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HIV/AIDS and Sexual and Reproductive Health Linkages

at a glance

Why link HIV/AIDS and sexual and reproductive health?

The importance of linking HIV/AIDS as a part of sexual and reproductive health (SRH) is abundantly clear: the majority of HIV cases—about 85%—are sexually transmitted and both HIV/AIDS and many illnesses linked to SRH have the same root causes. The greater proportion of pediatric HIV infections is spread from mother-to-child in the process of pregnancy, childbirth, and breastfeeding. In Sub-Saharan Africa, the majority of new HIV cases are among women and girls, a major target of SRH services. Despite these overlaps, HIV/AIDS and SRH services have been historically separate and uncoordinated. The current parallel financing and health service infrastructure for HIV/AIDS was developed in response to the urgent call to address the AIDS crisis and the global health community's understanding of the disease over two decades ago.

Key Definitions

Terms used in this document are based on definitions developed by WHO, UNAIDS, UNFPA and IPPF in *Sexual and Reproductive Health & HIV/AIDS: A Framework for Priority Linkages*, 2005, and *Rapid Assessment Tool for SRH and HIV Linkages: A Generic Guide*, 2008:

- ***Bi-directionality:*** Refers to linking both SRH with HIV-related policies and programs and HIV with SRH-related policies and programs.
- ***Linkages:*** Refers to the *bi-directional* synergies in policy, programs, service and advocacy between HIV/AIDS and SRH.
- ***Integration***: Refers to *how* different kinds of HIV and SRH services or operational programs can be joined together to ensure and perhaps maximize collective improved outcomes. This would include referrals from one service to another, for example. It is based on the need to offer comprehensive health services.
- ***Sexual and reproductive health***: Refers to programs and policies related to and including family planning (FP), maternal and newborn health (MNH), STIs, reproductive tract infections (RTIs), promotion of sexual health, prevention and management of gender-based violence, prevention of unsafe abortion and post-abortion care.

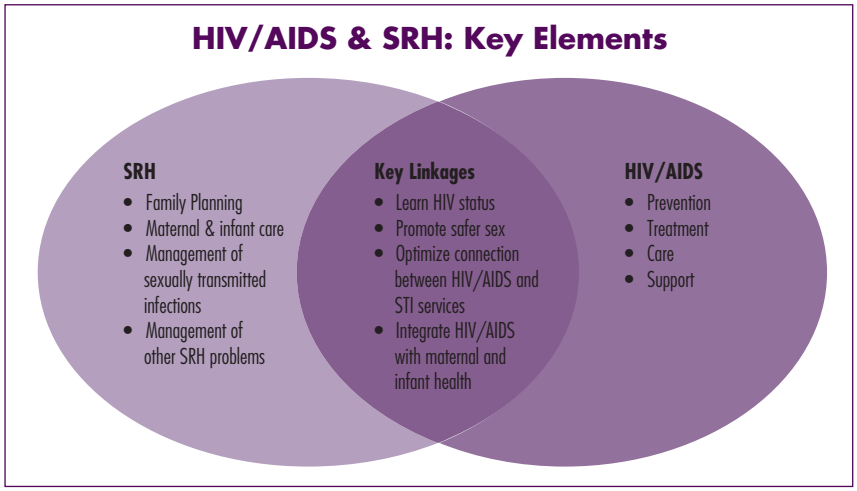
History

The international community has evolved considerably in its understanding of the disease in the last two decades. In September 1994, the International Conference on Population and Development (ICPD) established that the effective prevention and treatment of sexually transmitted diseases, including HIV, is an integral part of reproductive health services. Numerous meetings have been held since that landmark conference that have issued important position statements that appeal for international action. ***All confirm the international community's commitment to intensify the linkages between SRH and HIV/AIDS and recognize the need to consider the sexual and reproductive health and rights (SRHR), needs, and desires of people living with HIV/AIDS (PLWHA).*** During the 2008 International AIDS Conference in Mexico City, in the absence of a vaccine, the case was made to put prevention at the forefront of HIV/AIDS as experts recognized that the pandemic cannot be defeated without effective prevention nor can the community meet the ***UN Millennium Development Goals (MDGs)*** [4,5,6] of achieving universal access by 2010. Since no single strategy will be sufficient, a portfolio of all possible biomedical, behavioral, and structural interventions, including those from the field of SRH, will be needed to combat the epidemic in what is being termed "combination prevention".

The Benefits of Linking HIV/AIDS and SRH

Integrated services are now seen as a key strategy for overcoming missed opportunities of meeting the needs of overlapping target populations in

HIV prevention and SRH services. Moreover, there is widespread recognition that strengthening linkages between HIV/AIDS and SRH programs could lead to a number of important ***public health, socio-economic, and individual benefits,*** such as:



Source: WHO/UNAIDS, IPPF/UNFPA (2005)

- improving access to and use of key HIV and SRH services
- better access of PLWHA 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" (correct and consistent condom use to prevent HIV and unintended pregnancy)
- 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 program effectiveness and efficiency
- better utilization of scarce human resources for health.

Current Evidence on HIV/AIDS and SRH Linkages

There have been *three major recent efforts* to examine the evidence and determine promising ways of linking HIV/AIDS and SRH:

i. A systematic review of HIV/AIDS and SRH linkages literature was conducted by WHO, UNFPA, IPPF, UNAIDS, and UCSF (2008) following Cochrane Collaboration methodology, that included peer-reviewed as well as 'grey' (non-peer-reviewed) literature (1990–2007). Overall, 58 studies and program reports were included in the review; 36 were in Africa, 11 were in the UK or the USA, and 11 were in Asia, Eastern Europe, Latin America and the Caribbean.

Results:
The majority of studies showed improvements in all outcomes measured. Many reported improved or increased access to and uptake of services, including HIV testing; health and behavioral outcomes; condom use; HIV and sexually transmitted infection (STI) knowledge; and overall quality of service. Linking SRH and HIV was considered beneficial and feasible, especially in FP clinics, HIV counseling and testing centers, and HIV clinics. Results from the few cost-effectiveness studies suggested net savings from HIV/STI prevention integrated into maternal and child health services. (See additional results in Table 1.)

ii. A review focused on HIV/AIDS and FP integration literature was carried out by numerous experts of an Interagency Working Group on HIV/AIDS-FP integration (2008) that focused on three models of integration: FP/HIV counseling and testing, FP/PMTCT, and FP/HIV care and treatment.

Results:
The result of this process was the development of a tool for adaptation and use by partners—Strategic Considerations for Strengthening the Linkages between Family Planning and HIV/AIDS Policies, Programs, and Services: A Tool for Planning and Implementation, 2009.

HIV service clients have substantial unmet need for contraception in both concentrated and generalized epidemics. One of the most important factors to consider is the scale of the epidemic on how HIV should be integrated into FP programs, particularly when resources are limited; targeted HIV programming would have more impact in a

concentrated epidemic. Though most of the evidence is from studies in Sub-Saharan Africa with generalized HIV epidemics, many of the recommendations that have emerged from the experts will be applicable to other regions and countries. Once the tools for practically linking HIV/AIDS and SRH, i.e., integrated IEC/BCC, and monitoring and evaluation tools, are made available, it will be imperative for these efforts to be evaluated and documented for furthering the evidence-base. There will also need to be adequate consideration of health systems requirements for effectively linking HIV/AIDS and SRH, such as, human resources, information systems, leadership and governance, commodities/supply chain, and financing.

iii. A five-country study of HIV/AIDS and FP integration in Africa—Ethiopia, Kenya, Rwanda, South Africa, and Uganda—examined three models with high potential for public health impact: FP in HIV counseling and testing, FP in HIV care and treatment, and HIV services in FP. The programs included in the study had a specific integration strategy, had been functional for a minimum of three months, and operated at a minimum of three sites. The study included client characteristics and service needs, indicators of readiness to provide integrated services, provider readiness to offer integrated services, and compared provider and client reports of services provided and received.

Results:
Findings revealed that many women using HIV counseling and testing services (CT), and care and treatment had unmet need for contraceptive services, yet few were being systematically screened for that need. Estimating unmet need for HIV counseling and testing services among women using FP services is more ambiguous as most women report being monogamously married, and few report using condoms. Without knowing about partner behavior and the potential risk of exposure to HIV, it is difficult to ascertain their risk of HIV acquisition, and the need for CT services. Many providers in the integrated services had not been trained in the newly added cross-service despite there being a specific integration strategy, and job aids and supportive supervision were lacking. Many of the clinics visited had had some stock-outs of HIV test kits or contraceptive supplies (condoms & injectables) and the clinics often lacked IEC materials that would generate demand for the new service. Generally providers were more likely to report having provided integrated services than clients were likely to report having received such services.

Overall results of these three efforts suggest generally positive results of linking HIV/AIDS and SRH programs. However, few rigorous evaluations exist leaving significant research gaps. Most of the recent studies were noted to be of SRH integration into HIV programs due to the abundance of funding for the latter. More resources, therefore, will need to be directed to investigating the best ways for integrating HIV into SRH programs.

Table 1. Factors Promoting or Inhibiting Effective Linkages

Promoting Factors	Inhibiting Factors
■ Positive attitudes and good practices among providers and staff	■ Lack of commitment from stakeholders
■ Ongoing capacity building	■ Non-sustainable funding
■ Involvement of the community and government during planning and implementation	■ Clinics understaffed/low morale/high turnover/inadequate training
■ Simple, easily applied additional services which add no costs to existing services	■ Inadequate infrastructure, equipment, and commodities
■ Non-stigmatizing services	■ Lack of male partner participation
■ Male partner inclusion	■ Women not sufficiently empowered to make SRH decisions
■ Engagement of key populations	■ Cultural and literacy issues
	■ Adverse social events/domestic violence incidence
	■ Poor program management and supervision
	■ Stigma preventing clients from utilizing services

Examples of integration of HIV/AIDS and family planning (FP)

Service delivery elements that comprise the *minimum essential package* of integrated FP/HIV services are in purple in the table below.

Integration of HIV services into FP services

HIV services that can be integrated into the FP service include:

If HIV status is unknown:

- HIV/STI prevention education including risk- reduction counseling, condom demonstration and promotion, and counseling on dual protection and dual method use*
- *Assessment* of HIV status and counseling on the benefits of knowing one's status*
- *Screening* for risk of HIV infection*
- *Referrals* to counseling and testing (CT) services for clients at risk for HIV infection*

- HIV counseling and *testing* (provider- or client-initiated)

If HIV+ status is known:

- Counseling on reproductive choices and contraceptive options for women and couples with HIV*
- Referrals to HIV care and treatment services*
- Referrals to care and support programs for people living with HIV*
- For HIV+ clients desiring pregnancy, referrals to PMTCT services*

- For HIV+ clients desiring pregnancy, provision of information on the risk of transmission to children and uninfected partners, assessment of health status as it relates to pregnancy, and counseling on safer pregnancy and infant feeding options
- Couple counseling on risk reduction for sero-concordant and sero-discordant couples
- Counseling on disclosure strategies for people diagnosed with HIV/AIDS and referrals for their partners for counseling and testing
- Specific HIV information and services for key populations, such as youth, MSM, sex workers, and injection drug users
- Psycho-social support for people living with HIV
- Referrals to other HIV services not offered on-site

Integration of FP services into HIV services

FP services that can be integrated into the HIV service include:

- *Screening* clients for risk of unintended pregnancy*
- *Referrals* to FP services for clients at risk of unintended pregnancy. If no reliable FP services exist in the area, the facility and its provider should strive to provide some methods, such as condoms, pills and injectables, on-site.*
- For HIV+ clients desiring pregnancy, referrals to PMTCT services*
- Promotion and provision of condom use for dual protection and condom demonstration*

- Informed choice counseling on the full range of available FP methods and where to access them, including discussion of method effectiveness, side effects, and non-contraceptive benefits; potential drug interactions with hormonal contraceptives if client is on ARVs; capacity of FP methods to prevent STI/HIV infection; dual method use
- For HIV+ clients desiring pregnancy, provision of information on the risk of transmission to children and uninfected partners, assessment of health status as it relates to pregnancy, and counseling on safer pregnancy and infant feeding options
- Counseling on healthy timing and spacing of pregnancy, fertility return, LAM, and exclusive breastfeeding through six months
- Provision of oral contraceptive pills, injectable hormonal contraceptives, intrauterine device (IUD), and/or hormonal implants with instructions for use, and male and female condoms
- Provision of method re-supply and follow-up care, as necessary
- Provision of tubal ligation and vasectomy
- Referral for methods not offered on-site, preferably through a referral mechanism that guarantees same-day uptake of method

* Minimum essential package

Research gaps

The lack of experience and corresponding lack of evaluations of programs linking HIV/AIDS and SRH makes evident the need for more study of efforts in this field. Recommendations to fill these research gaps include:

1. ***Design rigorous studies*** to evaluate integrated HIV and SRH services including processes and impact, particularly ***comparative assessments of integrated delivery of services versus non-integrated delivery of the same services***.
2. ***Evaluate key outcomes***, such as: *health indicators* (unintended pregnancies prevented, HIV+ births averted, increase/continuance in contraceptive use, etc.), *stigma reduction*, *cost-effectiveness*, and *trends in access to services*.
3. ***Direct research towards areas of integration that are currently understudied***, notably integrating ***SRH services with HIV services for PLWHA***, including clinical and psychosocial care, contraception and pre-conception planning if pregnancy is desired, gender-based violence reduction and linked services for men and boys.
4. ***Foster community participation in research*** to ensure that all research on linkages has relevant outcomes for clients.
5. ***Ensure strengthened collaboration between the HIV and SRH research communities*** through the development of a ***collective linkages research agenda***.

References

Adamchak S, Reynolds H, Janowitz B, Grey T, Keyes E, FP and HIV/AIDS Integration: Findings from 5 Countries, World Bank Strengthening HIV/AIDS and SRH Linkages BBL Presentation on November 19, 2008, FHI/USAID, November 2008. Available at: *http://go.worldbank.org/N8GFJMIDP0*

Cates W, SRH/HIV Linkages: What's the Rationale? World Bank Strengthening HIV/AIDS and SRH Linkages BBL Presentation on November 19, 2008, FHI/USAID, November 2008. Available at: *http://go.worldbank.org/N8GFJMIDP0*

Interagency Working Group on FP/HIV Integration, Programmatic Considerations for Strengthening the Integration of Family Planning and HIV Service Delivery Programs, *to be published in 2009. http://www.hivandsrh.org/*

Kennedy C. Linking Sexual & Reproductive Health and HIV: Evidence Review and Recommendations, World Bank Strengthening HIV/AIDS and SRH Linkages BBL Presentation on November 19, 2008, The Cochrane/WHO/IPPF/UNFPA, November 2008. Available at: *http://go.worldbank.org/N8GFJMIDP0*

Population Council. Women living with HIV have unmet family planning needs. *FRONTIERS Operations Research Summary*, No 75. 2008. Available at *http://pdf.usaid.gov/pdf_docs/PNADL834.pdf*

The African Union, Maputo Plan Of Action for the Operationalisation of the Continental Policy Framework for Sexual And Reproductive Health And Rights 2007–2010, Special Session of the African Union Conference of Ministers of Health, Maputo, Mozambique, 18–22 September 2006. Available at: *http://www.unfpa.org/africa/newdocs/maputo_eng.pdf*

The Lancet HIV Prevention Series, Volume 372, August 2008. *http://www.thelancet.com/series/hiv-prevention*

UNFPA, The New York Call to Commitment: Linking HIV/AIDS and Sexual and Reproductive Health, June 4, 2004 Meeting, Rockefeller Foundation, New York, NY, 2004. Available at: *http://www.unfpa.org/upload/lib_pub_file/321_filename_New%20York%20Call%20to%20Commitment.pdf*

WHO, The Glion Call to Action on Family Planning and HIV/AIDS in Women and Children, May 3–5, 2004. Available at: *http://www.who.int/reproductive-health/stis/docs/glion_cal_to_action.pdf*

WHO/HIV/2005.05: WHO/UNFPA/UNAIDS/IPPF. Sexual and Reproductive Health and HIV/AIDS: A Framework for Priority Linkages, October 2005. Available at: *http://www.who.int/hiv/pub/prev_care/A%20Framework%20for%20Priority%20Linkages%20FINAL.pdf*

WHO, Strengthening Linkages between Sexual and Reproductive Health and HIV, HIV Technical Briefs, April 3, 2007. Accessed on October 2, 2008. *http://www.who.int/reproductive-health/hiv/hiv_tecbrief_srhhiv.pdf*

WHO, UNAIDS, UNFPA, IPPF, GNP+, ICW, and Young Positives, Rapid Assessment Tool for SRH and HIV Linkages: A Generic Guide, 2008 *http://www.who.int/reproductive-health/hiv/linkages_rapid_assmnt_tool.pdf*

WHO-HIV/UNFPA/IPPF-HIV/UNAIDS/UCSF, Sexual and Reproductive Health and HIV Linkages: Evidence Review and Recommendations, 2008. Available at: http://www.who.int/reproductive-health/hiv/linkages_evidence_review.pdf

Other Useful Resources

FHI/Kenyan Ministry of Health, Integrating Family Planning into HIV Voluntary Counseling and Testing Services in Kenya: Progress to Date and Lessons Learned, FHI/USAID, 2006. Available at: *http://www.fhi.org/NR/rdonlyres/es5cvy4xltapkfligen2lj32zvkcv2fpdv4elllln6c4viqcjbpaamdhkcstld3n25fixj6uhgomyuc/FPVCTintegrationKenyalessons.pdf*

FHI/EngenderHealth, Increasing Access to Contraception for Clients with HIV: A Toolkit, FHI/USAID, 2008. Available at: *http://www.fhi.org/training/en/modules/FPHIV_toolkit/interface.pdf*

Pathfinder International, Quality of Care for Integrated Services: A Facility Assessment Tool, 2003. *http://www.pathfind.org/site/DocServer/QOC_document_oct_6.pdf?docID=1581*

UNAIDS, Intensifying HIV Prevention: A UNAIDS Position Paper, 2005. Available at: *http://data.unaids.org/publications/irc-pub06/jc1165-intensif_hiv-newstyle_en.pdf*

Yoder P, Amare Y. Integrated Family Planning and VCT Services in Ethiopia: Experiences of Health Care Providers. Measure DHS/USAID, 2008. Available at: *http://pdf.usaid.gov/pdf_docs/PNADN519.pdf*

Websites

http://www.hivandsrh.org/

http://www.fhi.org/en/Topics/FPHIV.htm

http://www.who.int/reproductive-health/hiv/index.html

http://www.unfpa.org/publications/detail.cfm?ID=382&filterListType=

http://go.worldbank.org/RQU0H5VGJ0

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