

NEW DEFINITION, OLD PROBLEM TOWARDS SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS FOR ALL

Sexual and reproductive ill-health and HIV thrive where there is entrenched poverty, harmful social norms, gender inequality and marginalisation of the most vulnerable populations. HIV remains the most fatal sexually transmitted infection, and the leading cause of death among women of reproductive age.¹

To accelerate progress, and ensure we leave no-one behind, we must act together as sexual and reproductive health and rights (SRHR) and HIV advocates. Important new evidence from across the globe can drive this forward.

This briefing serves as an advocacy aid for HIV activists and advocates. It highlights the action areas and recommendations which are pertinent to people from populations most affected by HIV - LGBT people, sex workers, people who use drugs, and adolescent girls and young women – whose SRHR remain far from being realised.

This evidence is presented in the Guttmacher-Lancet Commission report Accelerate progress – sexual and reproductive health and rights for all². It presents a new, comprehensive definition of SRHR - including HIV prevention, treatment and care in its essential intervention package and pays specific attention to vulnerable groups. The report calls for the removal of structural barriers such as persistent gender inequality, and for changes to social norms, laws and policies to uphold human rights. It highlights the centrality of comprehensive SRHR to achieving all the Sustainable Development Goals (SDGs), and to ensuring the universal health coverage (UHC) agenda leaves no-one behind.



A young woman from Malindi, Kenya, uses drugs and sometimes engages in sex work. She has experienced gender-based violence. © Corrie Wingate for Frontline AIDS

RECOMMENDATIONS



A condom demonstration at Naguru Teenage information and health centre, offering services at Kinawataka a Kampala suburb. © Peter Caton for Frontline AIDS

Integrate health systems

Programmes which integrate HIV prevention into family planning and SRHR services show evidence of increased contraception use and decreased pregnancy rates among women living with HIV and increase men's HIV testing and treatment rates. Therefore, integrating these services is critical to achieving UHC. Family planning programmes must also include men, to enhance both their own and their partners' sexual and reproductive health (SRH).

Provide support to the most marginalised

Marginalised populations such as sex workers, LGBTQI+, people who use drugs, and adolescent girls and young women have higher rates of HIV, sexual and gender-based violence, and poor SRH. SRHR programmes must pay special attention to the needs of these individuals and guarantee their access to integrated SRHR-HIV services. Despite their differences, these groups face

similar issues, underpinned by harmful gender norms, stigma, discrimination and criminalisation.

Address gender-based violence and HIV linkages

Gender-based violence increases women's risk of acquiring HIV both directly through forced sex and indirectly by constraining their ability to negotiate safe sex. HIV diagnosis and disclosure can be triggers for partner violence against women living with HIV and expose women to different forms of gender-based violence, such as forced or coerced sterilisation. More collaboration is needed between HIV and gender-based violence groups to implement joint initiatives that prevent and address gender-based violence in the context of HIV.

Bridge evidence gaps

Data collection must improve to address current data gaps including more survey data on marginalised groups most impacted by HIV. This information can

be used for programme advocacy, and to design more effective programmes for key populations. In addition, hidden and neglected issues such as intimate partner violence, abortion, and sexual pleasure – including among and for marginalised populations – are poorly understood. Quality data and effective measures are needed to inform policy and programmes.

Data on sex workers and people who use drugs is limited and rarely disaggregated; it is usually presumed that all sex workers are women and all drug users are men. Hence, the needs of male and transgender sex workers, and women who use drugs are neglected in policies and programmes.

Support legal and policy reforms
Abolish laws that criminalise same-sex unions, sex work, and drug use, and decriminalise consensual sexual relationships and the non-discriminatory provision of SRH services, such as age of consent to get medical attention (including HIV testing and counselling). Removing these laws can decrease stigma and improve access to SRHR for people most affected by HIV.

People with diverse sexual orientations and gender identities have higher rates of unintended pregnancies, HIV, and sexually transmitted diseases (STIs) than the general population. Globally, men who have sex with men, are 24-times more likely to acquire HIV than adults in the general population; and transgender people are 49-times more likely to be living with HIV.

"Acceleration of progress therefore requires adoption of a more holistic view of SRHR and tackling of neglected issues, such as adolescent sexuality, gender-based violence, abortion, and diversity in sexual orientations and gender identities."

Guttmacher-Lancet report, 2018

Scale up comprehensive sex education Give children and adolescents the knowledge and skills to navigate SRH and sexuality. Successful programmes improve knowledge and self-esteem; positively change attitudes, gender and social norms; and increase decision-making skills.

The disproportionate burden of HIV and poor SRHR for adolescent girls and young women is driven by the same factors. Gender inequality leads to unwanted pregnancies; unsafe abortions; inadequate access to high-quality SRH information and services; intimate partner violence and coerced sex; child marriage; sexual relationships with older men; and lack of power to negotiate condom use.

Address social determinants

Implement awareness-raising campaigns, group trainings, peer education, and other actions that reduce stigma and change discriminatory social norms. Community-level interventions can alter cultural/social norms and practices that violate human rights and place young women, LGBTQI+, and other key populations at risk of HIV and SRHR violations.

Conclusion

These recommendations can provide new impetus for collaboration that engages SRHR and HIV actors on a common agenda for action. Together we can dismantle the structural barriers which lead to new HIV infections and prevent sexual and reproductive health for vulnerable populations. We can also promote a comprehensive approach to UHC to achieve SDG 3 (health) and SDG 5 (gender equality), and to realise the SRHR of people living with HIV.



Sex workers support each other at clinic in Vietnam during medical examination. © Ehrin Macksey for Aidsfonds

¹ UNAIDS 2019, Women and HIV: a spotlight on adolescent girls and young women www.unaids.org/sites/default/files/media_asset/2019_women-and-hiv_en.pdf

² Guttmacher-Lancet Commission on SRHR, 2018, Accelerate progress: sexual and reproductive health and rights for all. www.thelancet.com/commissions/sexual-and-reproductive-health-and-rights