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Sexual and reproductive health and rights and HIV

Strengthening systems to reach adolescent girls and young women and promote rights, dignity and autonomy for all

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UNAIDS in Focus

The UNAIDS in Focus series features snapshots of the Joint Programme's work enabling people living with and affected by HIV around the world to realize their human right to health.

UNAIDS advocates for a holistic, multisectoral approach to AIDS, with a long history of working across sectors and building multistakeholder partnerships. As a joint programme, it uniquely leverages the capabilities and comparative advantages of each of its 11 United Nations (UN) cosponsoring organizations (Cosponsors), as well as those of civil society, governments and other partners.

This series of case studies captures compelling stories of how Cosponsors, the UNAIDS Secretariat and a wide range of partners join forces to overcome challenges and build solutions at the country, regional and global levels to address the needs and protect the rights of people living with, affected by and at risk of HIV. The case studies depict a wide array of interventions that make a difference, such as creating a coalition of lawyers to provide pro bono services to defend people living with HIV from discrimination, implementing a partnership in South-East Africa to ensure the continuity of health services for communities suffering from drought, or supporting countries in western and southern Africa to scale up prevention and treatment coverage in countries lagging most behind in their response.

By using evidence-informed and people-centred approaches, UNAIDS acts as an advocate, convenor and broker to address obstacles at the global, regional and country levels (including legal environments and social determinants) that are hindering access to essential, quality and sustainable care, treatment, support and prevention services. The UNAIDS in Focus series shows how the Joint Programme puts its mission into practice, delivering results for people everywhere in order to achieve zero new HIV infections, zero AIDS-related deaths and zero discrimination.

Shaping health services that respond to people's needs

Early and forced marriage, forced sterilization, criminalization of mother-to-child HIV transmission and forced abortion—as well as inequality, repressive gender roles and intimate partner violence—have been identified as deep-rooted factors that limit the control that women and girls have over their own sexuality, health and rights.

Women living with HIV across Africa often bear serious social consequences for their infection, leading to the break-up of their family, abandonment by their husband and social exclusion (1). They frequently experience stigma and discrimination and other human rights violations by legal and social services, and in health-care settings and their work environment. Health-care settings may refuse to provide information on HIV prevention and treatment, sexual and reproductive health (SRH), and family planning—or they may provide the wrong information entirely. Women living with HIV also have been denied services, have suffered from a lack of confidentiality and informed consent, and have experienced harsh and judgmental treatment (2).

The HIV epidemic in eastern and southern Africa disproportionately affects young women (aged 15 to 24 years). Heightened vulnerability among women and girls is closely linked to threats to their sexual and reproductive health and rights (SRHR)—including the inability to access effective and integrated health services—and to endemic levels of gender-based and intimate partner violence.

In 2011, HIV prevalence among young women (aged 15 to 24 years) in the region was more than double that of young men (3.3% compared to 1.4%). In some countries, the disparity between genders was even greater. Laws and policies determining age of consent for access to medical treatment—including contraception, HIV testing and counselling, and abortions (where legal)—can be unclear as to whether parental or guardian consent is required or not.¹ This uncertainty also creates a barrier to accessing services: health-care providers sometimes turn to personal discretion about “an appropriate age” for service access instead of working within the legal framework (3). Social norms, such as obtaining spousal permission, often further prevent many young people and married women from accessing SRH services.

To change this, UNAIDS encourages linking SRHR with HIV services as a key element of strengthening health systems, empowering women and improving the effectiveness of AIDS responses worldwide. UNAIDS has been a leading voice on the issue for more than a decade, including by convening the New York Call to Commitment: Linking HIV/AIDS and Sexual and Reproductive Health in 2004, developing a framework for priority linkages in 2005 and positioning the integration of services as a central theme in its global strategies.

¹ In the context of the SRHR/HIV Linkages Project, the age of consent refers exclusively to the laws and regulations that define the age at which people can access SRH services without third-party authorization.

Political commitments and policy frameworks favour linkages

The eastern and southern Africa regional agenda on SRH and HIV integration is guided by several groundbreaking commitments.

The 2006 Maputo Plan of Action, adopted by 48 African countries, recommended integrating SRH and HIV to promote the universal right to health, recognizing that investment in SRH programmes and services is a key entry point for HIV prevention. Integrating SRH and HIV was also central to renewed commitments such as the Maputo Plan of Action 2016–2030.

Signed by health and education ministers from 20 countries in the region, a 2013 Ministerial Commitment put the interests of adolescents and young people high on the regional political agenda. The Commitment pledges to ensure access to youth-friendly SRH services and comprehensive HIV and sexuality education.

In 2016, the ministers of gender and women's affairs of the Southern African Development Community (SADC)—under the leadership of Botswana and with technical support from UNAIDS and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)—drafted a resolution on Women, the Girl Child and HIV/AIDS (4).² Subsequently adopted by UN Member States during the Commission on the Status of Women, the resolution paved the way for an integrated approach to SRH and HIV to be embraced as a central aspect of the Commission's efforts to promote gender equality and women's empowerment. The resolution also laid the foundation for a strong commitment to the delivery of more integrated services, which is reflected in the 2016 Political Declaration on Ending AIDS.

Linkages: The bidirectional synergies between laws, policies, programmes, services and advocacy around SRH, HIV and AIDS. It is recognized that sexual and reproductive ill health, HIV and AIDS share root causes that include poverty, gender inequality, gender-based violence and social marginalization. SRH, HIV and AIDS should therefore be addressed in a holistic manner.

Adapted from: Rapid assessment tool for sexual and reproductive health and HIV linkages: a generic guide. London: IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW and Young Positives; 2009

² The Commission on the Status of Women is the principal global intergovernmental body exclusively dedicated to the promotion of gender equality and the empowerment of women. A functional commission of the Economic and Social Council (ECOSOC), it was established by Council Resolution 11(II) of 21 June 1946.

Delivering the right services in the right place

In 2011, the United Nations Population Fund (UNFPA) East and Southern Africa Regional Office piloted the integration of SRH and HIV services, and the UNAIDS Regional Support Team for Eastern and Southern Africa became a partner in 2014. With funding from the European Union (EU) and the governments of Sweden and Norway, the Sexual and Reproductive Health and Rights (SRHR)/HIV Linkages Project was implemented in eight southern African countries (Botswana, Eswatini, Lesotho, Malawi, Namibia, South Africa, Zambia and Zimbabwe) and two eastern African countries (Kenya and Uganda) in the period 2011–2017.

The SRHR/HIV Linkages Project aims to address barriers to the efficient and effective integration of HIV and SRHR in an effort to strengthen systems for health. Linkages are the synergies between SRH and HIV policy, advocacy and programmes that support integrated services (Box 1).

The importance of integrated SRH and HIV services is now widely acknowledged. SRH services are often the first point of contact with the health system for many women and girls at higher risk of HIV, presenting an opportunity for health providers to reach these patients with HIV prevention and treatment services. Similarly, for women and girls living with or affected by HIV, access to quality SRH services—including family planning, antenatal care and cervical cancer screening—is essential for the prevention, care and treatment of HIV. There also is growing evidence of the numerous benefits of integrating SRH and HIV services, including improved cost-effectiveness, increased service uptake, expanded access to care and improved quality of care, all of which lead to reduced maternal mortality and other positive SRH outcomes (Box 2) (5, 6).

Box 1.

Package of integrated SRH and HIV services

- ▶ Family planning.
- ▶ Maternal, newborn and child health.
- ▶ Antenatal care.
- ▶ Preventing mother-to-child HIV transmission.
- ▶ Preventing sexually transmitted infections.
- ▶ Diagnosing sexually transmitted infections, including HIV and hepatitis B.
- ▶ HIV treatment and counselling.
- ▶ Cervical cancer and other diseases of the female reproductive system.
- ▶ Promoting sexual health, including sexuality counselling.
- ▶ Preventing and managing gender-based violence.

Box 2.

Outcomes of integrating sexual and reproductive health and HIV

- ▶ Improved access to and uptake of HIV and SRH services.
- ▶ Better access to tailored SRH services for people living with HIV.
- ▶ Reduction in HIV-related stigma and discrimination.
- ▶ Improved coverage of underserved, vulnerable and key populations.
- ▶ Greater support for dual protection against HIV and sexually transmitted infections and unplanned pregnancy.
- ▶ Improved quality of care.
- ▶ Reduced 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.

Adapted from: Rapid assessment tool for sexual and reproductive health and HIV linkages: a generic guide.

London: IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW and Young Positives; 2009.

The UNAIDS Secretariat and UNFPA worked together to advocate for and provide technical assistance for a comprehensive approach to SRHR and HIV in national health and development strategies, plans and budgets. UNFPA was responsible for designing and implementing the SRHR/HIV Linkages Project, while the UNAIDS Regional Support Team for Eastern and Southern Africa was a co-convenor in the programme and provided technical support on evidence-generation and dissemination.

The initial phase of the SRHR/HIV Linkages Project (2011–2017) focused on implementing service integration models in pilot sites, promoting policy change and strengthening strategic information systems. More than 50 health facilities were restructured to provide integrated services to clients during single visits, or to provide referrals to different services within the same health facility.

A final report was developed on the basis of interviews with government, UNFPA and UNAIDS officials, civil society organizations and personnel at health facilities in the 10 countries (7). This information was complemented with a review of key documentation produced during the SRHR/HIV Linkages Project. The result is a report that details the progress, lessons learned and recommendations against the three results areas of the project, namely:

- ▶ **Result area 1:** Provide support to 10 countries in eastern and southern Africa in order to allow full linking of HIV/AIDS and SRH in national health and broader development strategies, plans and budgets.
- ▶ **Result area 2:** Enable 10 countries in eastern and southern Africa to integrate SRH and HIV services and scale them up more effectively.
- ▶ **Result area 3:** Stimulate formulation and dissemination of lessons learned in the eastern and southern Africa region, formulate best practices and facilitate South–South cooperation in this field.

Result area 1. The report indicates that the SRHR/HIV Linkages Project contributed to creating an enabling environment by supporting the development, revision and incorporation of the linkages between SRHR and HIV into relevant policies, strategies and guidelines at the regional and country level. This was illustrated by some countries and the SADC developing a specific policy, strategy or framework on the integration of SRHR and HIV, or incorporating integration into their national strategic SRHR plan or policy. All 10 countries integrated SRHR into various HIV guidelines, including for the treatment of people living with HIV, and for testing and prevention.

Result area 2. Countries improved the uptake of integrated services by defining models of integration based on the lessons learned from the Integra Initiative.³ Six of the 10 countries defined a minimum package of services—which varied in the manner in which they were delivered—and investments were made in capacity-building for health-care workers to provide integrated SRH and HIV services, youth-friendly services and services to treat the survivors of gender-based violence.

In 2016, the SRHR/HIV Linkages Project expanded to include Kenya, South Africa and Uganda. These three countries completed their national assessments of the status of SRH and HIV integration, and the findings informed the design of their respective programmes and implementation models.

A key output of the SRHR/HIV Linkages Project was to pilot the uptake and delivery of integrated quality services for SRHR and HIV. The learnings from the pilot sites provided the foundation to scale up the provision of integrated services in Botswana, Eswatini, Malawi, Namibia and Zimbabwe to not only additional health centres, but also to additional districts.

Result area 3. The SRHR/HIV Linkages Project contributed to strengthening the monitoring and evaluation of efforts to link SRHR and HIV. Operational research, such as client exit surveys, were used to test client satisfaction with the provision of integrated SRHR services and the extent to which clients were receiving additional services. Botswana, Eswatini, Kenya, Namibia, South Africa, Uganda, Zambia and Zimbabwe conducted rapid assessments by interviewing policy- and decision-makers and health-care workers, and by holding focus groups with clients who were accessing health-care services.

Countries also were able to share information and adapt approaches, tools and resources to strengthen their country programmes. An example of this occurred in 2017, when the United Nations Children's Fund (UNICEF), UNFPA, World Health Organization (WHO) and the UNAIDS Regional Support Team for Eastern and Southern Africa convened a regional technical forum on SRH and HIV linkages in Uganda. The forum was a platform for countries to exchange good practices on approaches to SRH and HIV linkages. This platform, in turn, led to the development of a United Nations Joint Programme on SRH/HIV and Sexual and Gender Based Violence Linkages.

³ The Integra Initiative was a research project on the benefits and costs of a range of models for delivering integrated HIV and SRH services in high and medium HIV prevalence settings to reduce HIV infection (and associated stigma) and unintended pregnancies. <http://www.integrainitiative.org/>.

Botswana: national leadership delivers real results

In Botswana, close consultation with the Ministry of Health from the start of the SRHR/HIV Linkages Project resulted in the development of a costed national strategy and implementation plan for integrating SRH and HIV.

Strategic partnerships with nongovernmental organizations—such as the Botswana Family Welfare Association, Botswana Network on Law and Ethics, and Stepping Stones—have mobilized communities around stigma reduction and promoted male involvement in an effort to change social norms related to SRH and to increase demand for services (8).

The country's efforts have translated into measurable results. From 2012 to 2013, the number of female family planning clients accessing both HIV and family planning services increased by 89% in the country's nine pilot sites. The number of female clients at HIV service delivery points accessing both HIV and family planning services also increased by 79% (8).

Malawi: bringing communities together for sustainable change

In Malawi, the SRHR/HIV Linkages Project organized SRH and HIV integration committees to strengthen linkages between communities and health facilities, and to empower communities to take an active role in monitoring integration efforts. The committees monitored how integration is being provided in the facilities, including client satisfaction with service provision, and they worked closely with local health facility advisory committees to identify and address issues that were raised (8).

From 2011 to 2015, the project was successful in forming 30 integration committees with 300 community members, including youth and traditional leaders. The project has also collaborated with the Family Planning Association of Malawi (FPAM) on integrating services for key populations, and with the Malawi Interfaith AIDS Association to coordinate and facilitate HIV programmes (8).

Beyond services: reducing vulnerability and strengthening systems

The SRHR/HIV Linkages Project has challenged embedded structural and sociocultural barriers to strengthening systems for health and expanding service uptake. Sexual and reproductive ill health and HIV share root causes, including poverty, gender inequality and the social marginalization of vulnerable populations. Only integrated approaches and multisectoral strategies will address these structural factors and achieve sustained change. That is why the SRHR/HIV Linkages Project has invested effort to address stigma and discrimination and weak health systems.

Eliminating stigma and discrimination. With the support of UNAIDS and UNFPA, communities and local governments have made concerted efforts to prevent HIV-, age- and gender-related discrimination. The SRHR/HIV Linkages Project has implemented capacity-building programmes to eliminate discriminatory attitudes among service providers in health-care settings, while also empowering people to recognize and challenge discriminatory treatment. Catalyzed by UNAIDS, an increased focus on monitoring and evaluating levels of stigma and discrimination has improved data collection across the pilot countries, strengthening advocacy efforts and informing prevention strategies.

Youth initiatives have also sought to empower young people and increase access to SRH and HIV services. The SRHR/HIV Linkages Project has partnered with the Girls Leading Our World Initiative, which was implemented in rural communities in Eswatini to strengthen young people's advocacy and leadership in SRH, HIV and gender-based violence programmes, and to improve self-esteem, behaviour and career choices among young women. In Zambia, the government collaborated with UNICEF, the United Nations Educational, Scientific and Cultural Organization (UNESCO), UNAIDS, Planned Parenthood and other stakeholders to lead a dynamic campaign that provided young people with tailored information and services related to SRH and HIV. The campaign increased the number of young people reached with services from 23 000 in 2013 to 35 000 in 2014 (8, 9).

Strengthening systems for health. At the health systems level, challenges such as personnel shortages, commodity stock-outs and poorly equipped facilities have been key factors that have limited the effective integration and provision of SRH and HIV services. The SRHR/HIV Linkages Project has sought to overcome limited human resources by introducing new models of service delivery to increase productivity. In Namibia, for instance, the implementation of a one-stop shop model (or "kiosk" model)—where all of the services are offered during the same visit by one provider in the same room—doubled nurse productivity. At one antenatal care clinic in Epako, Namibia, the model enabled nurses to increase the average number of patients they saw per hour from 1.6 in 2012 to 3.0 in 2015 (10).

From pilots to regional policies

The evidence generated and lessons learned through the SRHR/HIV Linkages Project have directly informed the development of regional policy guidelines and frameworks for scaling up integrative practices. For example, the Project was instrumental in developing the Minimum Standards for the Integration of HIV and Sexual and Reproductive Health for the Southern African Development Community (11). Coordinated by the SADC Secretariat and launched at the 2015 International Conference on AIDS and STIs in Africa (ICASA), the Minimum Standards seek to operationalize the SADC declarations and commitments on SRH. They were ultimately endorsed by the SADC ministers of health in 2015.

UNFPA and UNAIDS provided technical assistance to Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, Zambia and Zimbabwe to accelerate the adoption of the Minimum Standards. UNAIDS and UNFPA convened these countries to prepare a road map for the adoption of the Minimum Standards, and they provided financial support to build capacity of ministry of health officers on SADC Minimum Standards. UNAIDS and UNFPA also disseminated the Minimum Standards at ICASA 2015 and led advocacy effort for their adoption by all countries in the SADC region.

Drawing from knowledge acquired through the SRHR/HIV Linkages Project, UNFPA and UNAIDS also provided technical guidance during the formulation of the SADC 2016–2020 HIV, Sexual and Reproductive Health, Tuberculosis and Malaria Integration Strategy. The Strategy was endorsed by the SADC ministers of health in 2016.

In November 2018, the groundbreaking and far-reaching Strategy for Sexual and Reproductive Health and Rights in the SADC Region, 2019–2030 was approved by the ministers of health and ministers responsible for HIV and AIDS from the 16 SADC member states. The Strategy provides a framework for SADC member states to Fast-Track a healthy sexual and reproductive life for the people in the region, and for all people to be able to exercise their rights. Its corresponding multisectoral scorecard enables the region to measure progress on achieving the implementation of both the Strategy and the Sustainable Development Goals.

Providing sexual and reproductive health and rights for all

The SRHR/HIV Linkages Project has shaped regional and national policies, expanding integrated HIV and SRH services to health facilities beyond the pilot sites. Evidence from SRH and HIV integration shows that it has benefits for both clients and service providers. Building data collection capacity has also helped countries monitor service access and outcomes, and it will support future health strategies and budgets beyond the SRHR/HIV Linkages Project.

The promising results of the SRHR/HIV Linkages Project have led to the creation of a follow-up programme, 2gether 4 SRHR. Funded by the Swedish government, this new project is running from 2018 to 2021. Its aim is to improve the SRHR of all people in eastern and southern Africa, including the universal right to have control over one's own body without fear of violence, discrimination or coercion. Current partners at the regional and country level—including UNICEF, UNFPA, WHO and UNAIDS—support the efforts of regional economic communities and governments, and they work in partnership with civil society organizations, networks of people living with HIV and key populations.

2gether 4 SRHR seeks to:

- ▶ Reduce the unmet need for family planning.
- ▶ Reduce unplanned pregnancies.
- ▶ Prevent HIV and other sexually transmitted infections.
- ▶ Ensure timely initiation on treatment for all people living with HIV.
- ▶ Reduce further the number of new HIV infections, including among children.
- ▶ Improve access to safe abortion and post-abortion care for all in need.
- ▶ Reduce maternal deaths and disabilities.
- ▶ Prevent and respond to sexual and gender-based violence.

The programme is now being implemented by communities, clinics and governments in 10 countries in eastern and southern Africa: Botswana, Eswatini, Kenya, Lesotho, Malawi, Namibia, South Africa, Uganda, Zambia and Zimbabwe. It made significant progress in its first year of implementation: by the end of 2018, 88% of the 402 activities planned at the regional and country level were in progress or had been completed (12).

2gether 4 SRHR is supporting countries to leverage additional resources to support national linkages programmes. For example, Malawi mobilized approximately US\$ 650 million through the Global Fund to Fight AIDS, Tuberculosis and Malaria—and approximately US\$ 135 million through the United States President's Emergency Plan for AIDS Relief (PEPFAR)—in support of programmes for SRHR, HIV and sexual and gender-based violence in 2018.

By engaging with parliamentarians and decision-makers, 2gether 4 SRHR has contributed towards the development of laws and strategies to advance sexual and reproductive rights. In 2018, all 10 participating countries developed or reviewed key laws, strategies and guidelines that, when updated, will facilitate more progressive and rights-based services for SRH, HIV and sexual and gender-based violence.

The 2gether 4 SRHR programme also coordinated capacity-building of health workers to ensure SRHR services are rights-based and efficient, and that they meet the needs of people. For example, 4166 health workers in eight countries, including community-based health care workers, were trained to deliver integrated, client-centred and high-quality services for SRHR, HIV and sexual and gender-based violence.

Finally, great strides were made in community engagement. After organizing an SRHR training in Uganda, for instance, 400 faith-based leaders were able to reach an estimated 800 000 community members through dialogues, weekly congregations and radio programmes on SRH and HIV (12).

Eswatini: engaging men in sexual and reproductive health and rights

In Eswatini, 2gether 4 SRHR collaborated with the Eswatini Action Group Against Abuse and Kwakha Indvodza, a male mentoring organization, to educate young men and adolescent boys about SRHR and gender-based violence through a 20-session intensive community-based programme. The objective was to encourage more men and boys to take up SRHR services—including condoms, voluntary medical male circumcision, HIV testing services and STI screening—and to reduce gender-based violence among men and boys (12).

In total, 303 men completed the programme, 50% of whom underwent HIV testing services. In addition to this, 67 000 condoms were distributed and 10 men were referred for voluntary medical male circumcision (12).

Zimbabwe: empowering young mothers

In Zimbabwe, the 2gether 4 SRHR programme organized the Young Mentor Mother (YMM) initiative to provide enhanced care and support for vulnerable pregnant and breastfeeding adolescent and young mothers living with HIV and their infants. The programme extended the existing Community Adolescent Treatment Supporters (CATS) programme implemented by Africaid, a local nongovernmental organization. The young mentors—who had already been through pregnancy and received services to prevent mother-to-child HIV transmission—provided individual counselling, education on parenting and integrated SRH services (such as family planning, nutrition, prevention and management of gender-based violence).

Through training and support in five districts, the YMM initiative supported 48 young mentors in 2018 to counsel and support 960 young mothers living with HIV and their infants. Young mothers who were being mentored reported feeling empowered with knowledge about living positively with HIV and that they had formed friendships with other young mothers living with HIV (12).

Despite significant advances, more progress is needed for the successful integration of HIV and SRHR services. The 2gether 4 SRHR programme is now focused on health systems strengthening to deliver quality, integrated services that are monitored and reported, and on extending the lessons learned from the programme to the wider region in order to Fast-Track the attainment of the Sustainable Development Goals. Going forward, UNICEF, UNFPA, WHO and the UNAIDS Regional Support Team for Eastern and Southern Africa will continue to support countries in the region to accelerate the scale-up of SRH and HIV services for adolescents, young people and key populations.

UNAIDS will continue to advocate for the integration of HIV and SRH services in order to strengthen health systems for universal health coverage, advance the AIDS response and, most importantly, empower young women and girls. Working with PEPFAR and other partners, UNAIDS has made these outcomes one of its core priorities in the Start Free, Stay Free, AIDS Free Framework launched in 2016 (13). Access to integrated, non-discriminatory, quality services—regardless of people’s gender, age, sexual orientation, choices or circumstances—will lead to better health, opening up new social and economic opportunities for all.

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