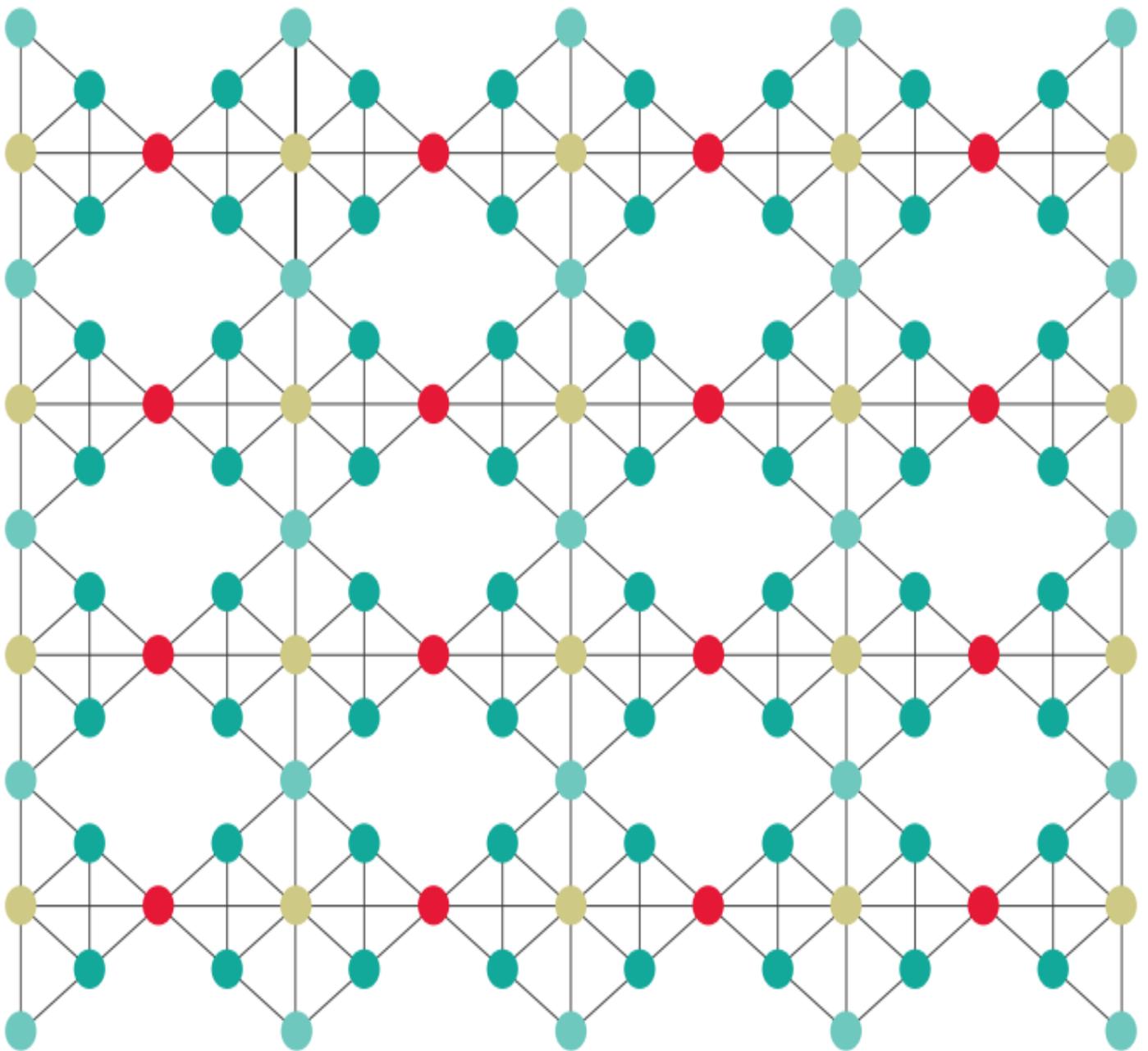


Linking sexual and reproductive health and rights with HIV



“There is no such thing as a single-issue struggle because we do not live single issue lives.” Audre Lorde

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Scaling up linked sexual and reproductive health and rights and HIV interventions to support universal health coverage

In all countries – with either generalized or population-focussed HIV epidemics – addressing the sexual and reproductive health and rights (SRHR) of people living with and affected by HIV ensures a holistic approach for improving health and well-being, rather than focussing solely on disease prevention and management.

Reduced international development assistance for HIV necessitates:

- Roll-out of more integrated and mainstreamed HIV services within broader SRH programmes;
- Encouragement of domestic investment for integrated HIV services;
- Further social contracting, government–community partnerships and community–led programmes for responding to HIV and broader SRH needs of PLHIV and key populations.

SRHR-HIV linkages can occur at multiple levels, including linked health policies, health systems and integrated delivery of services. Developing and implementing linked SRHR-HIV programmes provide bidirectional benefits by improving both SRHR and HIV health outcomes. Linkages also increase both provider and client satisfaction through the delivery of person-centred health services.

1. Why this initiative?

Whilst there is strong consensus that progressing SRHR-HIV linkages is important, this remains both underfunded and overlooked with continuing implementation of vertical programmes. There is however, currently renewed momentum and interest from many partners in progressing linked SRHR and HIV outcomes, and **now is the time** to build upon best practice examples and identify mechanisms for implementing these linkages wherever possible.

Investment of HIV focused resources is required to complement national domestic allocation of resources for SRHR programmes, in order to incorporate and mainstream HIV policies, interventions and services.

Whilst a programme of this nature frequently falls “below the radar”, significant results can be achieved from making this proposal a reality, including:

- Increased coverage of HIV prevention, testing and treatment services, delivered within broader SRH and primary health care settings. This will lead to reduced new HIV infections and reduced HIV-related morbidity and mortality.
- Increased access to SRH services for people living with and vulnerable to HIV – key populations and at-risk populations, including migrants. This will lead to increased health coverage and better health outcomes through delivery of linked SRHR-HIV services.
- Compilation of good practices for operationalizing the 2018 Linkages Call to Action¹ in further countries, collated via identification and documentation of:
 - Mechanisms for ensuring evidence-informed, rights-based, person-centred and holistic SRHR-HIV programmes, especially for people living with HIV and key populations;
 - Barriers, challenges and solutions for delivery of linked programmes.
- Mainstreamed and sustained monitoring of SRHR-HIV linkages and service coverage.

Fourteen countries from diverse regions have been selected based upon health burden, and expressed political commitment and efforts to implement linked SRHR-HIV programmes. Countries were also identified that are lacking in technical support for progressing linkages:

- Bangladesh
- Cambodia
- Cote D’Ivoire
- Cuba
- Georgia
- Madagascar
- Namibia
- Nigeria
- Nepal
- Panama
- Peru
- Senegal
- Timor Leste
- Trinidad and Tobago

Note: For Senegal and Cote d’Ivoire there is a complimentary Investment Book proposal aimed specifically at ensuring women living with HIV engage in policy and programme decision making, with a view to improving HIV and SRH services for women living with HIV.

Potential further countries dependent on resources and cost-sharing include: India, Indonesia, Jamaica, Kyrgyzstan, Lebanon, Morocco, Pakistan, Uruguay, Vanuatu and Viet Nam.

¹ <http://www.who.int/reproductivehealth/publications/call-to-action-linked-srhr-hiv-interventions/en/>

2. What aspects make this project unique?

Whilst there is much interest in developing linked SRHR-HIV programmes, countries are often uncertain how to go about operationalising this, and there are a number of significant challenges to progressing linkages. In 2018, over 40 organisations endorsed the Call to Action to advance SRHR-HIV Linkages.² This was a renewed effort to establish linkages as the normative approach for delivery of HIV programmes and services. Linkages ensure a sustainable focus on HIV within broader SRH programmes. This contributes directly to universal health coverage, SDG 3 (Good health and well-being), and SDG 10 (Reduced inequalities) through addressing the needs of people living with and affected by HIV, who remain extremely marginalised in many countries.

Various donors have contributed to advancing specific linkage elements, but to continue sustainably, there is a clear need for a holistic, coordinated approach for developing comprehensive linkages within health policies, systems and services, as well as within affected communities.

² <http://www.who.int/reproductivehealth/publications/call-to-action-linked-srhr-hiv-interventions/en/>

3. Collaboration

UNFPA and WHO will lead the coordination of the programme. Of the over 40 development organisations and partners which have endorsed the Call to Action, these include many UN organisations such as UNAIDS, UNICEF, UNDP, UNESCO, UNHCR and WB. UN Women is also engaged. Many further international non-government organisations and development partners are also involved.

WHO and UNFPA will call upon a variety of these global and regional partners during implementation – harnessing relevant fields of expertise and engagement to drive forward the broad linkages agenda. Non-UN partners will also be engaged from academic, community, commercial and government sectors.

Implementation will occur through strengthening and integration of national health services and complementary community service providers, as well as capacity building of affected communities themselves.

Social contracting – for delivery of linked services by local NGOs and CSOs – will occur, to complement public services and enhance community-based and community-led services. People living with and affected by HIV will be fully engaged in this and further involved as peer navigators for increasing access and uptake of linked SRHR-HIV services.

4. The project approach and timeline

Several partners have been instrumental in leading and convening multi-sectoral action on SRHR-HIV linkages, including coordination of in-country development and implementation. Recent examples include the ground breaking multi-country linkages project in Eastern and Southern Africa, supported by UNFPA, WHO, UNICEF and UNAIDS. The World Bank is also supporting linkage implementation, especially developing metrics for assessing cost benefit of linkages.

National workshops in the selected countries will be run by national governments and community stakeholders, with technical inputs from UN and other development partners.

Re-orientation of linked SRHR-HIV services will be country driven in terms of development, implementation and ongoing operational arrangements. Local CSOs will initiate and strengthen community-led programme elements.

Developed guidance will acknowledge the central role of national policy makers, service providers and community-based organisations in development and operationalisation of linked SRHR-HIV programmes.

The proposed **timeline proposed** is over four years: January 2019 – December 2022, comprising the following elements:

--A series of 14 national workshops will occur during 2019 – 2021 (in at least four countries per year, plus further workshops, dependent upon resources).

--Country reorientation and operationalisation of linked services will follow-on from these national workshops and continue throughout, to 2022 and beyond.

--Development of global guidance and alignment of linkage metrics will commence in 2019 and continue through to 2021.

5. Indicators: How will we measure success?

The success indicators for this programme include:

1. Increased number of people reached with quality and comprehensive HIV programmes (prevention, testing, treatment and care services).
(The numbers of people reached are to be determined at national level, in terms of HIV infections avoided and improved 90-90-90 outcomes. These will be achieved through increased:
 - a. Primary prevention (of sexual and vertical transmission);
 - b. Number of people tested, including through self-testing;
 - c. Treatment coverage;
 - d. Viral load suppression – leading to reductions in morbidity, mortality and onward transmission.
2. Reduced waiting times and improved provider/client communication and satisfaction in primary health care settings.
3. Increased access of key populations to HIV programmes.
4. Increased access of people living with HIV and key populations to comprehensive SRH services:
 - a. Contraception
 - b. Safe conception and fertility management
 - c. Antenatal care
 - d. Safe delivery
 - e. Postnatal and neonatal care
 - f. Services for cervical cancer and other cancers of reproductive organs
 - g. Comprehensive STI case management (diagnosis, treatment, risk perception and behaviour change counselling, follow-up care, sexual partner tracing, promotion of condoms and lubricant, and HIV testing)
5. Publication indicators:
 - a. Publication of national workshop reports on promising and good practices (14 country workshops)
 - b. Publication of normative guidance on operationalising linked SRHR-HIV programmes
 - c. Update of national snapshots on SRHR/HIV data with 150+ data points per country.
 - d. Update of SRHR/HIV Linkages index and indicators for monitoring and reporting impact and progress.

The SRHR/HIV Index is currently the only tool for monitoring progress and impact in this area. Updating and further mainstreaming the Index with PMNCAH and EWEC monitoring tools will support on-going national assessments across the programme and beyond. National workshop reports will be peer reviewed to ensure quality, accuracy and validity of findings.

National statistics will be compiled on delivery of linked services, and the country “snapshots” of linked services will be developed or updated, illustrating current status and progress of linked programmes.

6. Questions and Answers

<p>What is the total cost?</p>	<p>USD 5.7 million <i>(Note: this is based upon estimated average national costs which include flexible and adjustable elements)</i></p>
<p>What is the UN comparative advantage here?</p>	<p>Several UN partners have been instrumental in leading and convening multi-sectoral action on SRHR-HIV linkages, including coordination of in-country development and implementation. Recent examples include the ground breaking multi-country linkages project in Eastern and Southern Africa, supported by UNFPA, WHO, UNICEF and UNAIDS. The World Bank is also supporting linkage implementation, especially developing metrics for assessing cost benefit of linkages.</p> <p>(WHO and UNFPA co-convene the InterAgency Working Group on SRHR-HIV Linkages.)</p>
<p>How will success be monitored? What are the indicators?</p>	<p>The SRHR/HIV Index is currently the only tool for monitoring progress and impact in this area. Updating and implementing the Index will provide an on-going assessment across the project and beyond. National statistics will be compiled on delivery of linked services, and country “snapshots” of linked services developed or updated, illustrating progress and current status of linked programmes.³ Publication of normative guidance on operationalising linkage programmes will be a further outcome indicator.</p>
<p>Who are the contributing partners?</p>	<p>A wide variety of organisations will be engaged.</p> <p>UNFPA and WHO – as co-leads of the IAWG on SRHR-HIV Linkages – will lead the programme.</p> <p>Participation and technical inputs will occur from further UN agencies who have endorsed the Call to Action including UNICEF, UNDP, UNESCO, UNHCR, WB and UNAIDS, as well as from UN Women. International NGO development partners engaged on linkages will also contribute technical inputs, including IPPF and the International HIV/AIDS Alliance.</p>

³ <http://srhhivlinkages.org/srh-hiv-linkages/#infographic-snapshots>

7. The budget

Substantial investments have been made by individual bilateral donors such as SIDA and DFID, which have supported the initial Eastern and Southern Africa Linkages project and the follow-on, current ESA Linkages programme. USAID have supported family planning/HIV linkages and HIV prevention for adolescent girls and young women (AGYW). The Global Fund has also supported various linkage elements in a variety of countries.

Various donors have contributed to specific elements, however further support is needed for a holistic, coordinated approach for developing comprehensive linkages at multiple levels.

Component	Country operationalization of the 2018 CALL TO ACTION (US\$)	Global resource development and coordination (US\$)	Evaluation
1. National inception workshops 2. National linkages seed funding 3. Development of global operational guidance 4. Review, update and alignment of linkages metrics – Linkages Index and indicators 5. Coordination, facilitation, technical guidance and evaluation	1. National inception workshops (14 @ \$50,000 = \$700,000) 2. National linkages seed funding (14 @ \$200,000 = \$2,800,000) <i>Note: further countries will be added if costs savings can be made, eg through additional domestic investment in linkages</i>	3. Development of global operational guidance (\$300,000) 4. Review, update and alignment of linkages metrics – Linkages Index and indicators (\$700,000) 5. Coordination, facilitation, technical guidance and evaluation functions over four years (\$1,200,000).	(Evaluation is included within national implementation and global coordination costs – estimated to be ~5% of total budget)
TOTAL	3.5 million	2.2 million	
TOTAL - Programme			USD 5.7 million