A goal within reach

Eliminate paediatric HIV infection to maximize HIV-free survival of infants and improve the health and survival of the mother and child

- Achievement of the MDG goals is linked to the increasing uptake of HIV testing among the 350,000-400,000 women who get pregnant annually in Sri Lanka.
- Achieving this coverage needs greater awareness of the benefits of testing among women planning to start their families and those already pregnant.
- Women are more likely to accept HIV testing through ANC facilities rather than at STI clinics that tend to have a stigmatized aura.
- The increasing patronage of private sector health services requires targeting this sector as well.
- Laboratory services need to be strengthened to respond to the increased demand for HIV testing in the state and non-state health sectors.

Towards this goal, the EU – funded IPPF – SARO Advocacy Project on SRH HIV Integration Project, FPASL is

- ***Advocating*** for greater adoption of SRH HIV Integration strategies among decision makers, programme managers and policy makers.
- ***Strengthening*** civil society organizations (CSOs) to raise awareness among the general public and key population groups (female sex workers, men who have sex with men, people who use drugs) and women and youth, about the SRH and HIV services, the benefits of service integration towards the prevention of PMTCT, ECS and spread of HIV.
- ***Creating*** awareness and inform district level media personnel about the national contexts of SRH and HIV and benefits of integrated approaches.
- ***Engaging*** in building capacity of CSOs to develop proposals for submission to the Global Fund through the Country Coordinating Mechanism (CCM) in order to solicit more donor support for integrated service delivery in Sri Lanka
- ***Advocating*** for law and policy reform relevant to achieving a society free of stigma and discrimination that enables the enjoyment of the right to health by all.

The EU – funded IPPF – SARO Advocacy Project on SRH HIV Integration Project, FPASL is committed to supporting national partners to achieve the MDGs 2015 through advocating for greater uptake of SRH HIV integrated service strategies based on the recognition of the right to health of all people.

For more infomation please contact:

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BUILDING MOMENTUM FOR SRH & HIV INTEGRATION

ISSUES BRIEF

A Member Association of IPPF International Planned Parenthood Federation South Asia Region

This project is funded by The European Union

SEXUAL AND REPRODUCTIVE HEALTH AND HIV INTEGRATION

The Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV /AIDS - UN General Assembly High Level Meeting on AIDS (June 2011)

Recognised that access to sexual and reproductive health has been and continues to be essential to the AIDS response and highlighted the inadequate focus of HIV prevention strategies on populations at higher risk, specifically men who have sex with men, people who inject drugs and sex workers.

Urged countries to focus their response based on epidemiological and national contexts and recognized that providing public health services focused on the needs of families, particularly women and children, rests with governments

Overview

In general, in many developing countries, the delivery of SRH and HIV services is through separate vertical programmes. This has been linked to key populations, in particular people living with HIV (PLHIVs), men who have sex with men (MSMs), sex workers (SWs), people who inject drugs, women and youth, experiencing reduced service accessibility and availability. Stigma and discrimination experienced by marginalized people due to the perceived and actual negative attitudes of health staff is a critical factor contributing to this situation. Service delivery shows duplication of efforts and reduced programme effectiveness and efficiency.

Strengthening policy and programmatic linkages between SRH and HIV using rights based gender sensitive approaches has been recognized to overcome these drawbacks. Importantly, such an approach has been shown to reduce competition for funds, making best use of scarce human resources, reducing duplication of effort and improving access to SRH and HIV services especially for women, young people, PLHIVs and marginalized groups.

Linking HIV and sexual and reproductive health programmes is recognised to have the potential to significantly curtail the AIDS epidemic as it paves the way to address the ***unmet need and rights*** of women and men living with HIV and AIDS to sexual and reproductive health services.

Most recently, the Declaration of the UN General Assembly High Level Meeting on AIDS (June 2011) reiterated earlier commitments[1] and endorsed integration as being essential to achieve MDG 5 (*to improve maternal health and achieve universal access to reproductive health)* and MDG 6 *(combat HIV/AIDS*) on target by 2015.

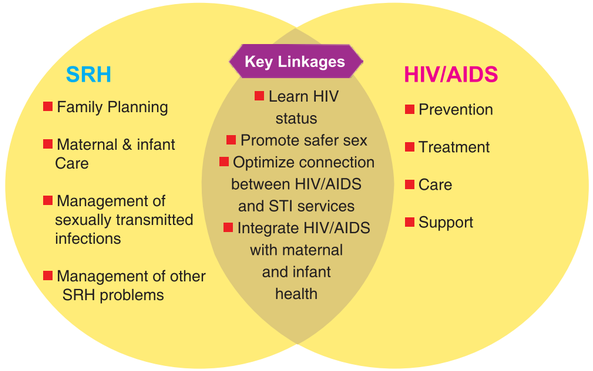
1. *International Conference on Population and Development 1994; The Glion Call for Action; UNGASS 2006*

WHAT IS SRH HIV INTEGRATION?

Integration: Integration is an operational process that links vertically functioning SRH and HIV programmes to enable people to access services with greater ease and less stigma and discriminaion.

Linkages: Linkages refer to the broad human rights principles underpinning delivery of services to ensure the right to health for all people and complements integration.

CONCEPTUAL FRAME WORK



The majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding.

In Asia,

- In 2009, among the estimated 4.9 million people living with HIV, the majority of cases were associated with sexual transmission.
- In 2009, an estimated 22,000 children became infected with HIV, the majority through mother-to-child-transmission.
- HIV epidemics remain largely concentrated among people who use drugs, men who have sex with men and sex workers. Such populations also have significant vulnerability to sexual and reproductive ill health.

Public health benefits of integrating core HIV services with core SRH services in national programmes include

- *Increased access to a range of HIV services (prevention, treatment, care and support) and SRH services (family planning, mother and child care, the prevention and management of sexually transmitted infections (STIs), reproductive tract infections (RTIs) and malignancies.)*
- *The promotion of sexual health, prevention and management of gender-based violence, prevention of unintended pregnancy and its consequences and the management of post-abortion care.*
- *Greater likelihood of comprehensive care with the convenience of savings in time and expense for client*
- *Savings in funds through reductions in duplication of service infrastructure and trained manpower for the provider.*

Further, HIV and SRH problems have been recognized to share the same root causes of poverty, gender inequality, gender-based violence, violation of human rights, marginalization of key groups, and stigma and discrimination.

The EU funded International Planned Parenthood Federation (IPPF) South Asian Regional Office (SARO) Advocacy project on SRH HIV Integration (2010 -2013)

The International Planned Parenthood Federation (IPPF) South Asia Regional Office (SARO) along with its 8 Member Associations (MA) in India, Bangladesh, Nepal, Pakistan, Sri Lanka, Afghanistan, Maldives and Iran is implementing an European Union supported project on advocating for the integration of SRH and HIV in the operation of the Country Coordinating Mechanisms (CCMs) of the Global Fund in the 8 respective countries.

The *objective*s of the project are to contribute to

1) the MDG 5 & 6 and significantly increase uptake of both HIV and SRH services, especially for women, young people, PLHIV and marginalized groups.
2) the fulfillment of international commitments for SRH HIV integration in the ICPD, Glion call for Action and the Political Declaration on HIV and AIDS.

This project aims to contribute to improve overall SRH in these countries by empowering civil society organisations to develop proposals that advocate for integrating SRH in Global Fund HIV mechanisms. It is envisaged that by the end of the 3 year project period, SRH and HIV integrated proposals will receive favourable support from the Global Fund in the project countries.

The Sri Lankan EU funded IPPF –SARO Advocacy project is implemented by the Family Planning Association of Sri Lanka which is a member association (MA) of the IPPF. The project works within national contexts and collaborates closely with national partners, in particular the National STD/AIDS Control Programme (NSACP) and the Family Health Bureau (FHB) of the Ministry of Health.

The Project recognizers that

- Reducing /eliminating stigma and discrimination attached to PLHIVs and other marginalized groups who are considered to drive the HIV epidemic, is a core strategy that will enable their greater uptake of SRH and HIV services towards safeguarding their health.
- Opportunities exist to support national partners in their goals of maintaining the low HIV epidemic status and reaching the MDGs in 2015.

SRI LANKA

Sri Lanka is a unique example of high achievements in the health status of the population despite relatively low levels of expenditure on healthcare.

Sri Lanka has been able to maintain a low prevalence epidemic status since the advent of HIV in 1987. This is largely due to the adoption of a multi-sectoral approach to prevention and control spearheaded by the National STD/ADS Control Programme and engaging non-governmental and private sectors and assistance from donors.

Sri Lankan Constitutional articulations support equality and non-discrimination and the country is signatory to the major international conventions on human rights. The National AIDS Policy (2010) reiterates the rights of marginalized groups to all services. The National Strategic Plan on Maternal and Newborn Health (2012-2016) identifies the following among its guiding principles – coverage of vulnerable populations, gender equity in service delivery, respect for human rights and greater collaboration between the MCH and STI/HIV prevention services. However, existing legislation[2] does not support marginalized groups enjoying the full benefits of available services to safeguard their health.

The key strategy required to maintain the low HIV epidemic status is targeting the sexual and related risk behaviours of marginalized groups for HIV and sexual and reproductive health (SRH) related interventions. The interventions are aimed at encouraging their greater uptake of voluntary counseling and testing towards earlier detection and treatment of HIV.

Why is SRH HIV integration relevant to Sri Lanka ?

The following issues make integration relevant to Sri Lanka.

ISSUE 1

Sri Lanka has a low HIV prevalence epidemic and needs to maintain this epidemiological, health, social and economic advantage.

National estimates of 3000 - 4500 cases of HIV, impressive health indicators and a high Human development index and high investments in the developmental thrust in the post-conflict era require the maintenance of the low epidemic status.

ISSUE 2

Sri Lanka is considered to be on track to achieving the Millennium Development Goals related to infant and child mortality, and HIV in 2015.

The aim is to achieve i)the elimination of paediatric HIV infection to maximize HIV-free survival of infants and improve health and survival of the mother and childand ii)the Elimination of Congenital syphilis.

ISSUE 3

The demographic transition has led to youth representing 27% of the population.

The sexual and reproductive health of youth In Sri Lanka is threatened by a confluence of factors. Social change is being compounded by inadequacies in school based comprehensive sexuality education, earlier onset of sexual maturation in adolescence, the gap between the age of sexual consent and age of marriage, advancing age of marriage, the rising sexual violence against women and children, and the scarcity of health and counseling services for youth.

Innovative approaches for fostering responsible sexual behaviours, including measures to safeguard young people against STI/HIV and unintended pregnancy is urgently required.

2. *Vagrants Ordinance No.4 of 1841; Contagious Diseases Ordinance No.17 of 1867; Brothels Ordinance No.5 of 1889; Sri Lanka Penal Code Section 365A that criminalizes same sex behavior between consenting adults.*

ISSUE 4

Sri Lanka is experiencing a decline in donor support due to its emerging lower middle income status. The challenge is to attract donor funds to Sri Lanka to enhance and strengthen on-going integrations towards maintaining the low HIV prevalence status and achieving the MDGs.

Sri Lanka's advancement to a lower middle income status is evidenced by declining donor support. At present, the Global Fund is the main donor for HIV prevention activities. Attracting donor funding is a highly competitive process requiring the ability to formulate innovative proposals. At present, civil society organisations (CSOs) lack the capacity to develop proposal of a quality to attract donor support.

The Rapid Assessment Study conducted in 2010 by the EU-funded project, at FPASL showed that in Sri Lanka, integration has been initiated and is been carried forward following the expansion of Health policy in 1998 with the introduction of concepts of Reproductive Health. The two key state sector stakeholders addressing HIV (NSACP) and SRH (FHB) have been collaborating for many years largely through referrals. This has been strengthened with the introduction of family planning services including counselling and commodities at STI clinics, training of public health field staff on principles of PMTCT in pregnant women and introduction of HIV components into Adolescent RH educational curricula among others.

- Sri Lanka has achieved a 98% coverage of antenatal care service – ANC services are free, easily accessible, and provided by a team of trained health professionals.
- Routine VDRL and HIV testing is available in the government and private health sectors.
- The new Antenatal care package of the FHB focuses the strategies, among other of capacity building of ANC staff, motivating pregnant women to volunteer for HIV, and the up scaling of HIV testing at national level.
- A network of STI clinics manned by specialists, trained medical officers, supported by other staff provide STI and HIV services.
- ARV therapy is provided at no cost by the state through 11 ARV centers established across the country.
- Anti retro viral (ARV) treatment is provided free to HIV positive pregnant women to prevent the transmission of infection to the baby.