



OF SEXUAL AND REPRODUCTIVE HEALTH AND HIV LINKAGES

This summary highlights the experiences, results and actions from the implementation of the *Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages* in Russia¹. The tool – developed by IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW and Young Positives in 2009 – supports national assessments of the bi-directional linkages between sexual and reproductive health (SRH) and HIV at the policy, systems and services levels. Each country that has rolled out the tool has gathered and generated information that will help to determine priorities and shape national plans and frameworks for scaling up and intensifying linkages. Country experiences and best practices will also inform regional and global agendas.

RECOMMENDATIONS

What recommendations did the assessment produce?

- Strengthening the integration of basic SRH and HIV services by including it as a specific strategy in regional HIV plans, with particular attention to: increasing coverage of men; addressing gender; intensifying prevention among clients requesting SRH services (not just antenatal/labour/delivery services); and ensuring attention to the SRH needs and rights of PLHIV.
- Intensifying HIV prevention by developing a strategy to involve and increase the motivation of SRH service providers. In particular: introducing additional salary increments for SRH service providers involved in HIV prevention; providing training on HIV-related stigma to health care providers; and including pre- and post-HIV test counselling as mandatory in the curricula of higher medical, supplementary and professional development education.
- Improving prevention of mother to child transmission (PMTCT) by implementing an educational programme to raise awareness among medical professionals providing antenatal care (ANC) to women living with HIV, including obstetricians, gynaecologists and infectious diseases doctors. To include psychological aspects, including encouraging patients to undergo treatment and providing friendly follow-up.
- Providing financial and institutional support to scale up integrated SRH and HIV activities and expand the number of youth counselling services and clinics.

1. This summary is based upon: *Rapid Needs Assessment of Sexual and Reproductive Health and HIV Linkages in the Russian Federation, based on the data from two of Russia's regions: City of St Petersburg and Tver Region*, Institute for Comparative Social Studies (CESSI), Moscow, Russia, 2008.

PROCESS

1. Who managed and coordinated the assessment?

- The assessment was managed by the Institute for Comparative Social Studies (CESSI) and coordinated by UNFPA.
- The assessment took place in 2008.

2. Who was in the team that implemented the assessment?

- The implementation team consisted of 10 people from both SRH and HIV sectors.

3. Did the desk review cover documents relating to *both* SRH and HIV?

- The desk review covered key policy documents and secondary data.
- 22 documents were reviewed, including federal and local laws on HIV and reproductive health (RH), medical standards and monitoring and evaluation (M&E) forms.

4. Was the assessment process gender-balanced?

- The assessment team was all female.
- The service providers and clients were 70 per cent women and 30 per cent men.

5. What parts of the Rapid Assessment Tool did the assessment use?

- The assessment was based on the Russian version of the *Rapid Assessment Tool*.
- The tool was adapted to the structure of medical care in Russia (AIDS centres, sexually transmitted infection – STI – clinics, maternity clinics, etc). The questions were developed to suit the country's culture and tradition.

6. What was the scope of the assessment?

- The assessment was carried out in 18 health and social institutions in two regions: the City of St Petersburg and Tver Oblast (Region).
- In addition to two AIDS centres, the institutions included 16 maternity hospitals, antenatal clinics, youth clinics and STI clinics.

7. Did the assessment involve interviews with policy-makers from *both* SRH and HIV sectors?

- 30 in-depth interviews were carried out with: SRH and HIV policy-makers and programme planners at the federal and regional levels; and heads of government bodies involved in developing and implementing specific SRH and HIV programmes.

8. Did the assessment involve interviews with service providers from *both* SRH and HIV services?

- 105 interviews were carried out with SRH and HIV service providers, including 28 in-depth interviews.
- 100 specialists from SRH and HIV sectors were involved: 28 from the HIV sector (medical specialists and psychologists); 72 from the RH sector (gynaecologists, psychologists, STI doctors), with five NGO leaders.

9. Did the assessment involve interviews with clients from *both* SRH and HIV services?

- 265 interviews were carried out with clients of SRH and HIV facilities, including two in-depth interviews. The clients included people living with HIV (PLHIV).

10. Did the assessment involve interviews with clients from *both* SRH and HIV services?

- A person living with HIV was involved as a consultant during the adaptation of the assessment methodology.
- 54 PLHIV were involved in the assessment – two through in-depth interview and 52 as clients of AIDS centres.
- The assessment involved five heads of NGOs that implement projects with sex workers, injecting drugs users and men who have sex with men, to ensure input relating to key populations.

FINDINGS

1. Policy level

National policies, laws, plans and guidelines:

- SRH and HIV activities are regulated by: federal laws; federal government regulations; and departmental regulatory documents (Ministry of Health and Social Development).
- Federal/regional regulations prescribe that institutions involved in SRH should integrate HIV prevention, with particular attention to voluntary HIV counselling and testing and PMTCT.
- By law, HIV-positive women have equal access to services at women's health clinics. In practice, however, stigma and the negative attitudes of doctors pose major barriers.
- Parent/guardian consent is needed for under-15-year-olds to undertake medical care. The exception is anonymous HIV testing, where identification is not required.

Funding and budgetary support:

- Funding for SRH and HIV activities is from different sources and under different programmes, with no single source for integration. Funding can be divided into:
 - Regular – from federal, oblast (regional) or local budgets (with resources allocated to medical institutions) or sectoral budgets (with resources allocated to health institutions focused on sectoral work, such as HIV).
 - Targeted – through government and NGO targeted programmes, such as the national 'Health' project (that partly finances HIV programmes), regional programmes (that partly finance SRH) and the 'Globus' project (the Global Fund to Fight AIDS, Tuberculosis and Malaria – GFATM).
- Some high priority SRH and HIV projects are implemented through international donors that provide financial and technical support and access to international good practice.

2. Systems level

Partnerships:

- Neither of the regions covered by the assessment had joint SRH and HIV plans, programmes or strategies, although relevant institutions interact as a matter of routine procedure through regional health committees/government departments and often implement their projects in partnership.
- SRH activities are not coordinated or regulated by any single document, but are covered by broader regulatory documents relating to demography. For HIV activities, each region has a document that establishes basic activities, financing and main implementing agencies. This addresses some SRH issues and is discussed regularly by the HIV/AIDS Coordinating Council and implemented by relevant regional bodies.
- There are examples of collaborative working. In St Petersburg, the STI clinic collaborates with HIV prevention efforts through joint planning, staff training and integrating HIV components into clinic practices. The clinic formed an agreement with the AIDS centre and developed a joint plan of action. Similarly, AIDS centres and SRH facilities collaborate through joint programmes and SRH and HIV action plans, training and the provision of equipment/drugs.
- NGOs are more active in HIV than SRH, complementing health institutions by focusing on specific issues/groups, such as HIV/STI prevention among sex workers and SRH counselling for women living with HIV. There is little coordination among them.
- Among international institutions, the organizations championing integration include UNFPA, UNICEF and UNAIDS.

Planning:

- Collaboration between SRH and HIV organizations takes place at different levels:
 1. **High-level strategic and programming collaboration**, involving senior government and NGO facilities and decision-makers. In the two regions, this

was found to be weak – with no single coordination body or document defining approaches to integration.

2. Coordination/planning at the administrative level, involving the development of plans, roles, timelines and funding. The regions develop oblast HIV programmes/action plans which include SRH components, while the AIDS centres or committees/health care departments coordinate activities and provide guidelines. However, coordination is largely for information exchange rather than about activities.

3. Interaction between service providers on information, methods and education

– to share experience/knowledge and develop approaches to integration. In the two regions, this interaction is quite intensive, and is carried out through conferences, trainings and workshops.

4. Integration of SRH and HIV into routine practices of service providers/facilities.

While some facilities are promoting an integrated approach/cross-sectoral groups, others, such as municipal/district outpatient hospitals and some NGOs, remain focused on vertical activities.

Human resources and capacity building:

- There are efforts to ensure that the training, retraining and professional development of SRH service providers involves attention to HIV, including through inclusion in curricula and collaboration with AIDS centres. These offer both formal courses and hands-on skills improvement, addressing both medical and social issues, such as stigma and gender.
- A UNFPA project has strengthened links between SRH and HIV institutions, with an integrated training course for those in maternal, newborn and child health (MNCH) services.
- At government SRH and HIV facilities, the main staff-related challenge is low salaries (affecting turnover and recruitment), as well as burnout and shortages of specific staff.
- SRH and HIV issues are included in the 'Life Safety' curriculum in educational institutions.

Logistics, supply and laboratory support:

- AIDS centres are the principal recipients of HIV commodities and antiretrovirals (ARVs) for PMTCT and distribute them among medical facilities. These commodities are mostly funded under

the national 'Health' project, as well as project 'Globus' and oblast/city budgets for HIV.

- There are sometimes supply disruptions, due to gaps between tendering and demand.

Monitoring and evaluation:

- There is no specific monitoring or reporting system for SRH and HIV integration.
- Evaluation of SRH and HIV activities is through the regular processes of health facilities, including government reports, patient feedback, anonymous surveys and inspections.

3. Services level

A. SERVICE PROVIDER PERSPECTIVES

HIV integration into SRH services:

- According to the 105 service providers interviewed, almost all facilities involved in SRH include at least some HIV services in their work, and vice versa.
- SRH facilities are most likely to integrate HIV counselling and testing (15 out of the 16 facilities). Almost all also provide clients with information on HIV prevention and treatment (14), while some implement some aspects of PMTCT (12). Social and psychological support for HIV-positive individuals is provided by seven facilities, but other HIV services – such as counselling for prevention of unintended pregnancy for female PLHIV – are rare.
- The provision of HIV services varied across SRH facilities. All five of the maternity homes provide HIV counselling and testing and PMTCT, while almost none provide psychosocial support and treatment for PLHIV. STI clinics focus on HIV counselling and testing, HIV prevention and treatment information for the general population and HIV information/services for key populations. Youth clinics provide a broader range of HIV services, from testing to treatment, free condoms, services for key populations and prevention among PLHIV.
- The facilities addressing the SRH needs of men were the least involved in HIV prevention.
- Most SRH service providers confirmed that their facilities provide HIV counselling and testing. In maternity homes, testing is often mandatory, while, in other facilities, it is client-initiated.
- When SRH facilities provide PMTCT, it

most often involves HIV counselling for women of childbearing age, followed by prevention of unintended pregnancy among HIV-positive women and prevention of HIV transmission to the child. It rarely involves HIV treatment.

- Most SRH service providers report their facility working with PLHIV and staff being trained in friendly attitudes. Most have links with local PLHIV groups. In general, specialized health institutions (youth clinics, STI clinics) and non-medical institutions appear most open to working with PLHIV and key populations. Maternity homes appear the least open.
- SRH and HIV facilities most commonly interact through joint workshops, training and regular meetings. Only about a quarter of SRH respondents mentioned any official cooperation agreement between their facility and local HIV institutions.

SRH integration into HIV services:

- According to the stakeholder interviews, city/oblast AIDS centres actively collaborate with SRH facilities on integration. The centres provide a number of SRH services for PLHIV, employing obstetricians, gynaecologists and urologists.
- According to the service provider interviews, the two AIDS centres most commonly integrate MNCH, STI prevention and treatment and family planning counselling. At St Petersburg, a smaller number of providers also carry out prevention of unintended pregnancies, post-abortion care or domestic violence prevention. In Tver, such activities were not mentioned.

Overall perspectives on linkages in SRH and HIV services:

- Most service providers feared that integration would increase their workload and time per client. Many also felt it would increase supplies/medicine needs and service costs and require more space. However, over half also felt that there would be positive impacts – improving the efficiency/quality of services, while not increasing costs for clients.
- The main challenges to integrated services were cited as including: providers' negative attitudes to extra responsibilities; persistent gaps in good practice (such as pre- and post-test counselling); and pregnant HIV-positive women being afraid to access government facilities.

B. SERVICE USER PERSPECTIVES

- Many of the clients sought multiple services from a visit. For example, while most visit AIDS centres for HIV treatment and testing, they may also seek contraceptives and family planning.
- At most of the facilities, the clients had received the services they came for. The exception was AIDS centres where, for example, only half of those seeking STI services received them.
- 35 per cent of clients preferred to receive SRH and HIV services in the same facility, while 49 per cent preferred different facilities. Those at maternity homes and women's health clinics were much more likely to prefer *different* facilities, and those at AIDS centres the *same* facility.
- Clients cited the benefits of receiving SRH and HIV services in the same facility as improved efficiency, saving time, reduced trips to facility and reduced waiting time. Some also said it could reduce stigma for PLHIV. The benefits of different facilities were identified as reducing contact with PLHIV (cited by 53 per cent of clients) and having more specialist service providers.
- Most clients had been referred to at least one other service. Rates were highest (100 per cent) among those attending for help in relation to domestic/other violence.
- Few SRH clients were simultaneously provided with HIV counselling or other services. Only 13 out of the 119 who came for ANC/labour/delivery also received HIV prevention advice or testing.
- At AIDS centres, clients indicated that SRH issues are rarely discussed. Only 15 per cent said they received support on family planning, 13 per cent on relationships and nine per cent on sexuality.
- Clients' suggestions for how to improve services varied. Those at AIDS centres called for action to address long waiting times and shortages of providers. Those at maternity homes called for more comfortable facilities and improved staff attitudes. Other suggestions included more free distribution of condoms and providing services related to drug use.

LESSONS LEARNED AND NEXT STEPS

1. What lessons were learned about how the assessment could have been done differently or better?

- The assessment linked to key aspects of Russia's epidemiology, such as the increasing number of new HIV infections among young people and women. However, over 50 per cent of the country's new HIV cases remain concentrated in vulnerable populations (particularly injecting drug users). Although the assessment gained input on relevant issues through interviews with NGOs, the report provides little information of issues relating to integration that are specific to such groups.

2. What 'next steps' have been taken (or are planned) to follow up the assessment?

- Development and review of assessment report.
- For other planned steps, see below.

3. What are the priority actions that are being taken forward as a result of the assessment, at the:

- policy level?
- systems level?
- services level?

Policy level:

- Recommendation by the Ministry of Health and Social Development for the provision of HIV counselling in all RH clinics.

Systems level:

- Scaling up of education on integrating HIV prevention (including voluntary counselling and testing) into RH services. This was established in two medical academies in 2008. Also, the training teams of 10 medical universities and academies from the South and Siberian districts underwent training of trainers, supported by UNFPA. They will include voluntary counselling and testing in their curriculum for medical students.
- The WHO protocol on SRH of PLHIV has been adapted to the Russian context and approved by national medical universities. It was disseminated in 2009.

Services level:

- The comprehensive model for service provision (including RH/HIV) for sex workers and injecting drug users was scaled up in two large regions (Irkutsk Oblast and Chelyabinsk Oblast).

4. What are the funding opportunities for the follow-up and further linkages work in the country?

- The funding environment for integration in Russia is challenging. Due to becoming a member of the G8 group of nations, most of the international donors have left the country. Although the project 'Globus' has been extended for 2010–2011, Russia will not receive further funds from the GFATM for HIV programmes.
- Most NGO projects that are focused on vulnerable populations are not funded by government. Meanwhile, in 2010, the government has not allocated funds for HIV prevention from the federal budget.

Abbreviations

AIDS	acquired immune deficiency syndrome
ANC	antenatal care
ARV	antiretroviral
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GNP+	Global Network of People Living with HIV
HIV	human immunodeficiency virus
ICW	International Community of Women Living with HIV/AIDS
IPPF	International Planned Parenthood Federation
M&E	monitoring and evaluation
MNCH	maternal, newborn and child health
NGO	non-governmental organization
PLHIV	people living with HIV
PMTCT	prevention of mother to child transmission
RH	reproductive health
SRH	sexual and reproductive health
STI	sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

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