

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 *

**including UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction*

Twitter @HRPresearch



Rationale for SRHR & HIV Linkages/Integration

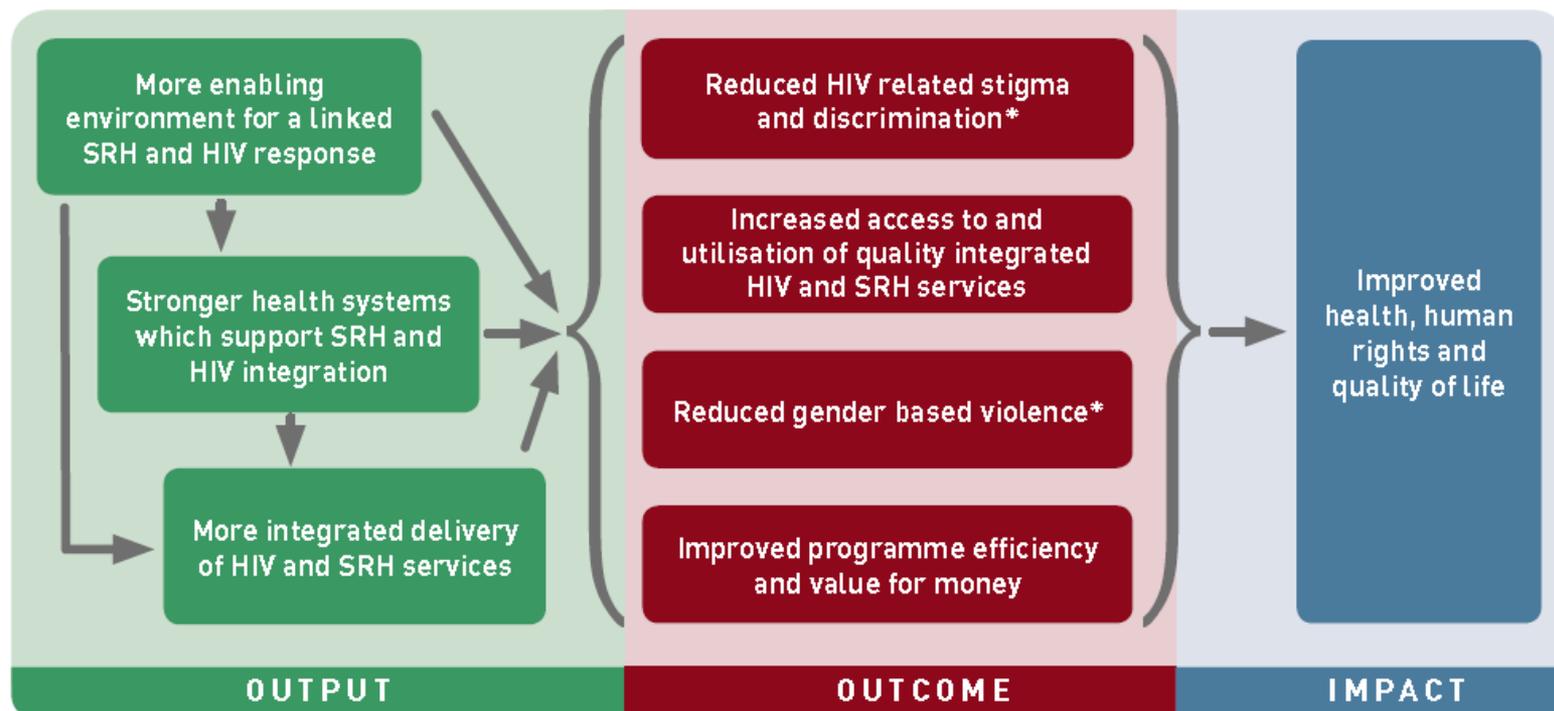
- **Majority of HIV infections**
 - sexually transmitted, or
 - associated with pregnancy, childbirth & breastfeeding
- **Common root causes**
 - Poverty, gender inequality, gender-based violence, human rights violations, stigma and discrimination
- **Benefits include:**
 - better HIV testing outcomes;
 - 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.)

Source: IAWG on SRH and HIV Linkages (2016) SRHR and HIV Linkages: Navigating the work in progress 2016

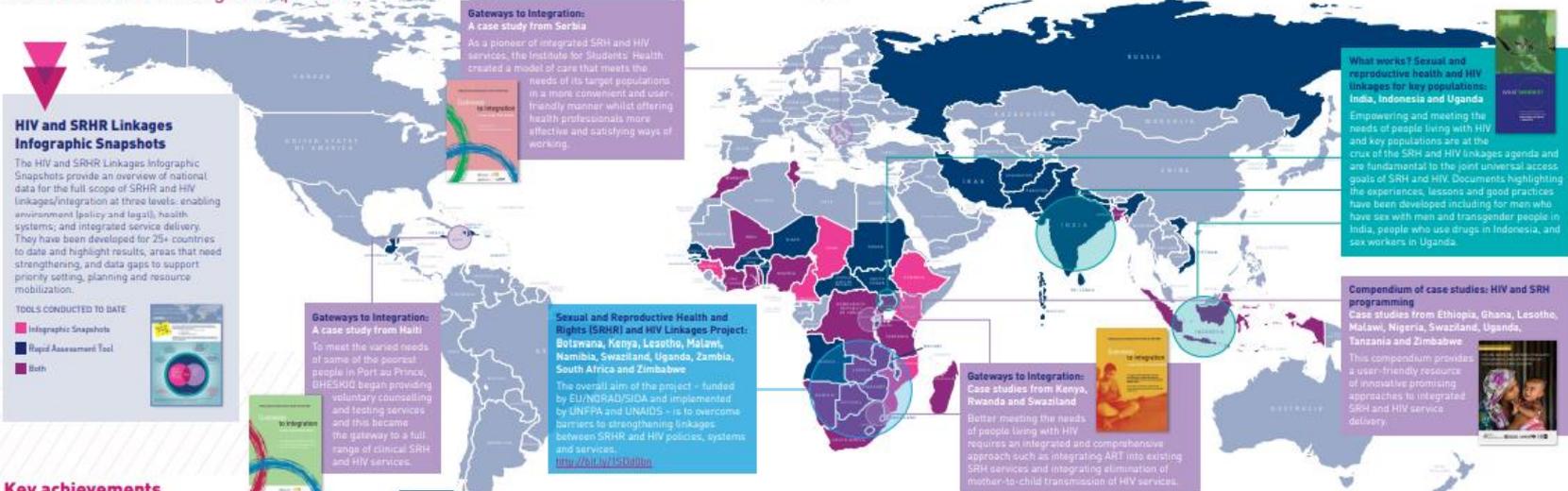
Levels of SRH and HIV Linkages



* 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

SRHR and HIV linkages in practice



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.”



Key achievements



All publications are available to download at www.srhivlinkages.org

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

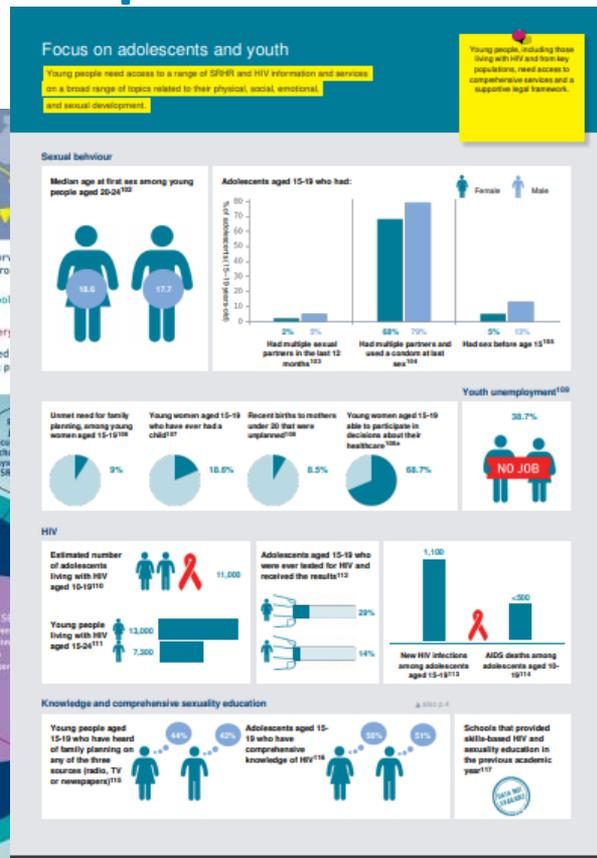


HIV and SRHR Linkages Infographic Snapshots

- 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 guideline 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

Human rights provide an international legal framework within which the SRH needs and aspirations of adolescents can be considered

- The importance of sexual and reproductive health and rights to prevent HIV in adolescent girls and young women in eastern and southern Africa
- Ensuring human rights in the provision of contraceptive information and services: Guidance and recommendations

Providing adolescent friendly health services improves SRHR and HIV outcomes among adolescents

- Making health services adolescent friendly: Developing national quality standards for adolescent friendly health services
- Orientation programme on adolescent health for health-care providers
- Responding to children and adolescents who have been sexually abused

Comprehensive sexuality education (CSE) and sexuality-related communication play a central role in the preparation of young people for a safe, productive, fulfilling life

- International technical guidance on sexuality education: An evidence-informed approach
- Brief sexuality-related communication: Recommendations for a public health approach

Monitoring contraceptive use and HIV risk among adolescents can help to meet their SRH and HIV needs

- 2018 Monitoring Report for the Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health
- HIV and SRHR linkages infographic country snapshots
- Adolescent contraceptive use

Tools exist to monitor and evaluate health service provision for adolescents

- Guide to monitoring and evaluating national HIV/AIDS prevention programmes for young people
- SRHR and HIV linkages index

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

Adolescent key populations are at increased risk of HIV or poor SRH outcomes

- Key considerations for differentiated antiretroviral therapy delivery for specific populations: children, adolescents, pregnant and breastfeeding women and key populations
- Young key populations and HIV technical briefs
- Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations

Global strategies include a focus on adolescents

- Global Strategy for Women's, Children's and Adolescents' Health 2016-2030
- 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

- WHO implementation tool for pre-exposure prophylaxis of HIV infection
- Condoms and HIV prevention
- Guidelines on HIV self-testing and partner notification

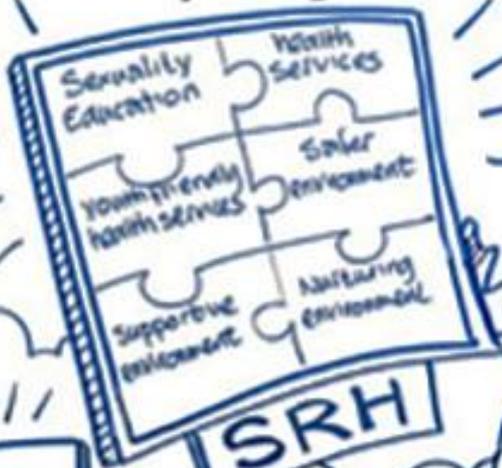


Key Connections Infographics

- STIs & HIV
- VAW & HIV
- MNH & HIV
- FP & HIV

Where there have been achievements
in improving the health of adolescent girls...

It's been about
the links!



Services

• Policies
• Programmes

Addressing health problems
• Early pregnancy
• Abortion
• STIs



World Health Organization



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

GUHABWA UBUVUZI BWIZA
NI UBURENGANZIRA BW'ABATUGANA BOSE
(Customer care is a right not a favour)

SRH AND HIV LINKAGES COMPENDIUM

Indicators & Related
Assessment Tools



 IPPF International Planned Parenthood Federation

 UNFPA  World Health Organization

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

SRHR & HIV LINKAGES TOOLKIT Search ?

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:

SRHR and HIV Linkages: Navigating the Work in Progress 2016

This overview has been prepared by the Interagency Working Group on Sexual and Reproductive Health (SRHR) and HIV Linkages (SRHR) convened by UNAIDS, WHO and FPV. It works with 20 organisations to:

- advocate for political commitment to a linked sexual and reproductive health and rights (SRHR) and HIV agenda;
- support national action to strengthen SRHR and HIV linkages at the policy, systems and service delivery levels; and
- create a common understanding of SRHR and HIV linkages by building the evidence base and sharing research, good practice and lessons learnt.

Rationale*

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

Linking HIV and SRHR responses is critical for reaching human rights, gender equality, and health targets for the Sustainable Development Goals.

Health and Development

SRHR SERVICES
Family planning
Menstrual health and child health
Maternal, newborn and child health
Other SRHR areas
Gender-based violence

HIV SERVICES
Prevention
Treatment
Care
Support

INTEGRATED SERVICES

Source: Adapted from WHO, UNAIDS, UNFPA, UNICEF, FPV (2016) Sexual and Reproductive Health and HIV: 2016 Progress Report. © 2016 WHO, UNAIDS, UNFPA, UNICEF, FPV. All rights reserved. Reproduction and distribution is permitted, provided the original source is acknowledged.

To find out more please visit www.srhhivlinkages.org



toolkit.srhhivlinkages.org

Navigating the Work in Progress

Thank you!
For more information:

Visit our website [who.int/reproductivehealth/self-care-interventions](https://www.who.int/reproductivehealth/self-care-interventions)

Follow us on Twitter [@HRPresearch](https://twitter.com/HRPresearch)

Manjulaa Narasimhan – narasimhanm@who.int



YOUTH PERSPECTIVES

Audrey Nosenga

Peer Mentor, Zimbabwe Young Positives (ZY+)

Zimbabwe



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



Health providers at the frontlines of service delivery

PERSPECTIVES FROM THE FRONTLINE

Sister Futhie Dlamani
READY+ Health Provider,
Piggs Peak Hospital, eSwatini



Key HIV and SRHR intersections: Swaziland data^{3a}

The intrinsic connections between HIV and SRHR are well-established, especially as HIV is predominantly sexually transmitted or associated with pregnancy, childbirth and breastfeeding.⁴



Population size 1.27 million^{4a} **Life expectancy at birth** 48.9^{4b} **Fertility rate** 3.3^{4c}

HIV is a leading cause of death in women of reproductive age (globally)⁵

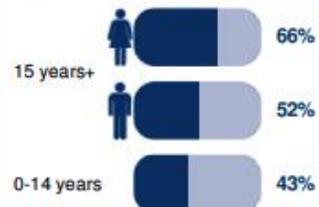
New adult HIV infections⁶



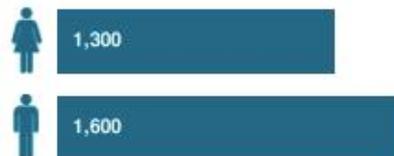
HIV prevalence (ages 15-49)⁸



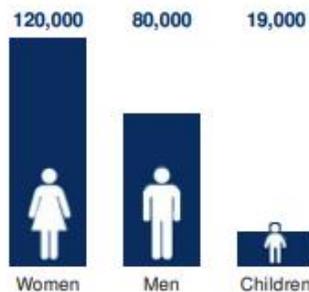
People living with HIV receiving ART¹⁰



AIDS-related deaths among adults (ages 15+)⁷



People living with HIV⁹



HIV testing in the general population¹¹



HIV-associated maternal death contributes to maternal mortality¹²

Maternal mortality ratio¹³



389 per 100,000
live births

Maternal deaths attributed to HIV¹⁴



18.6%

Gender-based violence is a cause and consequence of HIV¹⁵

▲ also p.5 & 7

Prevalence of recent intimate partner violence¹⁶



7.7%

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

▲ also p.5

Mother-to-child HIV transmission rate (after breastfeeding)¹⁸



8.3%

Pregnant women who know their HIV status¹⁹



97%

Demand for family planning satisfied with a modern method of contraception (15-49)²⁰



76.5%

Certain sexually transmitted infections (STIs) significantly increase the risk of acquiring and transmitting HIV²²

▲ also p.7

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

Demand for family planning satisfied with a modern method of contraception for women living with HIV (15-49)²¹

Number of adults reported with syphilis²³



699

Condom use at last sex²⁴



71.5%



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



Adolescent-friendly service provision

What does it look like in the clinic?

Health facility programming:

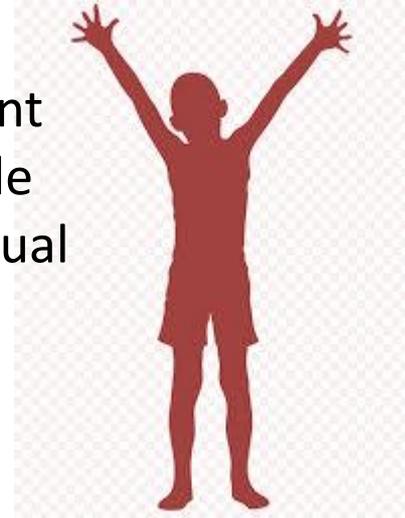
- Youth involvement in design
- Youth feedback
- Wide range of services available
- Flexible hours
- Number calling system (not names)
- Youth-friendly corners



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

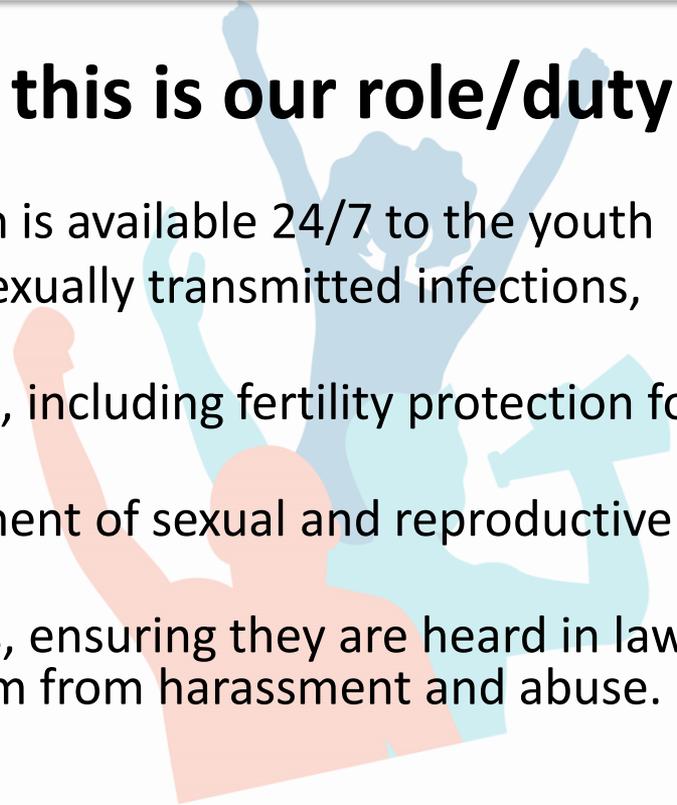
HIV & SRHR integration in service delivery

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.

Thanks

- **Piggs Peak Hospital colleagues**
- **UNICEF**
- **PATA**



Health providers at the frontlines of service delivery

PERSPECTIVES FROM PROGRAMMING

Georgina Caswell

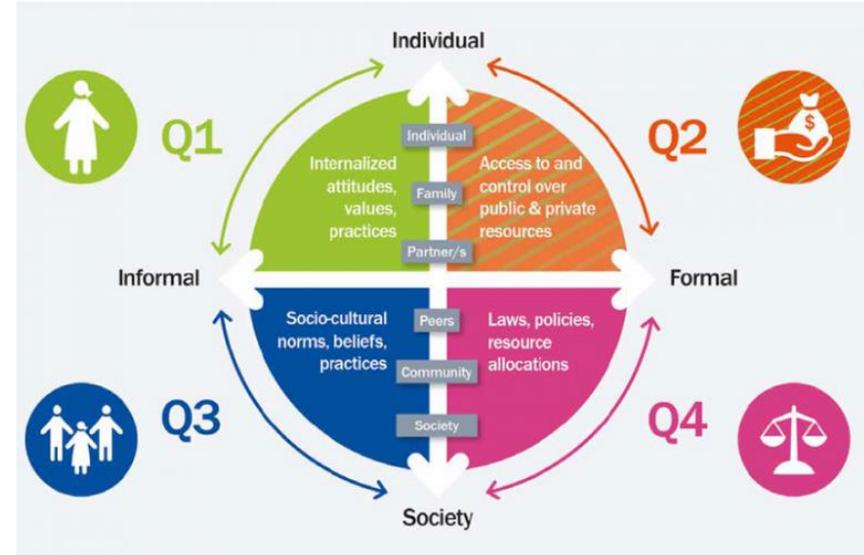
Frontline AIDS / GNP+



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

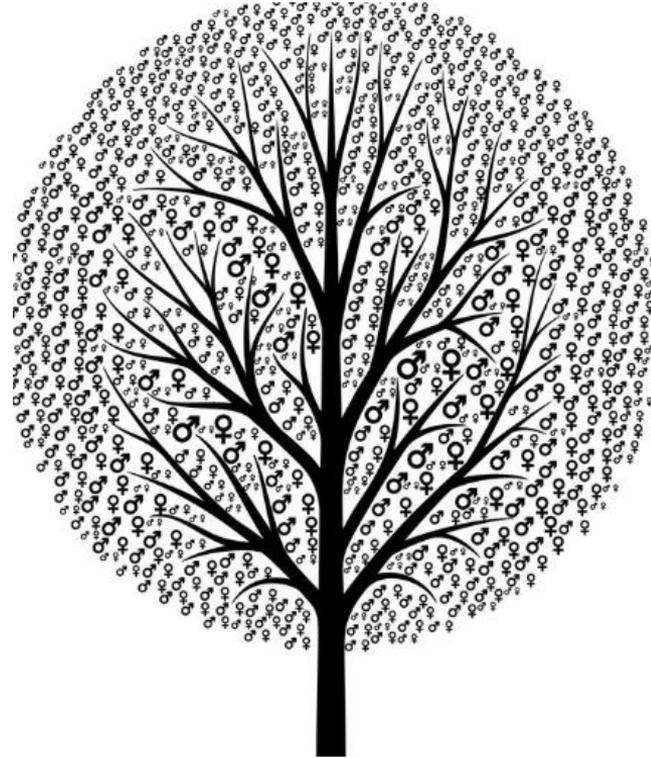
Interventions include:

- 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

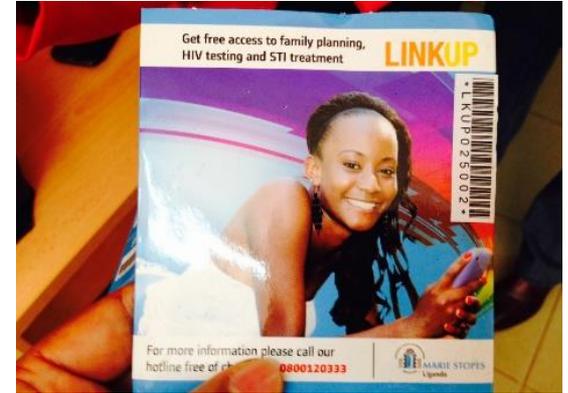
Interventions include:

- 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

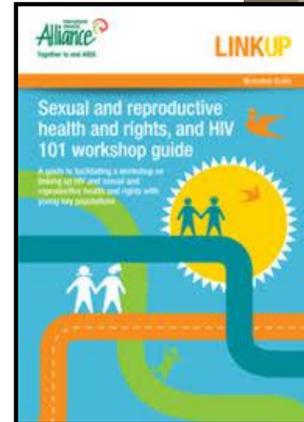
- Improve access to, and use of high-quality, welcoming and comprehensive SRHR and HIV services
- Services are most effective when tailored to specific needs and rights of individuals
- We can address barriers to access and use by strengthening partnerships between community and health facilities
- Peer engagement in service provision and referrals



Service level

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

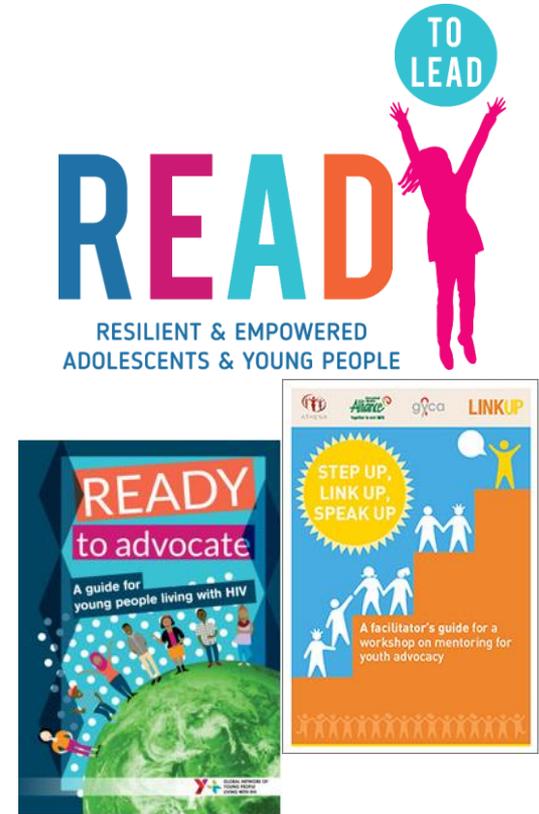
- Policies affect how funding for health and social support is spent, including on SRHR (e.g. Global Gag Rule)
- We need policies that support SRHR and protect people most affected by HIV from harassment and abuse
- We need coordinated responses between relevant ministries charged with care of adolescents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



Policy and structural level

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



#READYTogether



PATA 2019 Summit

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



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)