Fact Sheet on HIV/AIDS

Linking Sexual and Reproductive Health and HIV

OVERVIEW

The AIDS epidemic is integrally linked to sexual and reproductive health (SRH) since the majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding. Both HIV and poor sexual and reproductive health are driven by poverty, gender inequality and social marginalization of the most vulnerable populations. By linking HIV and SRH responses, we can reach more people and make better progress towards the joint goals of universal access to sexual and reproductive health and to HIV prevention, treatment, care and support.

UNFPA, together with the rest of the international community, strongly advocates for closer linkages between HIV and sexual and reproductive health policies, systems and services.

HEALTH BENEFITS OF STRONGER LINKAGES

Linking SRH and HIV is cost effective and has significant public health benefits, including:

- Improved access to and uptake of services by having everything in the same facility;
- Improved health and behavioural outcomes, including increased condom use;
- Improved quality of care;
- Better access to services tailored to the needs of people living with HIV;
- Reduced HIV-related stigma and discrimination;
- Improved coverage of underserved and marginalized populations;
- Greater support for dual protection against unintended pregnancy and STIs, including HIV;
- Enhanced programme effectiveness and efficiency, including less duplication and competition for scarce resources;
- Better understanding and protection of individuals' rights;
- Increased synergy in legal and policy frameworks;
- Better overall utilization of limited health resources.

Linked services can also potentially reduce costs of health-related appointments for users, as well as reduce time away from work and transport costs.

A HUMAN RIGHTS CONCERN

Stigma and discrimination against marginalized groups such as young people, transgender people, sex workers, men who have sex with men, people who use drugs and people living with HIV, prevents them from attaining basic rights and health. Integrated services should be non-discriminatory, inclusive, ensure privacy and confidentiality (including of HIV status) and respect the human rights of those who access them. Legal and social barriers that limit access to care must also be addressed.

KEY DATA

- Globally, the two top causes of death in women of reproductive age are HIV and complications related to pregnancy and childbearing, which account for 19% and 15% of all deaths in women aged 15-44 years, respectively. The growing burden of HIV infection in young sexually active women, and the maternal health problems that they face, have been described as two intersecting epidemics.[1]

- More than 340 million people per year have a curable sexually transmitted infection, which can significantly increase the risk of HIV transmission.[2]

- The percentage of pregnant women living with HIV who received antiretroviral treatment to prevent mother-to-child transmission increased from 9% in 2004 to 45% in 2008. [3]

- In sub-Saharan Africa, 63% of women have an unmet need for effective contraception and consequently a high proportion of unintended pregnancies.[4] Many of these women do not know their HIV status, or are living with HIV, and have limited access to information and services.

COUNTRY EXAMPLES:

- Cost effectiveness studies from three countries show good results. In **India**, significant savings were achieved because a relatively high proportion of clients (37%) accessed more than one service[5]. In **South Africa**, increased cost-effectiveness was achieved when clinic staff had sufficient time to provide HIV testing to all clients[6]. And, in **Kenya**, the combined costs of adding HIV testing to family planning services amounted to less than half the estimated costs of a stand-alone voluntary counseling and testing site[7].

- A Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages is being rolled out in **16 countries[8]** to assess linkages at the policy, systems and service-delivery levels; identify critical gaps in policies and programmes; and, contribute to the development of country-specific action plans. Countries include: Benin, Botswana, Burkina Faso, Cote D'Ivoire, Malawi, Swaziland, Tanzania, Uganda, Lebanon, Morocco, Tunisia, Kyrgyzstan, the Russian Federation, Belize, Pakistan and Viet Nam.

- In **Serbia**, the Institute for Students' Health integrated sexual and reproductive health and HIV services to create a combined centre for STI and HIV prevention. It works to equip young people with the knowledge and skills to adopt healthy sexual behaviour[9].

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[1] The Lancet, Volume 375, Issue 9730, Pages 1948 - 1949, 5 June 2010
[2] UNAIDS Report on the Global AIDS Epidemic, 2006
[2] UNAIDS Report on the Global AIDS Epidemic, 2006
[3] UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV, August 2009
[4] UNFPA and the Guttmacher Institute, Adding it up: The benefits of Investing in Reproductive Health Care, 2003
[5] Population Council. Strengthening financial sustainability through integration of voluntary counseling and testing services with other reproductive health services (India), 2007
[6] Homan R, Mullick S, Nduna M & Khoza D. Cost of introducing two different models of integrating VCT for HIV within family planning clinics in South Africa. Paper presented at conference on Linking Reproductive Health, Family Planning, and HIV/AIDS in Africa, Addis Ababa, 9–10 October, 2006
[7] Population Council. Feasibility, acceptability, effect and cost of integrating counseling and testing for HIV within family planning services in Kenya, 2008
[8] This tool was developed in 2008 through collaboration with IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW and Young Positives.
[9] Gateways to Integration case studies from Haiti, Kenya and Serbia. WHO, UNFPA, UNAIDS, IPPF, 2008-2009.