPPF, 2008.

Community Engagement

Source: *HIV Prevention Report Cards for Young Women and Girls,* IPPF, UNFPA, GCWA, Young Positives, 2006-2009.

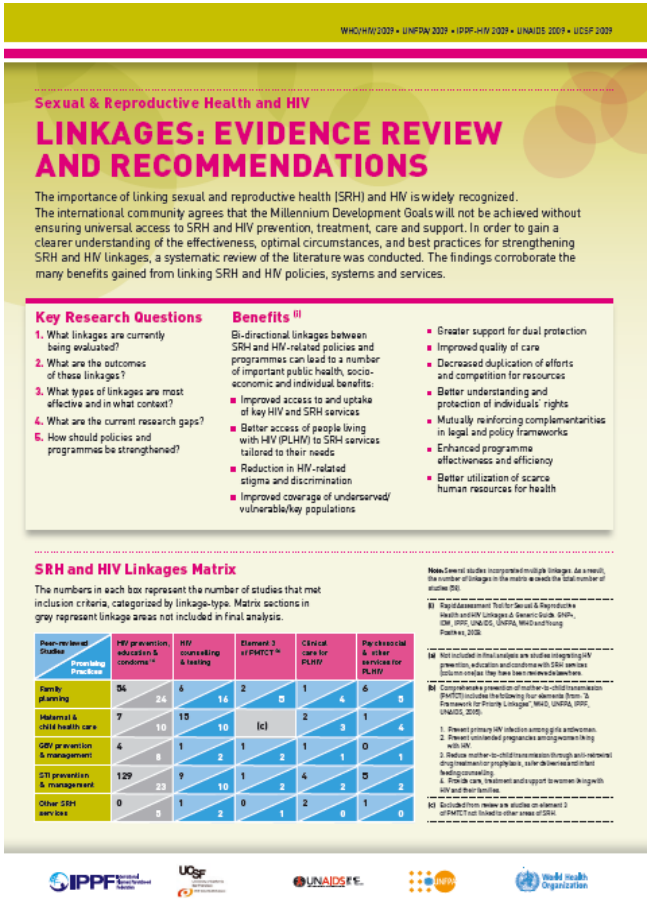
Benefits of Linkages

- 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
- improved quality of care
- decreased duplication of efforts and competition for scarce resources
- better understanding and protection of individuals' rights
- mutually reinforcing complementarities in legal and policy frameworks
- enhanced programme effectiveness and efficiency
- better utilization of scarce human resources for health

Source: *Sexual & Reproductive Health and HIV Linkages: Evidence Review & Recommendations*, IPPF, UCSF, UNAIDS, UNFPA, WHO, 2009.

The Evidence

- A systematic review showed that linking SRH and HIV services is beneficial and feasible:
  - Increases access to and uptake of services
  - Improves health and behavioural outcomes, including condom use
  - Increases knowledge of HIV and other STIs
  - Improves quality of services



WHO/HIV 2009 • UNFPA 2009 • IPPF-HIV 2009 • UNAIDS 2009 • UCSF 2009

Sexual & Reproductive Health and HIV

LINKAGES: EVIDENCE REVIEW AND RECOMMENDATIONS

The importance of linking sexual and reproductive health (SRH) and HIV is widely recognized. The international community agrees that the Millennium Development Goals will not be achieved without ensuring universal access to SRH and HIV prevention, treatment, care and support. In order to gain a clearer understanding of the effectiveness, optimal circumstances, and best practices for strengthening SRH and HIV linkages, a systematic review of the literature was conducted. The findings corroborate the many benefits gained from linking SRH and HIV policies, systems and services.

Key Research Questions

1. What linkages are currently being evaluated?
2. What are the outcomes of these linkages?
3. What types of linkages are most effective and in what context?
4. What are the current research gaps?
5. How should policies and programmes be strengthened?

Benefits [i]

Bi-directional linkages between SRH and HIV-related policies and programmes can lead to a number of important public health, socio-economic and individual benefits:

- Improved access to and uptake of key HIV and SRH services
- Better access of people living with HIV (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
- Improved quality of care
- Decreased duplication of efforts and competition for resources
- Better understanding and protection of individuals' rights
- Mutually reinforcing complementarities in legal and policy frameworks
- Enhanced programme effectiveness and efficiency
- Better utilization of scarce human resources for health

SRH and HIV Linkages Matrix

The numbers in each box represent the number of studies that met inclusion criteria, categorized by linkage-type. Matrix sections in grey represent linkage areas not included in final analysis.

Peer-reviewed Studies / Promising Practices	HIV prevention, education & condoms [a]	HIV counselling & testing	Element 3 of PMTCT [b]	Clinical care for PLHIV	Psychosocial & other services for PLHIV
Family planning	24 / 24	6 / 16	2 / 5	1 / 4	6 / 5
Maternal & child health care	7 / 10	15 / 10	(c)	2 / 3	1 / 4
GBV prevention & management	4 / 8	1 / 2	1 / 2	1 / 1	0 / 1
STI prevention & management	129 / 23	9 / 10	1 / 2	4 / 2	5 / 2
Other SRH services	0 / 5	1 / 2	0 / 1	2 / 0	1 / 0

Note: Several studies incorporated multiple linkages. As a result, the number of linkages in the matrix exceeds the total number of studies (56).

[i] Rapid Assessment Tool for Sexual & Reproductive Health and HIV Linkages & Generic Guide. IPPF, IDM, UNAIDS, UNFPA, WHO and Young Positives, 2009.

[a] Not included in final analysis are studies integrating HIV prevention, education and condoms with SRH services (only on rare occasions they have been reviewed elsewhere).

[b] Comprehensive prevention of mother-to-child transmission (PMTCT) includes the following four elements (from "A Framework for Priority Linkages", WHO, UNFPA, IPPF, UNAIDS, 2008):

1. Prevent primary HIV infection among girls and women.
2. Prevent unintended pregnancies among women living with HIV.
3. Reduce mother-to-child transmission through anti-retroviral drug treatment or prophylaxis, safer deliveries and infant feeding counselling.
4. Provide care, treatment and support to women living with HIV and their families.

[c] Excluded from review are studies on element 3 of PMTCT not linked to other areas of SRH.

IPPF · UCSF · UNAIDS · UNFPA · World Health Organization

Source: *Sexual & Reproductive Health and HIV Linkages: Evidence Review & Recommendations*, IPPF, UCSF, UNAIDS, UNFPA, WHO, 2009.

The way forward (1)-

- HIV prevention programmes must include a combination of behavioural, biomedical, and structural responses, and these activities should operate in synergy.
- New HIV prevention methods such as male circumcision must be scaled up in countries with generalized epidemics.
- HIV prevention programmes should reach men who have sex with men, sex workers and their clients, transgender people, and people who inject drugs.
- Current advances in stopping new infections among children must be accelerated by integrating services in antenatal care settings.

Source: UNAIDS Report on the global AIDS epidemic 2010

The way forward (2)-

- Behaviour change and condom promotion efforts must work in tandem.
- HIV testing, counselling and treatment and support must be scaled up to keep pace with increasing demand.
- Maternal and child health services must be strengthened so that all pregnant women living with HIV can access comprehensive services to prevent maternal and child mortality and infants from becoming newly infected and for providing ART for mothers.
- National programmes should ensure that investments In HIV prorgrammes are given priority according to epidemic patterns to reach the populations most in need.

Source: UNAIDS Report on the global AIDS epidemic 2010