

HIV AND SRHR INTEGRATION – KEY ACTIONS AND RECOMMENDATIONS

SHARE-NET NETHERLANDS COMMUNITY OF PRACTICE ON HIV-SRHR INTEGRATION

It is the mission of our Community of Practice (CoP) to promote joint work on HIV and SRHR at various levels, including policy, advocacy and programming. This document aims to:

- **Create more awareness on the need to integrate HIV and SRHR**
- **Provide Share-Net members with data and insights on HIV and SRHR integration**
- **Give practical recommendations on how to support and facilitate integration.**

WHY INTEGRATE HIV AND SRHR?

HIV and AIDS are directly linked with sexual reproductive health and rights (SRHR). Sexual and reproductive ill-health and HIV thrive where there is poverty, harmful social norms, gender inequality and marginalization of the most vulnerable populations. HIV remains the most deadly sexually transmitted infection and the leading cause of death among women of reproductive age.¹ People living with HIV are at increased risk of some non-communicable diseases, including mental health conditions, and women living with HIV are more likely to develop and die from cervical cancer.²

The Guttmacher-Lancet Commission³ presents a comprehensive definition of SRHR, including HIV prevention, treatment and care, in its essential intervention package and specifically focuses on vulnerable groups. Linking HIV and SRHR can deliver a more robust and cost-effective response and should be an integral part of future global strategies. Improved SRHR-HIV integration is needed to achieve the Sustainable Development Goals (SDGs) (particularly SDG3 on good health and well-being) and the associated target of universal health coverage.

WHY IS INTEGRATION NOT HAPPENING?

Despite high-level political commitment to intensify linkages, challenges remain in ensuring that people receive high-quality and comprehensive services and information.⁴ At the global level, for example, conflicting views of United Nations member states on equality, sexual rights and the inclusion of key populations – sex workers, LGBTQI+, people who use drugs, and people in prison and other closed settings – make it difficult to reach a consensus. At the national level, for example, policies are not being translated into practice and/or are insufficiently funded. Also, the ‘how to’ of linking and integrating services at the policy, system, and service delivery level is less widely known and practiced.⁵

1. UNAIDS 2019, Women and HIV: a spotlight on adolescent girls and young women

2. UNAIDS 2021, End inequalities, end AIDS. Global AIDS Strategy 2021-2026

3. Guttmacher-Lancet Commission on SRHR 2018, Accelerate progress: sexual and reproductive health and rights for all.

4. Share-Net International 2015, Integrating the SRHR and HIV response. State of the art report.

5. <https://esaro.unfpa.org/sites/default/files/pub-pdf/Regional%20booklet%20final%20-%20Linking%20SRHR%20%26%20HIV%20in%20Southern%20Africa.pdf>

6. Adapted from: PITCH 2019, New Definition, Old Problem. Towards sexual and reproductive health and rights for all.

KEY ACTIONS AND RECOMMENDATIONS FOR INTEGRATION

Integrate health services

Health services should be tailored to the needs and life circumstances of young people (living with HIV) and people from vulnerable or marginalized groups and provide a comprehensive range of SRHR and HIV services (also including e.g. mental health services) at one site. Integration can allow for the best use of limited health resources and improve health service delivery by preventing duplication and competition for resources. By offering a 'one-stop shop', integration can also reduce stigma and discrimination.⁷ Programmes that integrate HIV prevention into family planning and SRHR services show increased contraception use and decreased rates of unwanted pregnancy among women living with HIV and increases in men's HIV testing and treatment rates.

Provide support to most marginalized people

Marginalized populations such as adolescent girls and young women, sex workers and LGBTIQ+ people have higher rates of HIV, sexual and gender-based violence, and poor sexual and reproductive health (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 criminalization.

Promote self-care

Self-care, which encompasses people's ability to own their SRHR, know when and where to seek services (self- or provider-managed) and take an active role in claiming their rights, can improve HIV prevention and treatment outcomes and benefit marginalized populations. It is increasingly recognized as having the potential to make efficient use of healthcare resources; equip people with the knowledge, skills, tools and confidence to proactively maintain health and effectively participate in health decision-making; provide a new way to message and revitalise interest in health literacy and behaviour change; and reach more people.⁸

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 safer 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 sterilization. Joint initiatives are needed that prevent and address gender-based violence in the context of HIV.

Bridge evidence gaps

Quality data and effective measures are needed to inform policy and programmes. Data collection must improve to address current data gaps, e.g., survey data on marginalized groups most impacted by HIV. In addition, hidden and neglected issues such as intimate partner violence, abortion, and sexual pleasure – including among and for marginalized populations – are poorly understood.

Support legal and policy reforms

Abolish laws that criminalize same-sex unions, sex work, and drug use, and decriminalize consensual sexual relationships and the non-discriminatory provision of SRH services, such as the age of consent to access services. This action can decrease stigma and improve access to SRHR for the people most affected by HIV.

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.

Address social determinants

Implement awareness-raising campaigns, group training, 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, LGBTIQ+, and other key populations at risk of HIV and SRHR violations.

If you are interested in learning more, feel free to reach out and [connect with the CoP](#).

7. From: ASK 2016, Essential Packages Manual: Sexual and Reproductive Health and Rights programmes for young people.

8. <http://selfcaretrailblazers.org/>