

# Issue Brief

## HIV/SRHR Integration for People Living with HIV

### How integration responds to the SRHR needs of People Living with HIV

People living with HIV (PLHIV) have the same sexual and reproductive **rights** as anyone else – such as to choose who to have sex with and to have sexual relations free from violence. They also share many of the same **needs** for SRHR information, support, commodities and services – such as advice about family planning.

However, due to many factors, PLHIV often experience **greater vulnerability** to SRH ill health than other community members. They may experience one or all of: specific or more complex SRHR needs; additional or stronger barriers to accessing SRHR services; and weaker capacity or opportunities to demand SRHR services [see Box 2]. These factors are further affected – sometimes complicated – by the differences between **individual PLHIV**, such as in terms of their gender, age, legal status and whether they use drugs or are involved in sex work.

As a result, PLHIV often have significant **unmet needs for SRHR** [see Box 1]. These can ‘fall through the net’ of both: HIV services (often designed to address specific risk behaviors rather than the ‘whole person’); and SRHR services (often designed for the general public and focused on mainstream services, such as family planning).

#### **Terminology: HIV/SRHR integration**

HIV/SRHR integration refers to one or more components of HIV programming being integrated into (or joined with) one or more components of SRHR programming; or vice versa. This includes referrals from one service to another. The overall aim is to provide more comprehensive support.



Addressing the HIV/SRHR needs of PLHIV matters in all contexts. However, the approach, scale and pace of integration depend on a range of factors, including the local HIV epidemic. Depending on whether a concentrated or generalised epidemic, a **'package' of HIV/SRHR support** for PLHIV might include some or all of the following:

- **Psycho-social support, including on sexuality and sexual health for both men and women.**
- **Family planning, such as counselling on safe ways to become pregnant and access to a full range of contraceptive options, including long-lasting ones.**
- **Interactions between different drugs, such as ART, hormonal contraceptives and methadone.**
- **Pregnancy and birth, including PMTCT, ANC, delivery and PNC.**
- **MNCH, including infant feeding and treatment.**
- **Positive health, dignity and prevention, supporting 'positive prevention' and voluntary disclosure.**
- **Empowerment on sexuality and SRH rights.**
- **Full range of HIV treatment, including second/third line ART and OI treatment.**
- **Full range of STIs, including rapid tests and treatment.**
- **Male and female condoms (supplies and support for negotiation) for dual protection.**
- **Sexual dysfunction (such as low libido related to ART).**
- **(Where legal) safe and confidential abortion and (in all contexts) post-abortion care.**
- **Sexual and intimate partner violence, such as support after rape or gender-based violence following disclosure of HIV status and including PEP.**
- **Sero-discordant couples, such as information on safer sex, counselling on disclosure, and other prevention services.**
- **HPV, cervical and anal cancer, such as vaccination and regular screening.**

### Box 1: Unmet SRHR needs of PLHIV

- 97% of FSWs, 72% of women who use drugs and 53% of MSM reported STI-related symptoms in the last 12 months.
- 16% of women had undergone abortion after knowing their HIV status, fearful of transmitting HIV to their child.
- A third of men and a quarter of women reported inconsistent condom use with regular sexual partners. Reasons included: perception that condoms were unnecessary in HIV+ couples; desire to have a child; and poor counseling by providers.

*SRH of PLHIV in India, Chakrapani et al, 2008*

### Box 2: Factors that affect PLHIV in the context of SRHR

Factors	<i>For example, compared to other community members ...</i>
<b>Specific or more complex SRHR needs</b>	<ul style="list-style-type: none"> <li>• A couple, both living with HIV, might need advice on safe and appropriate contraception while taking ART.</li> <li>• A pregnant woman living with HIV might need urgent access to comprehensive PMTCT.</li> <li>• A man living with HIV might need intensive behavior change support to maintain safer sex practices.</li> <li>• An MSM sex worker living with HIV might need regular supplies of condoms and lubricant and access to STI testing.</li> </ul>
<b>Additional or stronger barriers to accessing SRHR services</b>	<ul style="list-style-type: none"> <li>• A woman living with HIV might face discrimination by staff at mainstream ANC services.</li> <li>• A woman living with HIV who uses drugs might not discuss her SRHR needs in a project focused on HIV and harm reduction.</li> <li>• An MSM living with HIV might not access a government SRHR clinic as staff lack appropriate expertise and confidentiality.</li> <li>• A sex worker living with HIV might not register at a government STI center due to criminalization.</li> </ul>
<b>Weaker capacity or opportunities to demand SRHR services</b>	<ul style="list-style-type: none"> <li>• A woman living with HIV might be excluded from district consultations on women's SRHR needs.</li> <li>• An MSM living with HIV might not be included in the M&amp;E of an SRHR project because he is a 'hidden population'.</li> <li>• A PLHIV might lack a safe space to advocate for her SRHR needs in health services.</li> <li>• A PLHIV might lack skills to define his SRHR needs because excluded from community capacity building.</li> </ul>

### Box 3: The SRH rights of PLHIV

- People living with HIV have the freedom of choice regarding consensual and pleasurable sexual expression.
- People living with HIV have the freedom of choice regarding reproduction, marriage and family planning.
- People living with HIV have the fundamental right to access sexual health information and comprehensive sexual health services.

*Amsterdam Statement on Sexual and Reproductive Health and Rights of PLHIV (2010)*

There is growing consensus on **‘what works’ in HIV/SRHR integration** for PLHIV. As shown in Box 4, many models particularly focus on the important opportunity to

join family planning and wider SRHR services with HIV counseling and testing (HCT) and treatment, care and support.

#### Box 4: Common models for HIV/SRHR integration

##### SRHR integrated into HIV

- Family planning into HCT
- Family planning into PMTCT
- Family planning into HIV treatment, care and support
- STI management (including cervical and other cancer screening) into HIV treatment, care and support
- ANC into HIV treatment care and support
- Preventing violence against women and girls into PMTCT

##### HIV integrated into SRHR

- HCT into family planning
- HCT into ANC, including congenital syphilis
- HIV treatment, care and support into community-based reproductive health
- HIV treatment, care and support into post-partum care centers
- ART into SRH service delivery programs
- Promotion of male involvement in HIV prevention into SRH services for men

## Lessons learned about HIV/SRHR integration for PLHIV

There are many general lessons about the challenges of implementing HIV/SRHR integration for key populations [see Box 5]. There are also insights into success factors. Examples include that it helps to: start by building on what’s there, gathering evidence and identifying entry points; ensure a strong chain of services (including high quality referrals); and address the political, legal and funding context of HIV/SRHR. In addition, experiences around the world suggest specific lessons about integration for PLHIV. These include that it is vital to:

- **Not make presumptions about the SRHR needs of PLHIV.** For example, although a study by Family Health International found little unmet need for family planning among women living with HIV in five countries, this was because many were not sexually active due to self-stigma. Meanwhile, India HIV/AIDS Alliance research found that widows living with HIV are sexually active and have heightened risk (related to violence and sex work).
- **Address the gender dimensions of HIV/SRHR and the implications for integrated programmes.** For example, an International Planned Parenthood Federation study in three countries found that women living with HIV were more likely than men to have: decided not to have sex and not to have children; and chosen, or been coerced into, sterilisation. A report by the International Community of Women Living with HIV found that women living with HIV who are pregnant face increased gender-based violence. An India HIV/AIDS Alliance study found that men living with HIV can have many unmet SRHR needs, such as education on condom use and access to emergency contraception.
- **Recognize the centrality of sexuality and sexual rights of PLHIV** [see Box 3]. This includes ensuring that Positive Health, Dignity and Prevention (‘positive prevention’) programmes respect both

the responsibilities and rights of PLHIV, including to voluntary disclosure and confidentiality.

- **Address the HIV/SRHR needs of sero-discordant couples.** For example, a study by the Global Network of People Living with HIV found that: 58% of such couples in Nigeria said their sexual intimacy had been negatively affected by their different status; 40% had never used condoms; and most had not had SRHR counselling from health services.
- **Build on the safe and supportive services developed for HIV to, in particular, address the full range of pregnancy-related needs of women living with HIV.** Such approaches involve integrating services such as family planning, pregnancy counselling/testing/screening, ANC, PNC and, if required, safe abortion and post-abortion care.
- **Use integrated programmes to avoid ‘missed opportunities’ and address the holistic needs of PLHIV.**

#### Box 5: Top 10 challenges to HIV/SRHR integration for key populations

1. Stigma and discrimination about HIV and key populations.
2. Low demand for HIV/SRHR integrated services.
3. Lack of rights-based approaches to HIV/SRHR.
4. Low attention to gender inequality in HIV/SRHR integration.
5. Missed obvious opportunities for HIV/SRHR integration.
6. Low understanding of key populations’ specific HIV/SRH needs.
7. Presumptions or lack of expertise among service providers.
8. Lack of a strong referrals systems for HIV/SRHR.
9. Inappropriate design of HIV/SRHR integration.
10. Lack of technical and financial support to over-stretched groups.

# 'Snapshots' of HIV/SRHR Integration for PLHIV

**INDIA: MAMTA Health Institute for Mother and Child** supports children and adults living with and affected by HIV. It integrates HIV services (such as behaviour change communication, condoms and safer sex promotion) with SRHR (such as STI treatment), with referrals to hospitals, such as for ART. Integration started with a situation analysis, strategic planning and community assessments. The lessons include that it is vital to combine service provision with advocacy on integration and to develop strong links between HIV and MNCH services to support women living with HIV.



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**UGANDA: The AIDS Support Organisation (TASO)** has a Centre in Mbale providing comprehensive HIV services for individuals and couples living with HIV and integrating family planning, including contraceptives and condoms for dual protection. Integration included: assessing TASO's capacity (human, technical, financial) and the community's needs for family planning; training staff; and updating protocols. The lessons include that HIV and family planning services have mutual benefits, such as with follow-up for family planning providing an opportunity to support adherence to ART.

**CAMBODIA: Reproductive Health Association of Cambodia (RHAC)** offers SRHR clinics in Kurn Potproh that integrate HIV services (such as ART, treatment for opportunistic infections and condoms for dual protection). The clinics are complemented by community outreach – with volunteers mobilising people to attend the clinics, while also providing home care kits (with basic medicines and condoms), food supplements and loans for income generation. RHAC's lessons include that sero-discordant couples require tailor-made HIV/SRHR support.

**HAITI: Promoteurs d'Objectif Zerosida (POZ)** is an HIV NGO combining HIV services (such as HCT and PLHIV support groups) with SRHR (such as STI treatment and support related to sexual violence). It takes a family-centred approach – addressing the needs of PLHIV, their families and friends. Its lessons include that support groups facilitated by PLHIV are vital for integration as they enable PLHIV to build self-esteem and address the cross-cutting issue of stigma.

**INDIA: India HIV/AIDS Alliance India** is supporting state-level coalitions for improved and integrated HIV/SRHR policies and programs for PLHIV. The members are mostly representatives of PLHIV and other key populations. Consultation mechanisms ensure that the state-level advocacy messages are informed by communities' needs. India HIV/AIDS Alliance collaborates with PLHIV to ensure that the same messages inform national policy processes.



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# 5 key messages about HIV/SRHR integration for PLHIV



**1 Integration is a vital strategy** to respond to the unmet – and sometimes very specific and complex – HIV and SRHR needs of PLHIV. This moves beyond focusing on PLHIV as ‘transmitters of infection’ to promoting their rights (including to sexuality and reproduction) and taking a ‘whole person’ approach.

**2 HIV/SRHR integration can, in particular, decrease HIV-related stigma and discrimination** and, in turn, increase PLHIVs’ access to comprehensive support.

**3 Groups by and for PLHIV are vital to HIV/SRHR integration.** However, the strategy can bring additional work and pressure to already over-stretched group; Start small. Comprehensive HIV/SRHR integration may be a good long-term goal for some organizations, but, in the short-term, full integration is not required. Instead, efforts should start with joining selected HIV and SRHR services that are priorities for PLHIV and have an obvious overlap (such as family planning and PMTCT or ART).

**4 Integrated programmes should, in particular, respond to the SRHR needs of women living with HIV, especially those of reproductive age.** This might involve taking a dual approach – of both providing specific services and mobilising mainstream SRHR services to be more ‘PLHIV-friendly’.

**5 HIV/SRHR integrated programmes should also specifically address the needs of sero-discordant couples.** This will require specific information and services on areas such as HIV prevention, safe contraceptives and options for reproduction and birth, combined with couple counselling and psycho-social support.



## About this brief

This issue brief is part of a series of materials resulting from a **review of good practice** in the integration of HIV and sexual and reproductive health and rights (SRHR) for key populations. The review was commissioned by the India HIV/AIDS Alliance and explored experiences and lessons from Asia and the Pacific and globally.

Background information – such as what HIV/SRHR integration is, what particular benefits it brings to key populations and what lessons have been learned among such communities – are summarized in Policy Brief: *Key Linkages and Key Populations: Is HIV/SRHR Integration Serving the Needs of Vulnerable Communities?* Further detail, including the references for the information in this document, can be found in the full report of the review.

This brief specifically focuses on the importance, but also challenges, of HIV/SRHR integration for **people living with HIV (PLHIV)**. It is based on the experiences of a growing number of groups working with such communities to put integration into practice in a range of setting. These have given important insights into ‘what works’. But they also highlight that *everyone is still learning* and questions remain about what constitutes good practice.

This issue brief promotes integration as a desirable goal in the long-term. However, it also emphasizes that organizations must work in a way and at pace that is appropriate and feasible for them – to ensure that the joining of HIV and SRHR services and systems *enhances*, rather than *compromises*, support for PLHIV.

1. India HIV/AIDS Alliance (2012). HIV/SRHR integration for key populations: A review of experiences and lessons learned in India and globally. New Delhi. India HIV/AIDS Alliance.



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## India HIV/AIDS Alliance

India HIV/AIDS Alliance (Alliance India) is a diverse partnership that brings together committed organisations and communities to support sustained responses to HIV in India. Complementing the Indian national programme, we work through capacity building, knowledge sharing, technical support and advocacy. Through our network of partners, we support the delivery of effective, innovative, community-based HIV programmes to key populations affected by the epidemic.

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Unless otherwise stated, the appearance of individuals in this publication gives no indication of their HIV or key population status.

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