



Wilton Park



Report

The importance of sexual and reproductive health and rights (SRHR) to reach HIV fast-track goals and Universal Health Coverage for women and girls

Wednesday 25 – Friday 27 October 2017 | WP1572

In association with:





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Background

Wilton Park and the World Health Organization, Department of Reproductive Health and Research (RHR), including the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme (HRP), convened a high-level policy discussion on multi-sectoral approaches to advance sexual and reproductive health and rights (SRHR) and accelerate achievement of goals to reach HIV fast-track strategy to end the AIDS epidemic; Family Planning (FP) 2020 goals and Universal Health Coverage (UHC). This meeting convened senior experts representing governments, funders, UN agencies, researchers, communities of people living with HIV and youth, and implementers. The objective of the meeting was to identify strategies, policies and sustainable approaches to advance SRHR, including HIV interventions for women and girls living with and at risk of HIV.

The programme focused on:

- Reviewing the evidence on sexual and reproductive health (SRH) and HIV linkages since the 2004 Glion Call to Action on Family Planning and HIV/AIDS in Women and Children to inform advocacy, policies and programmes and related funding architecture for reaffirming the need to promote linked interventions.
- Revisiting policy, programming and finance architecture interventions for women and girls living with and at risk of HIV within the SDGs development framework, the Global Strategy on Women's, Children's and Adolescents' Health, FP2020 and the Fast Track strategy to end the AIDS epidemic.
- Recommitting to advancing SRHR for women and girls including those affected by HIV that also explicitly strengthen health systems and financing to achieve UHC.

The case for linking SRHR and HIV interventions is built upon several decades of evidence. However, siloes still exist at funding and institutional levels, which impedes progress towards the achievement of national and international goals and targets, but more importantly continues to negatively affect the health and well-being of women and girls. Silos are rarely mutually exclusive, but exist along a continuous spectrum. The meeting provided a space for a candid dialogue on how to bridge the siloes between education and health sectors; between SRH and HIV services for men and women; and between community and health systems.

Language can also create siloes for instance, family planning versus contraception, or sexually transmitted infections (STIs) versus HIV. Language can also contribute to reducing stigma and discrimination, for instance, using the term ‘people living with HIV’ rather than ‘HIV-infected people’; or ‘preventing vertical/perinatal transmission’ rather than ‘preventing mother-to-child-transmission’.

This report summarises the key issues that were discussed, actions recommended across priority areas, and conclusions and proposed next steps.

A person-centred approach to advance SRHR of women and girls living with HIV and at risk of HIV

1. Science makes it possible for people living with HIV to have healthy, normal lives, but many, especially the most socio-economically poor, adolescent, marginalised and LGBTI populations, continue to face significant structural barriers, including high levels of stigma, gender inequality, and discriminatory laws and policies. Compounded with rising religious and political conservatism worldwide, these populations remain most at risk of not being able to access quality health care. Repealing repressive laws and policies, empowering women and girls, and working with men and boys to change harmful gender norms and patriarchal cultural traditions are evidence-based actions that can contribute to the right to health for all.
2. Community members are experts in the ‘lived experience’ of issues challenging their health. The involvement of communities and their expertise is critically important to change norms in age-disparate sex, gender-based violence and patriarchy; design effective solutions which can increase ownership by the community; promote evidence of what works, and demand action based on this evidence; and hold governments accountable for implementing commitments and policies they have signed up to. Effective community engagement requires sustainable funding and capacity building.
3. Education is a key predictor of control over fertility and ability to prevent disease acquisition. Strengthening linkages between the health and education sectors is therefore critically important. Specific actions that contribute to improving self-efficacy and empowerment of women and girls can be started in childhood and progress through adolescence and into adulthood, continually building knowledge and skills. Such actions include:
 - Keeping girls in school, including menstruating, pregnant and post-partum girls; providing information on and access to contraception for all adolescents; and ending sexual predation by teachers.
 - Ensuring provision of comprehensive sexuality education and outreach.
 - Integrating services to prevent STIs, including HIV, and unintended pregnancies through quality, age-appropriate information, education and access to commodities including condoms and HPV vaccination.
 - Engaging men and boys through information and training to respect female sexual decision-making, and training for male teachers to respect girls.
4. Ensure that human rights relating to SRH, including HIV, are respected, protected and promoted in national laws, policies, programming and monitoring. Respecting the right to health requires that national health systems do not deny equal access for all persons to preventive, curative and palliative health services, or reinforce discriminatory social norms through policies. Fulfilling individuals’ and communities’ rights means that governments should proactively take actions, including allocation of financial resources, which ensure the availability of, and access, to quality SRH and HIV services to everyone without discrimination. Moreover, these actions should be participatory, inclusive, transparent and responsive.

The new agenda for SRHR: how to meet the challenges ahead

5. Achieving SRHR of all, especially women and girls, requires an innovative approach to addressing the intersectionality of their lives that includes women's agency to make decisions around their reproductive lives, such as accessing contraception, safe abortion, assisted reproductive technologies, and antiretroviral therapy (ART) for people living with HIV.
6. The Sustainable Development Goals (SDGs) shape the development agenda to 2030 and are a great opportunity for achieving SRHR. For example, achieving gender equality and empowering all women and girls (SDG5) also relies upon building community through promoting just, peaceful and inclusive societies (SDG 16), partnerships (SDG17) and ensuring healthy lives and well-being (SDG3). However, such connections are seldom made; even though SRH is mentioned as a target in both SDG3 (health) and SDG5 (gender equality).
7. Incentives are needed to move towards a more integrated response so that donors, UN agencies, governments and civil society organisations can overcome 'turf wars' to address important interventions such as SRHR across all SDGs. This includes creating an economic case for joint programming for multi-sectoral financial allocations to persuade Ministers of Finance in particular, to make smart investments in the health of their people in the face of many competing priorities.
8. A lack of monitoring and accountability in global initiatives encourages further fragmentation and waste of funds. These challenges were highlighted in the 2005 Paris Declaration on Aid Effectiveness, but there has been minimal accountability to date. As a result, ineffective initiatives are rebranded and repeated rather than further developed and built on through prior learning. In addition, reporting and monitoring of multi-sectoral approaches is not easy and requires extending and strengthening partnerships at all levels to be led by countries rather than at the current fragmented global level. The SRHR/HIV Linkages Index is a tool to monitor progress and impact <http://index.srhivlinkages.org/>.

Building the evidence base to reduce inequalities and improve UHC

9. There is an urgent need to stop the 'magical thinking' that the right evidence will lead directly and immediately to policy change. In and of itself, scientific evidence will not change anything without the accompanying advocacy and diplomacy to promote the political will needed to act on the evidence.
10. Many indicators and targets are narrowly focused on reducing the burden of mortality and disease, reinforcing siloed approaches. While these indicators are important, subjective 'quality' measures of people's feelings about the services provided are also essential: "We treasure what we measure – it is time to measure what we treasure".
11. Interventions that have joint benefits for both SRHR and HIV outcomes often do not get funded because funding is usually siloed towards one or other outcome, even if the overall benefit of a linked approach would be greater. For example, cash transfers both keep girls in school and reduce HIV incidence, but HIV programmes can be reluctant to fund reforms in other sectors. Shifting from a disease-centred to a person-centred approach will help to bridge siloes by looking at people and how to overcome structural drivers, rather than a narrow focus on preventing unwanted pregnancy or treating one disease.

Advancing multi-sectoral approaches at the national level

12. Multi-sectoral approaches bring HIV and SRHR responses together through multiple actors working together. Multi-sectoral approaches require a new way of funding

health, which can provide long-term incentives to invest in effective co-financing. This requires different sectors to work together to strategically pool funds and to identify where accelerated interventions could have multiple impacts. A means of coordinating such a co-financing initiative needs to be developed.

13. Civil society has a strong role to play in holding policy makers and governments to account for policy implementation, but getting meaningfully involved in the policy making process remains challenging. Influencing politicians and policy makers can lead to policy change. This influence is made easier when there are catalytic moments which civil society can mobilise around. Seizing on these moments and acting decisively can create political pressure on politicians and policy makers to bring about the changes needed.

Addressing the long-term implications of the current and future funding context for women and girls

14. International donors need to provide more information about the nature and predictability of their long-term HIV and SRH financing plans so that countries can have a 10-year or more time horizon. Such information could encourage a steady increase in domestic resource mobilisation for health, but this transition must not lead to excluding the most marginalised and vulnerable women and girls.
15. Supporting faster economic growth and strengthening the improvement of tax collection will help to ensure there is funding to invest in healthcare. Countries do, however, need to allocate a greater share of GDP to health to meet the 2001 Abuja Declaration target of allocating at least 15% of total annual budget.
16. HIV is still going to be a public health challenge for at least the next century and needs to be addressed as a sustained long term development challenge. Measures to address HIV need to be integrated into national budgets and national financing streams. Parallel financing is inefficient which has led to parallel health service provision becoming wasteful.
17. Health service efficiency, and especially functioning of the health workforce, needs to be improved. Mathematical optimisation models suggest that allocation efficiency in the health sector could be improved by 20-25% and spending efficiencies by another 20-25%.
18. To get political commitment and funding, advocacy for SRHR including HIV needs to be linked to issues that most governments prioritise, such as political stability, security, economic growth, and employment. The demographic 'youth bulge' in sub-Saharan Africa is both a challenge and an opportunity; however, if 'business as usual' continues, by 2030 the HIV epidemic will have doubled. There needs to be a greater focus on youth-centred approaches that go beyond the disease perspective of 'saving lives' and moves to a people-centred focus on 'improving lives' through a multi-sectoral approach.
19. Siloed funding can make it easier for those who, for political, religious or cultural reasons, seek to prevent the promotion of sexual health, comprehensive sexuality education and the agency of women and girls to their own health.

Priority areas

Participants agreed on five major topics for discussion in working groups, and identified the following key actions which are also outlined in a separate position statement document.

- i. **Placing countries at the centre and building political will**
 - Align global initiatives and funding with national priorities and strategies. This is a first step to an efficient and sustainable use of international technical and financial support.
 - Identify national champions with influence who can lobby politicians to push for

accountability and action.

- Communicate effectively to politicians to help them buy into the proposed changes. This includes limiting the use of jargon, especially acronyms, and providing a few clear messages on the benefits of supporting SRHR, such as cost saving and promoting wellbeing.
- Ensure the voices of communities of women and girls are included in all communications.
- Use media and social marketing approaches to reach the whole country.

ii. Using community engagement, biomedical and digital technologies

- Communities have an important role to play in the development and implementation of interventions that affect them. Community engagement therefore needs to be meaningful and those participating must represent the diversity of relevant communities. Multiple strategies need to be employed, such as community activism, media and advocacy, communication materials and training.
- Many, often siloed, interventions are already happening at community level. It is important that new advances are clearly communicated, and language, information, and messages are aligned to avoid an inundation of information which may be confusing.
- Find out what works (and what does not) for digital health solutions (especially m-health and e-health). Mobile phones provide a great opportunity for bringing together groups virtually for discussions around topics, but it is important to help people tease out which information is valid, and which is not.

iii. SRHR for women and girls during humanitarian and emergency crises

- Women and girls are in particular need of SRHR and HIV services during humanitarian and emergency crises. Currently these interventions are not always a priority in the face of needing to prevent disease outbreaks and address shortages of shelter, food and clean water. Local health systems need to be strong enough to be able to respond to the emergency crisis immediately. To support this, they should be familiar with, and enabled, to deliver the minimum initial service packages (MISP) for reproductive health.
- Funding mechanisms should avoid some crises being 'overfunded' and others underfunded. A strong funding mechanism will enable cash flow to be tracked, predict the number of services required, and transfer unspent funds from one humanitarian setting to another.
- Long-term planning is required beyond the provision of services within a humanitarian crisis. A humanitarian – development transition to resilience should be the basis of any support and starts with developing a comprehensive and long-term plan.
- A person-centred approach will include a particular focus on displaced people living with HIV and women who are affected by sexual and gender based violence (SGBV). People living with HIV need to be able to know where they can receive services and treatment. Technology such as mobile apps and security key cards can be used to track adherence and protect privacy.
- To reduce SGBV, peacekeepers need to be fully engaged, with an increase in the number of community watches and the frequency of security checks.
- To support women who are survivors of SGBV, mandatory reporting or legal processes should not become a barrier to access certain services, such as post-rape care.
- Monitoring and evaluation of service provision is essential, and measures should

be tailored according to the local context. SRHR indicators, such as demand met for family planning, unwanted pregnancies, and maternal mortality and morbidity, should be included, as well as an understanding of the impact of humanitarian crisis on gender equality.

iv. Operationalising multi-sectoral approaches

- Developing a 'marketing plan' for sectors other than health can help with understanding how multi-sectoral approaches to SRHR and HIV can advance goals and objectives of other sectors.
- Encouraging community activism can support accountability and transparency and ensure that a multi-sectoral approach can provide what women want, not just what others think they need.
- The funding environment needs to change from the current siloed approach. This includes looking for ways to do things differently in the long term, whilst continuing to put pressure on current funding approaches to take into account broader outcomes in their funding decisions.
- National investment cases for multi-sectoral approaches needs to be developed which looks at a broader, cross-sectoral person-centred approach. If such an investment case shows cost-effectiveness, it is more likely to be supported.
- Increase recognition that the current research paradigm that focuses on single outcomes is not fit for purpose and broader research is needed that is able to map more complex adaptive systems, especially psychosocial dimensions.

v. Coherently scaling up models of integrated service delivery for SRHR and HIV

- When scaling up models of integrated service delivery, as overarching principles, the process should be country-owned and involve all key stakeholders, especially community, healthcare workers and clients.
- A minimum package of health services to be integrated needs to be developed, which ideally focuses initially at primary healthcare level. A minimum service package could include services such as contraceptives, prevention of violence, pregnancy and delivery management, healthy sexuality and risk reduction counselling and STI/HIV management and care, counselling and testing, and provision of prevention interventions such as condoms and ART.
- Beyond health service delivery, user-led interventions offer other models of delivery such as HIV self-testing and self-injection of contraceptives that can increase efficiencies and increase uptake.
- Government-led coordination mechanisms with technical working groups could support integrated service delivery, promoting cross collaborations and scaling up of best practices. This can also lead to capacity building of health care providers through: pre- and in-service training; provider sensitisation such as transition from paediatric to adult care; more flexible scope of work; and expanding task shifting and task sharing between different health worker cadres.

Conclusion

- It is clear that there is technical expertise and knowledge on how to integrate SRHR and HIV interventions and how to strengthen health systems – and that these can be leveraged to support countries to reach UHC. The public health community needs to 'be disruptive' in their demands to politicians and donors to catalyse change.
- There is a critical need for the HIV and SRHR communities to unite and use the current political and funding environment to raise awareness of the impact of any reductions in national funding contributions on the lives of women and girls.

- Many global health organisations have, or are about to, change leadership – including the Global Fund, WHO, UNFPA, UNICEF, UNAIDS, and IPPF. It is therefore a good time to advocate with these organisations to redefine their approaches to addressing SRHR and HIV.
- Donors should incentivise longer term multi-sectoral projects to show impact, and encourage working between teams and ministries. This needs to include a better understanding of the transactional costs to multi-sectoral working and how to reduce them.
- A person-centred approach needs to include a commitment to reach those ‘hardest to reach’ when ‘leaving no-one behind’. Women and girls are not a homogenous group; and some, such as the poorest and living in remote areas, are more marginalised than others. UNAIDS and the HIV community have incorporated the voices of marginalised and underserved populations, and these lessons need to be spread to other organisations beyond the HIV-sector.
- With the global focus shifting towards UHC, there needs to be a clear advocacy message that it is not UHC if it does not include SRHR. The HIV and SRHR communities need to be united behind this call.
- Working together includes learning from and building on what works, critically analysing what has not worked, and making commitments to do things differently.

Next steps

In order to change the paradigm towards a multi-sectoral approach and disrupt ‘business as usual’, participants identified the following next steps:

- Develop a position statement for policy makers summarizing key outcomes;
- Develop a commentary piece to be published in an academic journal and potentially a series of papers that address this topic from different perspectives;
- Use existing major conferences to put together sessions and statements on this topic. Possible conferences include: the International AIDS Conference (23-27th July 2018); the Family Planning Conference (12-15 November 2018); and Women Deliver (3-6 June 2019);
- Revitalise the Interagency Working Group on SRH and HIV Linkages through the creation of a high-level policy sub-group;
- Pursue several national consultations around SRHR of women and girls living with HIV and at risk of HIV.

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Wilton Park reports are intended to be brief summaries of the main points and conclusions of a conference. Reports reflect rapporteurs’ accounts of the proceedings and do not necessarily reflect the views of the rapporteur. Wilton Park reports and any recommendations contained therein do not necessarily represent the views of or institutional policy for Wilton Park, the FCO or the UK government.

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Annex 1: Useful resources

1. IAWG on SRHR and HIV Linkages: <http://www.who.int/reproductivehealth/topics/linkages/en/> has a summary of the key resources in these areas. Some highlights:
 - SRHR and HIV linkages snapshots: Overview of national level data for more than 150 indicators covering the full scope of SRHR and HIV linkages. Available for 25 countries. <http://www.who.int/reproductivehealth/hiv-srhr-linkages-infographic-snapshots/en/>
 - SRHR and HIV Linkages Index: The Index combines 30 indicators to assess progress made in 60 countries towards achieving a fully linked SRHR and HIV response. <http://index.srhivlinkages.org>
 - SRHR and HIV Linkages toolkit: a simple to use toolkit that guides you to the most recent, relevant and important SRHR and HIV linkages resources to meet your needs. <http://toolkit.srhivlinkages.org>
 - SRHR and HIV key connections wheels: These infographics highlight current guidance from WHO on key aspects of SRHR/HIV Linkages.
Sexually transmitted infections and HIV
<http://www.who.int/reproductivehealth/test/Linkages-STIs-HIV.pdf?ua=1>
Maternal and newborn health and HIV
<http://www.who.int/reproductivehealth/test/Linkages-MNH-HIV.pdf?ua=1>
Family Planning and HIV
<http://www.who.int/reproductivehealth/test/Linkages-FP-HIV.pdf?ua=1>
Violence against women and HIV
<http://www.who.int/reproductivehealth/test/Linkages-VAW-HIV.pdf?ua=1>
2. Deliver for Good infographics: 12 investment cards that represent 30,000 pages of research and lay out problems, solutions, and the investment case for putting girls and women at the center of development. <http://womendeliver.org/deliver-for-good/>
3. Jargon Buster: An app that supports the aligning of language across different organisations to improve communication. <https://www.merit.unu.edu/app/>
4. She decides: A global movement to promote, provide, protect and enhance the fundamental rights of every girl and woman. www.shedecides.com
5. Sustainable Development Goals: a set of 17 interconnected goals with associated targets to transform the world by 2030 by ending poverty, protecting the planet and ensuring prosperity for all. <http://www.un.org/sustainabledevelopment/sustainable-development-goals/>
6. IAWG on Reproductive Health in Crises: A group of organisations working on practical issues in humanitarian crises. <https://reliefweb.int/organization/iawg-reproductive-health-crises>
7. UNAIDS 2020 HIV prevention roadmap http://www.unaids.org/sites/default/files/media_asset/hiv-prevention-2020-road-map_en.pdf
8. Universal Health Coverage: WHO information on UHC. http://www.who.int/healthsystems/universal_health_coverage/en/