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LINKUP

Policy briefing

Integrating HIV and sexual and reproductive health and rights:

Reaching and engaging the young people most affected by HIV

About Link Up

The Link Up project aims to improve the sexual and reproductive health of young people most affected by HIV and to promote the realisation of young people's sexual and reproductive rights.

Consortium Partners

- ATHENA Network
- Global Youth Coalition on HIV/AIDS
- International HIV/AIDS Alliance (lead agency)
- Marie Stopes International in Bangladesh, Myanmar and Uganda
- Population Council
- Stop AIDS NOW!
- HASAB (HIV/AIDS and STD Alliance) in Bangladesh
- Alliance Burundaise Contre le SIDA in Burundi
- Organisation for Support Services for AIDS (OSSA) in Ethiopia
- Alliance Myanmar
- Community Health Alliance Uganda

Other key collaborators include UNFPA, UNESCO and AIDS Fonds
Funded by the Ministry of Foreign Affairs of the government of the Netherlands (BUZA)

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To follow the progress of Link Up, visit www.link-up.org

About the International HIV/AIDS Alliance
We are an alliance of nationally based, independent civil society organisations united in one mission: To work with communities through local, national and global action on HIV, health and human rights.

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Unless otherwise stated, the appearance of individuals in this publication gives no indication of either sexuality or HIV status.

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A youth group Sylhet, Bangladesh. The group raises awareness of sexual and reproductive health and rights (SRHR). The group's activities have helped prevent early marriage in the area.
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Integrating HIV and sexual and reproductive health and rights: reaching and engaging the young people most affected by HIV

The Link Up project, launched by a consortium of global and national partners in early 2013, is an ambitious three-year initiative that seeks to advance the sexual and reproductive health and rights (SRHR) of more than one million young people in five countries. Link Up distinctively works with young people affected by HIV aged 24 years and under, with a particular focus on young men who have sex with men, sex workers, people who use drugs, transgender people and young women and men living with HIV. It also seeks to amplify the voices of these young people through community mobilisation and advocacy in national and global forums, particularly those informing the post-2015 development framework.

This briefing paper summarises key concepts relating to the integration of HIV and SRHR services and discusses current provisions for integration in the five Link Up countries: Bangladesh, Burundi, Ethiopia, Myanmar and Uganda. It concludes with recommendations for how policymakers, donors and civil society actors can facilitate service integration and shape policies to better reflect young people's needs, rights and aspirations.

Why does integrating HIV and sexual and reproductive health and rights matter so much for the young people most affected by HIV?

It is estimated that five million young people aged 15-24 and two million adolescents aged 10-19 are living with HIV.[1] Yet young people most affected by HIV— including those living with HIV, young sex workers, young men who have sex with men, transgender people, and young people who use drugs—typically fail to access and utilise sexual and reproductive health and HIV services. In Asia, for instance, 90% of HIV-related resources for young people are spent on less vulnerable and marginalised youth who account for fewer than 5% of HIV cases.[2]

Stigma and taboos remain as critical roadblocks to addressing the needs and protecting the rights of young people. Discrimination based on age, gender, HIV status and sexual orientation, as well as attitudes and norms around "appropriate" behaviour further marginalize young people most affected by HIV. Existing services tailored to reach young people most affected by HIV rarely meet their unique sexual and reproductive health needs in a comprehensive way, and tend to ignore structural factors that compound vulnerability to HIV and its impacts while also compromising SRHR. These include gender-based discrimination and violence, poverty, harmful traditional practices, and policies and laws which criminalise same-sex practices, sex work, drug use, and HIV transmission.[3] Programmes also typically fail to affirm that all young people have sexual rights, including the right to sexual health and the right to a satisfying, safe and pleasurable sexual life.[4]

Integrating HIV and sexual and reproductive health and rights can contribute significantly to overcoming these problems. An emphasis on rights also supports young people's participation in policy and programme

1. UNICEF. (2011). Opportunity in crisis: preventing HIV from early adolescence to young adulthood. Retrieved from http://www.unicef.org/publications/files/Opportunity_in_Crisis-Report_EN_052711.pdf.

2. Interagency Youth Working Group et al. (2010). Young people most at risk of HIV: a meeting report and discussion paper. Retrieved from http://www.unfpa.org/webdav/site/global/shared/iattyp/docs/Young%20People%20Most%20at%20Risk%20of%20HIV.pdf.

3. Interagency Youth Working Group et al. (2010). Young people most at risk of HIV: a meeting report and discussion paper. Retrieved from http://www.unfpa.org/webdav/site/global/shared/iattyp/docs/Young%20People%20Most%20at%20Risk%20of%20HIV.pdf.

4. Sida. (2010). Sexual rights for all. Retrieved from http://www.sida.se/Global/About%20Sida/S%C3%A5%20arbetar%20vi/Sexual%20Rights%20for%20All_webb.pdf. See also: STOP AIDS NOW! (2011). Addressing the needs of young people living with HIV: a guide for professionals. Retrieved from http://www.stopaidsnow.org/addressing-needs-young-people-living-hiv. Birungi, H., et al. (2008). Sexual and reproductive health needs of adolescents perinatally infected with HIV in Uganda. Retrieved from http://pdf.usaid.gov/pdf_docs/pnadn571.pdf.

development. This engagement is essential for ensuring that integrated services meet the wide-ranging needs of young people most affected by HIV.

What does it mean to integrate HIV and sexual and reproductive health and rights?

Integrating HIV and SRHR services entails providing components of sexual and reproductive health services in conjunction with HIV prevention, treatment, care, and support services and vice versa. Examples include providing sexually transmitted infection (STI) and HIV testing and treatment in family planning clinics and providing post-exposure prophylaxis for HIV infection alongside emergency contraception and/or safe abortion services for survivors of rape.

The movement to integrate HIV and sexual and reproductive health emphasises human rights, including sexual and reproductive rights, at all policy and programming levels. Services should be provided in a supportive, non-judgmental manner irrespective of the patient's age, ethnicity, gender, sexual orientation, legal status, HIV status, lifestyle, or livelihood. Emphasising human rights also means:

- providing comprehensive information on sexual health and rights and on reproductive health and rights;
- offering young people the same services that are available to adults;
- promoting fully informed decision-making;
- promoting confidentiality and privacy; and
- providing an environment free of abuse, violence, coercion, and discrimination

How can integrating HIV and sexual and reproductive health and rights benefit the young people most affected by HIV?

Integration can increase access to services

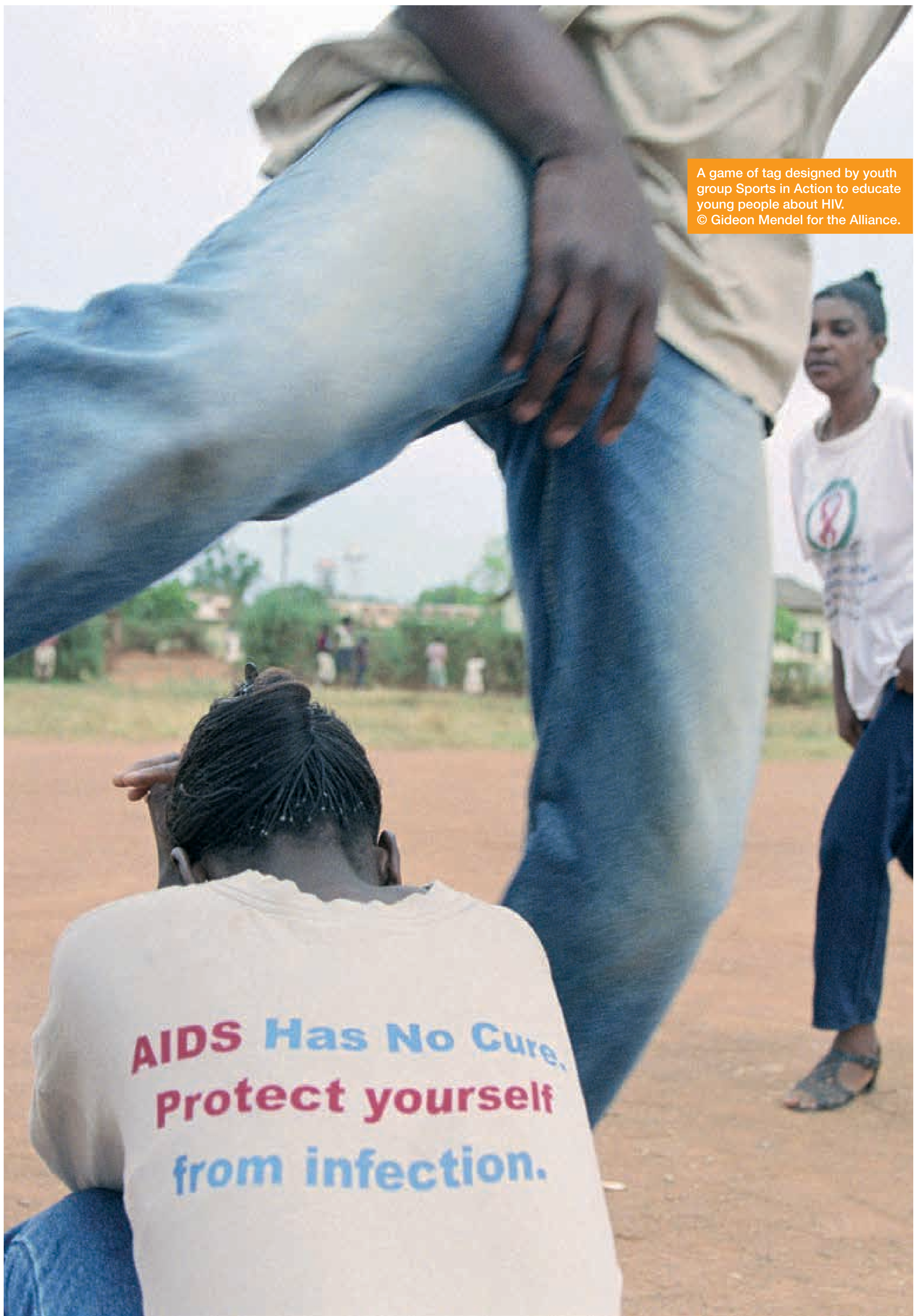
Integrating service delivery can significantly increase access to HIV and sexual and reproductive health services for young people living with HIV, young people who engage in sex work, young people who use drugs, young transgender people, and young men who have sex with men. Reluctance to disclose information to multiple health care providers about their HIV status or about practices that are high-risk, shunned or illegal discourages young people most affected by HIV from seeking separate services.[5] Providing integrated services eliminates this obstacle. It can also reduce transportation costs and lost wages resulting from missing work. These advantages can increase motivation to seek or continue to use services.

Integration can improve health and reduce risk of death

Integrated services can significantly contribute to improving the health of young people most affected by HIV. For example, in people living with HIV the presence of STIs can cause the level of HIV in the bloodstream to increase, thus weakening the immune system and increasing the likelihood of illness.[6] By integrating STI treatment with HIV care and treatment, health providers can prevent disease progression in people living with HIV, including young people. For young pregnant women, integrated services present

5. Ghimire, L., & van Teijlingen, E. (2009). Barriers to utilisation of sexual health services by female sex workers in Nepal. Global Journal of Health Science, 1(1), 12-22.

6. Edsel, M. T., et al. (2011). HIV and STIs: interactions in resource limited settings. Retrieved from http://www.medscape.com/viewarticle/754637.



A game of tag designed by youth group Sports in Action to educate young people about HIV.
© Gideon Mendel for the Alliance.

the opportunity to obtain both antenatal care and testing and treatment for STIs such as syphilis.[7] This can save the lives of both the woman and her baby.[8] The integration of harm reduction into antenatal care can improve the health of young pregnant women who use drugs as well as that of their babies.[9] Sex workers tend to have higher rates of STIs, and both sex workers and women who use drugs lack sufficient access to sexual and reproductive health services, including antenatal and maternal health care.[10]

Integration and human rights

Making human rights an explicit part of integration efforts can protect young people from rights violations that have been associated with misguided HIV and sexual and reproductive health interventions. For example, women living with HIV have experienced mandatory HIV testing in the context of antenatal care, pressure to use long-acting contraception, and forced and coerced sterilisation.[11] In some countries, women who use illegal drugs have been forced to terminate pregnancies.[12]

Providers of integrated services can make an important contribution to upholding the rights of young people most affected by HIV. Helping providers learn how to recognise and challenge homophobia, gender-based inequality and negative attitudes about stigmatised behaviours can reduce rights violations such as mandatory HIV testing, forced or coerced sterilisation, and the denial of reproductive health information and commodities.[13] Furthermore, while upholding rights in health care settings is an end in itself, providing a safe service delivery environment can also improve health outcomes by increasing access to and retention in services.[14]

An emphasis on rights casts service recipients as not only patients or clients but also as duty-bearing citizens whose participation is understood to be vital for developing effective policies and programmes. The involvement of young people most affected by HIV in decision-making both empowers these young people to challenge their marginalised status and increases the likelihood that policies and programmes will be tailored to respond to young people's needs.[15]

How do national policies addressing integration take into account the needs of young people most affected by HIV?

Link Up country assessments in Bangladesh, Myanmar, Burundi, Ethiopia, and Uganda indicate that the integration of HIV and sexual and reproductive health is squarely on national health agendas. An on-the-ground consultation led by two Link Up policy partners, the Global Youth Coalition on HIV/AIDS and the ATHENA Network, will address how well these agendas are being implemented.

7. World Health Organization. (2007). Global strategy for the prevention and control of sexually transmitted infections: 2006–2015. Retrieved from http://whqlibdoc.who.int/publications/2007/9789241563475_eng.pdf.

8. Interagency Youth Working Group et al. (2010). Young people most at risk of HIV: a meeting report and discussion paper. Retrieved from http://www.unfpa.org/webdav/site/global/shared/iattyp/docs/Young%20People%20Most%20at%20Risk%20of%20HIV.pdf.

9. Lester, B. M., et al. (2004). Substance use during pregnancy: time for policy to catch up with research. Harm Reduction Journal, 1(5), doi: 10.1186/1477-7517-1-5.

10. EngenderHealth, et al. (2006). Sexual and reproductive health of HIV positive women and adolescent girls: a dialogue on rights, policies and services: global electronic forum report on results. Retrieved from https://www.unfpa.org/upload/lib_pub_file/621_filename_e-forum_srh-hiv-positive-women.pdf.

11. Athena Network. (2009). Case studies: documenting human rights violations in healthcare settings: experiences of HIV positive women in Namibia. Retrieved from http://www.athenanetwork.org/assets/files/Documenting%20Human%20Rights%20Violations%20-%20Namibia.pdf.

12. The Global Coalition on Women and AIDS. (2011). Women who use drugs, harm reduction and HIV.

13. Athena Network. (2009). Fact sheet: bridging the gap. Retrieved from http://www.athenanetwork.org/assets/files/Bridging%20the%20Gap%20Fact%20Sheet.pdf.

14. Pulerwitz, J., et al. (2010). Reducing HIV-related stigma: lessons learned from Horizons research and programs. Public Health Report, 125(2), 272-281. See also: GNP+, et al. (2009). Advancing the sexual and reproductive health and human rights of people living with HIV: a guidance package. Retrieved from http://www.gnpplus.net/images/stories/SRHR/090811_srhr_of_plhiv_guidance_package_en.pdf.

15. Programme Coordinating Board Non-Governmental Organisation Representative. (2011). Report of the 29th Meeting of the UNAIDS Programme Coordinating Board, Geneva, Switzerland, 13-15 December 2011. Retrieved from http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2011/12/NGO%20Report_Rev1.pdf.

To what extent do national policies relating to integration acknowledge young people most affected by HIV?

National policies in all five countries recognise the need to integrate HIV and sexual and reproductive health services, and all of the policies reviewed call for reaching out to young people. However, policies give little attention to the needs and rights of young people most affected by HIV. Only in Uganda and Myanmar do policies refer to age-disaggregated data on HIV prevalence for sex workers and men who have sex with men, and only the Myanmar data are nationally representative. Myanmar also includes data for young people who inject drugs.[16] Bangladesh's national HIV/AIDS strategic plan indicates that age- and gender-specific services for "most at-risk adolescents" need to be offered and that guidelines need to be developed for these youth. However, according to a footnote in the plan's results framework, legal restrictions prevent the collection of data from those under age 18.[17]

In what ways might it be risky for young people most affected by HIV to seek services?

The Link Up country assessments suggest that young people most affected by HIV do not feel safe or comfortable accessing services. All five project countries criminalise HIV transmission, drug use, same-sex relations, and sex work.[18] As a result, neither national policies nor the programmes and services that stem from them can fully address the needs of young people most affected by HIV.[19]

The assessments also reveal that the police regularly harass and arrest sex workers and gay and transgendered people. The typical outcome is that the person arrested is released after paying a bribe, but in some cases, those arrested are verbally, sexually, or physically assaulted.[20], [21] Cases go unreported or are not taken seriously if they are reported. All of the countries reviewed, save for Myanmar, have laws prohibiting violence against women. However, there appears to be considerable variation in the degree to which these laws are implemented.

Integration is critical to ensure the continuum of care for young women living with HIV, like myself. We need a one-stop service or a strong referral system that facilitates easy access to counselling, condoms, and services to prevent mother-to-child transmission of HIV, as well as alternative contraceptives that do not interact with antiretroviral medications. We are tired of going from clinic to clinic to get the services we need.

Juliana Odindo, a young advocate from Kenya

16. In Uganda, HIV prevalence among young female sex workers and young men who have sex with men is 29% and 3.9%, respectively. See Uganda AIDS Commission. (2012). Global AIDS response progress report. In Myanmar, the prevalence rate among young female sex workers is 9.1% (worryingly close to the 9.6% average for older sex workers). The prevalence rate is 5.7% for young men who have sex with men and 13.7% for young male injecting drug users. See National AIDS Programme. (2012). Global AIDS Response Progress Report: Myanmar.

17. National AIDS/STD Programme, Government of the People's Republic of Bangladesh. (2011). Third national strategic plan for HIV and AIDS response 2011-2015. Retrieved from http://www.aidsdatahub.org/dmdocuments/3rd_national_strategic_plan_for_hiv_and_aids_response_%28NSP%29_2011_2015.pdf.

18. GNP+. (2010). The global criminalisation scan report: documenting trends, presenting evidence. Retrieved from http://www.hivpolicy.org/Library/HPP001825.pdf.

19. In Uganda, the threat to men who have sex with men is so severe – with an anti-homosexuality bill which has called for the death penalty for same-sex relations and the murder of well-known gay rights activist David Kato – that men who have sex with men and groups defending LGBTQI rights or providing services are driven underground.

20. World Health Organization & the Global Coalition on Women and AIDS. (2005). Violence against sex workers and HIV prevention information. In: Violence against women and HIV/AIDS: critical intersections. Bulletin series number 3.

21. Irin PlusNews. (2011). Uganda: Sex workers pay the price for HIV prevention gaps. Retrieved from http://www.irinnews.org/Report/92664/UGANDA-Sex-workers-pay-the-price-for-HIV-prevention-gaps.

How engaged are young people most affected by HIV in the development of HIV and SRHR policies and programming?

In all of the countries reviewed, young people face multiple barriers to contributing to HIV and SRHR policy and programme development processes. The governments of the five countries are making efforts to involve young people and to make services "more youth-friendly." At least two countries, Burundi and Ethiopia, have youth centres, although Burundi's youth centres do not appear to be active. Furthermore, the youth centres focus mainly on enabling young people to acquire and exchange information rather than serving as catalysts for advocacy and political engagement. There do not appear to be specific groups or forums for young people most affected by HIV, with the notable exception of Bangladesh. There, the government intends to establish groups of "most at-risk adolescents," and already supports peer-led HIV interventions in these populations.

The participation of young people most affected by HIV in civil society movements in the five countries is uneven. This is in part because the involvement of "key populations" is itself uneven. In Myanmar, for example, sex workers are represented in a number of HIV-related platforms but men who have sex with men are not, and neither group is represented in SRHR forums. In addition, groups advocating for the rights of sex workers, people who use drugs, and men who have sex with men do not necessarily encourage young people's participation or nurture their leadership. There seems to be a greater effort to engage young people living with HIV. For example, in Uganda, groups of "young positives" are fully integrated into national structures by and for people living with HIV.

Are health systems prepared for integrated delivery?

Across the countries reviewed, there is evidence of insufficient health system capacity for integrated service delivery. The most prominent problems include understaffing, commodity stock-outs and a lack of sensitivity to patients. The Link Up start-up assessment in Uganda highlighted frequent stock-outs of HIV test kits, and this problem also persists in Burundi.[22]

In Bangladesh, health care workers reputedly disclose the HIV status of patients to others, behave rudely to patients, and make disparaging comments about patients' sexual behaviours.[23]

In all of the countries reviewed, a lack of sufficient data on young people most affected by HIV leaves decision-makers without the evidence base to guide the development of appropriate services. None of the countries have age-disaggregated data on relevant service outreach activities. From the start-up assessments across the five countries, only Myanmar appears to have nationally representative data on HIV prevalence among young people most affected by HIV.

What is the level of donor attention to HIV and SRHR integration?

Donor attention to integration is inconsistent. In Uganda, foreign funding is well integrated – SRHR funding is linked to HIV and vice versa – but this is not the case for government funding. It is also generally not the case for either type of funding in the other countries. In Bangladesh, youth-friendly hospital services

22. Conseil National de Lutte contre le Sida. (2011). Bilan des réalisations du plan d'action national de lutte contre le Sida. Retrieved from http://www.cnlsburundi.org/new/index.php/2012-12-13-08-22-15.

23. National AIDS/STD Programme. (2012). Country Progress Report: Bangladesh. Retrieved from http://aidsdatahub.org/en/tools-guides/training-manuals/item/24192-ungass-country-progress-report-bangladesh-national-aids/std-programme-bangladesh-2012.

are financed by the Global Fund for AIDS, Tuberculosis and Malaria. The Global Fund is also the largest donor to Bangladeshi HIV interventions targeting transgender people and men who have sex with men, but its funding for HIV is not linked to SRHR. In Ethiopia and Burundi, no major donors specifically fund HIV programming for the young people most affected by HIV. In addition, regulations for the US government's PEPFAR programme prevent PEPFAR funding in Burundi from being used for family planning commodities.[24]

Does integration for young people most affected by HIV feature in global policy priorities?

The Millennium Development Goals (MDGs), which address both HIV and reproductive health, have played a critical role in increasing access to health services. However, the consensus in the development community is that the goals have too often been addressed in silos[25], discouraging an integrated approach.

The 1994 International Conference on Population and Development (ICPD) Programme of Action presented a more comprehensive vision of sexual and reproductive health. It called for universal access to sexual and reproductive health services, as well as for gender equality, women's empowerment, and equal access to education for girls. The Programme of Action also called for HIV and STI testing and treatment to be integrated into reproductive health and family planning programmes.

The process of formalising a new post-2015 development agenda coincides with the 20-year operational review of the ICPD Programme of Action, presenting an opportunity to promote a more holistic and integrated approach to HIV and SRHR in the next development framework. An ICPD High-Level Task Force is working to ensure that sexual and reproductive health and rights, gender equality, and the empowerment of women, adolescents, and youth are central components of the post-2015 development agenda.

Recommendations

For governments:

- Strengthen health systems to ensure that they can fully deliver integrated HIV and SRHR services.
- Enact laws that respect and protect sexual and reproductive rights and pledge to reform discriminatory or punitive laws that impede access to HIV and SRHR services, such as laws criminalising HIV transmission and exposure, same-sex practices, and sex work.[26]

For ministries of health:

- Develop policies recognising that since sexual and reproductive rights are among the universal human rights they apply to young people most affected by HIV.
- Develop, fund, and implement policies and accountability systems to promote the full integration of HIV and SRHR.
- Develop, fund, and implement policies, guidelines, protocols, and accountability systems to ensure that

24. For background on the PEPFAR regulation, see: Population Action International. PEPFAR takes contraception off the table. Retrieved from http://populationaction.org/newsletters/pepfar-contraception-off-table/.

25. See: UN System Task Team on the Post-2015 UN Development Agenda. (2012). Realizing the future we want for all: report to the Secretary-General. Retrieved from http://www.un.org/en/development/desa/policy/untaskteam_undf/untt_report.pdf.

26. GNP+, et al. (2009). Advancing the sexual and reproductive health and human rights of people living with HIV: a guidance package. Retrieved from http://www.gnpplus.net/images/stories/SRHR/090811_srhr_of_plhiv_guidance_package_en.pdf.

health providers uphold and promote the rights of voluntarism, self-determination, confidentiality, and informed consent in relation to HIV testing and treatment; family planning and fertility decision-making; and antenatal, maternal, and post-natal care.
- Collect data and support research that will promote a better understanding of the sexual and reproductive health needs of young people most affected by HIV.
- Engage young people most affected by HIV as both decision-makers and program implementers. Build the capacity of health managers and providers as well as that of young people most affected by HIV to promote equal access to integrated services.

For donors:

Mandate that funded countries deliver on HIV and SRHR integration policies and interventions, including those for young people most affected by HIV, and provide resources to build their capacity to do so. Support interventions that strengthen young people's capacity to participate in health policy and programme development and to challenge underlying structural barriers to HIV and SRHR services such as gender inequality and discriminatory and punitive laws. Especially seek the involvement of young people living with HIV, young people who engage in sex work, young people who use drugs, young transgender people, and young men who have sex with men.

For global policymakers:

Ensure that the post-2015 development agenda carries forward the recommendations of the ICPD High-Level Task Force[27] and includes targets aimed at eliminating AIDS-related deaths and significantly reducing new HIV infections.[28]

For civil society groups:

- Ensure that civil society-driven advocacy targets policy and programme development processes relating to HIV, SRHR and integration – at national as well as at global levels.
- Build the capacity of and participation and leadership space for young people most affected by HIV to advocate as equal partners for full integration of HIV and SRHR.
- Advocate for the collection of nationally representative age-disaggregated data on young people most affected by HIV.

About Link Up

The Link Up project, funded by the Dutch Ministry of Foreign Affairs, aims to advance the sexual and reproductive health and rights (SRHR) of more than one million young people in Bangladesh, Burundi, Ethiopia, Myanmar and Uganda. This three-year programme (2013-2015) distinctively works with young people affected by HIV aged 24 years and under, with a particular focus on young men who have sex with men, sex workers, people who use drugs, transgender people, and young women and men living with HIV.

The project seeks to strengthen the integration of HIV and sexual and reproductive health programmes and service delivery in the five focus countries; build the skills and knowledge of civil society and governments to

27. Policy recommendations for the ICPD beyond 2014: sexual and reproductive health and rights for all. (2013). Retrieved from http://www.icpdtaskforce.org/pdf/Beyond-2014/policy-recommendations-for-the-ICPD-beyond-2014.pdf.

28. See: International HIV/AIDS Alliance, et al. (2012). Discussion paper: how the HIV community can shape the future HIV and development agenda post-2015. Retrieved from http://www.aidsalliance.org/publicationsdetails.aspx?id=90618.

Shamim, a teacher and peer leader, meets with a MSM youth group that helps young people assert their rights, deal with discrimination and protect themselves and others against HIV. © International HIV/AIDS Alliance

deliver improved services and access; promote and protect the SRHR of young people living with and affected by HIV in their own national contexts; and gather evidence around best practices for integrating HIV and sexual and reproductive health services.

Activities will be led by the International HIV/AIDS Alliance and will build on the strengths of an existing network of national implementing partners, including Alliance Linking Organisations[29] in all five countries and Marie Stopes International country programmes in Bangladesh, Myanmar and Uganda. Other partners and key collaborators include the ATHENA Network; Global Youth Coalition on HIV/AIDS; Population Council; STOP AIDS NOW!; United Nations Population Fund; United Nations Educational, Scientific and Cultural Organization; and AIDS Fonds.

29. Alliance Linking Organisations receive technical and financial assistance from the international secretariat. In turn, they support and develop thousands more non-governmental and community-based organisations. The Alliance Linking Organisations in the five Link Up countries are HASAB (HIV/AIDS and STD Alliance) (Bangladesh); Alliance Burundaise Contre le SIDA (Burundi); Organisation for Support Services for AIDS (Ethiopia); Alliance Myanmar; and Alliance Uganda.

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It includes recommendations for how policymakers, donors and civil society actors can facilitate service integration and shape policies to better reflect young people's needs rights and aspirations.