International HIV/AIDS Alliance

Together to end AIDS

Briefing paper

Acting on HIV to achieve global family planning targets and goals

Situating the issue

Adolescent girls and young women, women living with HIV and women from populations most impacted by HIV (including sex workers, women who use drugs, women who experience intimate partner violence, and other women living in contexts of vulnerability) face multiple barriers to enjoying their sexual and reproductive health and rights (SRHR) and accessing comprehensive SRHR services. The Guttmacher Lancet Commission on SRHR report, 'Accelerate progress – sexual and reproductive health and rights for all', released in 2018, demands that women in all their diversity have access to affordable SRHR information and services irrespective or age, marital status, socioeconomic status, race or ethnicity, sexual orientation, or gender identity.

Adolescent girls and young women in Sub-Saharan Africa are up to eight times more susceptible to HIV acquisition than their male counterparts. At the same time, unmet need for family planning among adolescent girls is high. 38 million 15–19 year old adolescent girls at risk of pregnancy do not want a child in the next two years, but only 40% are using a modern method of contraception.[1] About 21 million girls in this age group in developing countries become pregnant each year, nearly half (49%) of these pregnancies are unintended, and of these over 5 million end in termination.

Adolescent girls and young women risk their health and lives to access abortions services, which are often clandestine and unsafe.The World Health Organization recently identified pregnancy-related complications as among the five leading causes of death for adolescent girls globally.

Low contraceptive prevalence rates among women and girls, and vulnerability to HIV acquisition and onward transmission (as well as other SRH challenges and rights violations) share common root causes. These include: intimate partner violence and limited sexual decision-making; forced or coerced sexual debut; poverty; lack of access to sexuality education; harmful gender norms; and cultural taboos around who should or shouldn't be sexually active. Stigma and discrimination, related to age, gender, sexuality, gender identity and HIV status also make individuals vulnerable to HIV acquisition or onward transmission, and present huge barriers to realising SRHR. The legal environment can create a further obstacle to accessing services and rights when sex work and drug use, same-sex sexual

activity, and transmission of HIV are criminalised, and when there are legal barriers, including age restrictions, to seeking comprehensive sexuality education, family planning and safe abortion services.

An integrated, person-centred and rights-based approach to comprehensive SRHR, including information and services on family planning and HIV, is urgently needed to address these barriers and to advance progress towards the ambitious targets of Family Planning 2020 (FP2020) and Sustainable Development Goals (SDGs) 3 (good health and well-being), 5 (gender equality) and 10 (reduced inequalities), among others.

HIV integration – what this means (and looks like)

HIV integration continues to provide a crucial entry point to advancing progress on a range of family planning and SRHR targets and goals. Our experience shows that it:

1. **Links hard to reach populations to information, commodities and services, including adolescent girls and young women, women living with HIV and women most affected by HIV such as sex workers and women who use drugs.** Girls and women from these populations may be excluded from 'mainstream' approaches that aim to increase access to family planning services. Our experience has shown that HIV services can act as an entry point to a range of information, education and services, including reproductive health services. According to the Guttmacher Lancet Commission on SRHR report, integrated family planning with HIV services show "increased use of contraceptive methods and decreased pregnancy rates among women living with HIV compared with programmes offering these services separately." Community-based peer mobilisation strategies, such as youth clubs, support groups, online spaces, the use of drama and music, and other peer-led outreach in social settings and home, help reach marginalised populations. These peer-led strategies build trust between communities and service providers, and encourage a person-centred approach that responds to the lived realities, needs and priorities of individuals in all of their diversity. They also facilitate provision of holistic, comprehensive and tailored SRHR information, education and services, responding to differentiated points along the HIV care continuum.

2. **Protects rights and helps to create an enabling environment through formal and informal structures.** The HIV epidemic created a public health crisis requiring an urgent response. This crisis continues among adolescents and young people – especially in countries experiencing a 'youth bulge' – where rates of HIV-related mortality among adolescents continue to rise, and where new HIV acquisition among adolescent girls and young women remains stubbornly and unacceptably high. In these contexts, talking about HIV helps to break the silence around taboo issues, such as young people's sexuality, transactional sex and sex work, drug and alcohol use, sexual orientation, and gender-based violence. This operates in formal settings, for example through the introduction of new policies that promote specific rights and access to services; and in the informal realm, for example at the level of community norms and practices – such as encouraging parents to talk about sex with their children.

1. Linking young people to family planing services

From 2013 to 2016, Link Up (implemented by an Alliance-led consortium of partners) improved the SRHR of nearly 940,000 young people aged 10–24 living with and most affected by HIV in Bangladesh, Burundi, Ethiopia, Myanmar and Uganda.

Project data showed that family planning services were among the most popular of the services offered by the programme, accessed by about a third of Link Up clients. The three top-most combination of HIV and SRHR services were:

1. Safer sex and basic HIV and SRH counselling with family planning
2. Voluntary counselling and testing with family planning
3. Safer sex and basic HIV and SRH counselling with gender and sexuality counselling

Altogether, nearly 400,000 young people accessed these services through a range of community and facility-based mechanisms. These included mobile vans and *tuk-tuks*, public health facilities, youth centres, community-based organisations, community outreach days in collaboration with health facilities, and Marie Stopes clinics and BlueStar facilities. In total, 248,107 young people (26% of those reached) accessed family planning in combination with HIV services. Of these, 84,806 were aged 10–19.

For more information about Link Up, visit: www.aidsalliance.org/our-impact/link-up

2. Advocating for rights in the HIV response

In partnership with AIDSFONDS, the Alliance is implementing the Partnership to Inspire, Transform and Connect the HIV response (PITCH). The project aims to strengthen the capacity of civil society organisations, including people living with HIV and key population networks, to advocate for their rights, including their SRHR.

Former Link Up partner, Uganda Youth Coalition on SRHR and HIV/AIDS (CYSRA-Uganda) is also a PITCH partner. CYSRA is empowering adolescent girls and young women to advocate for their needs and rights in relation to HIV and SRHR through the Busia Network of Adolescent and Young Mothers.

Common issues faced by adolescent and young mothers include barriers to returning to school, the challenge of providing their children with a nutritious diet, and the need for economic empowerment or income generation. The network also offers peer support, which improves the emotional stability of young mothers and translates into improved health-seeking behaviour for themselves and their children, and increased demand for SRH services.

The Alliance is supporting CYSRA to bring the voices, visions and priorities of these adolescent girls and young women to the attention of decision-makers at all levels. These include their parents and guardians, their teachers and community leaders, and policy-makers at the local, national, regional and international levels.

For more information about PITCH, visit: http://www.aidsalliance.org/pitch

3. **Builds movements and leadership with, by and for the most affected populations.** The meaningful engagement of the most affected populations has been recognised as key to the 'ending AIDS' agenda. It includes building women's and girls' leadership and youth leadership; supporting and building the capacity of sex worker and LGBT organisations and networks; and working in the harm reduction movement. Partnerships with and investment in community networks and organisations – including youth networks, networks of people living with HIV and key population networks – has created a strong foundation of HIV-related movements. From this it is possible to create and expand cross-movement building, pollination and collaboration on a range of priority issues, including advocating for the comprehensive SRHR for all.

3. The READY movement

The Alliance has partnered with youth networks, and youth-serving SRHR and HIV partner organisations to drive a new and exciting global movement of Resilient, Empowered ADolescents and Young people (READY). Why 'READY'? The READY movement galvanises and energises youth-led and youth serving organisations working with and for adolescents and young people living with and affected by HIV and those from key population/marginalised groups in their diversity, to support them to be resilient, knowledgeable and empowered to influence the decisions that affect their SRHR. The movement calls for all interventions to place adolescents and young people in their diversity firmly in the centre of their design, delivery and monitoring.

Adolescents and young people face complex challenges related to relationships, mental health, HIV treatment, contraceptive choices/family planning and stigma. Young people remain vulnerable to HIV for a number of reasons, including poor access to information and services, harmful gender norms, and exclusion from society. Working with the Global Network of Young People Living with HIV (Y+), the READY movement will continue to create and energy and determination to show solidarity for the specific and holistic needs of young people.

For more information: www.aidsalliance.org/ready

HIV integration – how this can strengthen the provision and uptake of family planning services

An integrated approach will result in:

- Improving agency among girls and women to make healthier SRH choices and claim rights, including through the uptake and use of a full range of family planning options free from stigma, discrimination, coercion or violence.
- Addressing and removing obstacles at the community level to accessing comprehensive SRHR information, commodities and services so that women and girls have control over their bodies and their lives, and are able to reach their full potential. This includes realising their right to live free from HIV, or healthy and productive lives with HIV, as well as claiming full reproductive rights as enshrined in the International Convention on Population and Development.
- Recognising and addressing the low engagement of adolescent boys and young men with SRHR services including HIV prevention, testing, treatment and care, family planning, and fertility services.
- Ensuring supportive healthcare provider attitudes and improving the quality of services, so that adolescent girls and women in all their diversity can access non-judgemental and quality family planning services within a comprehensive SRHR package tailored to their specific needs. These services must be accessible on an equal basis to those living with and most affected by HIV.
- Promoting investment in collaborative movements that hold governments accountable to respecting, protecting and fulfilling the SRHR of women and girls most affected by HIV, through the implementation of just and equitable laws – including those restricting age of consent to access services unaccompanied – policies, and resource allocations.

Call for action

We call upon governments, donors, private sector and civil society to:

- Jointly with civil society review annual progress to ensure global goals, targets and commitments are met.
- Ensure that the needs of women and girls in all their diversity are realised by providing integrated HIV and family planning services for all.
- Invest in community-based organisations and networks to:
  - promote peer-to-peer community mobilisation, leadership and mentorship strategies
  - create safe spaces, stimulate demand for services, provide services where there are gaps
  - work with men and boys to challenge harmful gender norms and practices, and prevent sexual and gender-based violence;
  - promote linkages to care
- Support community healthcare workers to deliver information on HIV, other STIs and family planning in order to reach people with comprehensive information.
- Train and sensitise healthcare workers on how to provide integrated HIV and family planning services in a tailored and non-judgemental manner to ensure maximum uptake.
- Ensure regular coordination and collaboration between HIV and family planning teams within ministries of health, gender, education and finance.
- Develop and implement comprehensive sexuality education in schools and information settings, ensuring that communities are part of the development of these curricula.
- Review the age of consent for HIV testing and contraceptive services, laws on safe abortion and post-abortion care, and laws that criminalise sex work, same sex sexuality, drug use or HIV transmission to ensure access for all women and girls who need these services to stay healthy.

Footnote 1. Guttmacher Institute. ADDING IT UP: Costs and Benefits of Meeting the Contraceptive Needs of Adolescents In Developing Regions, October 2016.

Photo page 3: Condom demonstration held by Daphine, a peer educator trained by Link Up in Kampala, Uganda © International HIV/AIDS Alliance

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