
Top Ten: Frequently Asked Questions

1. What is the rationale for linking SRH and HIV?

The majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding. The interactions between sexual and reproductive health and HIV are now widely recognized. In addition, sexual and reproductive ill-health and HIV share root causes, including poverty, gender inequality and social marginalization of the most vulnerable populations. The international community agrees that the Millennium Development Goals will not be achieved without ensuring access to SRH services and an effective global response to HIV.

2. What are the benefits of linking SRH and HIV?

There are a number of potential benefits of linking SRH and HIV:

- Improved access to and uptake of key HIV and SRH services
- Better access of people living with HIV 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
- Improved quality of care
- Decreased duplication of efforts and competition for scarce resources
- Better understanding and protection of individuals' rights
- Mutually reinforcing complementarities in legal and policy frameworks
- Enhanced programme effectiveness and efficiency
- Better utilization of scarce human resources for health.

A number of these benefits have been demonstrated through a systematic review,ⁱ namely: increased access to SRH and HIV services; greater support for dual protection; improved quality of care; and enhanced programme effectiveness and efficiency.

3. Why are linkages important for people living with HIV?

Linking HIV and SRH services presents greater benefits for people living with HIV because:

- It allows people living with HIV to access both HIV and SRH services under the same roof or in the same facility increasing the opportunities for a continuity of care without being externally referred.
- It expands the range of clinical services provided beyond HIV treatment and care to include management and treatment of sexually transmitted infections (STIs), family planning, cervical cancer screening and treatment, infertility treatment, prevention of mother-to-child transmission and other related services.
- It reduces the frequency and costs of health related appointments – as it reduces the need to take additional time out of work to attend appointments, transport costs, etc.
- It could help reduce HIV related stigma and discrimination as HIV will be 'normalised' as a core service within a facility
- It provides increased coverage for marginalised and under-served populations
- It could promote an increased culture of rights based responses to address the specific needs of people living with HIV.

4. What is the difference between linkages and integration?

Linkages are the bi-directional synergies in policy, programmes, services and advocacy between SRH and HIV. Linkages refer to a broader human rights based approach, of which service integration is a subset.ⁱⁱ Integration refers specifically to how different kinds of sexual and reproductive health (SRH) and HIV services or operational programmes can be joined together to ensure and perhaps maximize collective outcomes.

5. Why are linkages more than just family planning?

Many people seem to use family planning and sexual and reproductive health as synonyms. However, family planning is just one type of sexual and reproductive health service. Increasingly the importance of repositioning family planning (as a specific component) has gathered momentum. The *Sexual and Reproductive Health & HIV Linkages: Evidence Review and Recommendations*ⁱⁱⁱ clearly highlights that, by comparison, the integration of family planning with other services is an area that has been well understood. Linkages have a broader meaning and include other elements - beyond health services- that need to be considered when responding to HIV and sexual and reproductive health. For example, gender based violence and child marriage relate to both HIV and SRH and in order to respond to this issue, wider efforts are required including addressing the social and cultural norms and legal frameworks that hinder a comprehensive response. In addition to healthcare, social and psychological services, addressing gender based violence should include law enforcement, advocacy campaigns and the establishment of a strong referral system among other interventions.

6. What are some ways that the integration of services could work?

Different models have been used to support the integration of services. The table below gives some examples on how integration could work:

From SRH → to HIV	From HIV → to SRH
Family planning into HIV counselling and testing	HIV counselling and testing into family planning
Family planning into PMTCT	HIV counselling and testing into antenatal care
Family planning into HIV treatment, care and support	HIV treatment and care into community based reproductive health interventions
Cervical cancer screening into HIV treatment, care and support	HIV treatment and care into post-partum care
Antenatal care into HIV treatment care and support	Antiretroviral therapy into SRH service delivery programmes

7. What are some of the main reasons that SRH and HIV have not been linked?

Sexual and reproductive health and HIV programmes have run in parallel in many countries and not begun to be linked until recently. Several factors contributed to this situation, including:

- The need to establish an emergency response to deal with the impact of the HIV epidemic in developing countries.
- The limitations perceived by many sexual and reproductive health providers that HIV requires specialized training and specific skills that were outside the scope and remit of sexual and reproductive health.
- The historical roots of the HIV epidemic lead to the assumption that the “traditional” clients of SRH services differ from the “most at risk” clients attending HIV services.
- The emergence of divergent donor funding streams that prioritize one area as opposed to other.
- The creation of HIV departments and units that were not linked in any way to the corresponding sexual and reproductive units.
- The perception that HIV prevention and HIV treatment and care require two very separate responses.

8. What are some country examples of successful integration?

Please see *Gateways to Integration*^{iv} series:

- A case study from Kenya: Antiretroviral delivery within a sexual and reproductive health setting: transition from traditional to pioneering role
- A case study from Haiti: Voluntary HIV counselling and testing: an entry point for comprehensive sexual and reproductive health services
- A case study from Serbia: Investing in Youth: reaching those most vulnerable to infection

9. What are the key principles governing SRH and HIV linkages?

The following 6 key principles^v represent a philosophical foundation and commitments upon which linkages policies and programmes must be built:

- address structural determinants;
- focus on human rights and gender promote a coordinated and coherent response;
- meaningfully involve people living with HIV;
- foster community participation;
- reduce stigma and discrimination, and
- recognise the centrality of sexuality.

Upholding human rights is intrinsic to the linkages agenda, in particular the human rights of people living with HIV and key populations. Stigma and discrimination against marginalised groups such as young people, transgender people, sex workers, men who have sex with men, people who use drugs and people living with HIV (to name just a few), prevents them from attaining basic rights and health. Laws, policies and programmes – including those related to HIV testing and counselling, family planning, child marriage, gender based violence, female genital mutilation, HIV transmission and consenting sex between adults – all need to be examined to ensure they are supportive of a human rights approach to linkages.^{vi}

10. What do the current trends and evidence on SRH and HIV linkages show?

Findings from a systematic evidence review^{vii} on linkages demonstrated clear benefits when linking SRH and HIV. The majority of studies included in the review showed improvements in all outcomes measured.

- Linking SRH and HIV services is beneficial and feasible as it:
 - Increases access to and uptake of services
 - Improves health and behavioural outcomes, including condom use
 - Increases knowledge of HIV and other STIs
 - Improves quality of services
- In particular linked services have been considered beneficial and feasible, especially in:
 - Family planning clinics
 - HIV counselling and testing centres
 - HIV clinics
- Promising practices (non –peer reviewed literature) have tended to evaluate more recent and more comprehensive programmes
 - 71% of peer-reviewed studies reported only one type of linkage
 - 57% of promising practices reported five or more linkages, while just 9% had only one type of linkage
- Earlier studies were more often SRH programmes adding HIV services, while later studies were more often HIV programmes adding SRH services.
- Cost-effectiveness studies have suggested net savings from HIV/STI prevention integrated into maternal and child health services.
- Of the few studies reporting cost outcomes, all were conducted after 2000, indicating a growing recognition of the importance of addressing HIV from a human rights perspective and an intent to scale up linked services.

- Interventions which successfully implemented provider training resulted in improved provider knowledge and attitudes, leading to better SRH and HIV service provision.
- More attention needs to be paid to commodity security, in particular contraceptives.
- Few or no studies have addressed:
 - Linked services targeting men and boys;
 - Gender based violence prevention;
 - Stigma and discrimination;
 - Comprehensive SRH services for people living with HIV.

ⁱ *Sexual & Reproductive Health & HIV Linkages: Evidence Review & Recommendations*, IPPF, UCSF, UNAIDS, UNFPA, WHO, 2009

ⁱⁱ *Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages: A Generic Guide*. IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW, Young Positives, 2008.

ⁱⁱⁱ *Sexual & Reproductive Health & HIV Linkages: Evidence Review & Recommendations*, IPPF, UCSF, UNAIDS, UNFPA, WHO, 2009

^{iv} *Gateways to Integration case studies from Haiti, Kenya and Serbia*. WHO, UNFPA, UNAIDS, IPPF, 2008-2009.

^v *Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages: A Generic Guide*. IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW, Young Positives, 2008.

^{vi} *Advancing the sexual and reproductive health and human rights of people living with HIV: a guidance package*. GNP+, ICW, Young Positives, EngenderHealth, IPPF, UNAIDS, 2009.

^{vii} *Sexual & Reproductive Health & HIV Linkages: Evidence Review & Recommendations*, IPPF, UCSF, UNAIDS, UNFPA, WHO, 2009.