# UNDERSTANDING SEXUAL AND REPRODUCTIVE HEALTH AND HIV LINKAGES: UTILIZING THE RAPID ASSESSMENT TOOL

## What are linkages and why do they matter?

The rationale for linking sexual and reproductive health (SRH) and HIV at policy, programme and service delivery levels is indisputable. Worldwide, the majority of HIV infections are transmitted sexually or associated with pregnancy, childbirth or breastfeeding. Moreover human rights and gender equality are paramount to both.[1]

Linkages 'make good sense' – for people, services and health systems alike. The approach is critical to achieving Millennium Development Goals 3, 4, 5 and 6.[2]

Despite this, key questions remain unanswered. These include:

- **Exactly what type of SRH and HIV linkages has the greatest impact?**
- **How do you best strengthen selected SRH and HIV linkages in different settings?**

## What is the Rapid Assessment Tool?

**The Rapid Assessment Tool[3] helps to start answering the above questions.**

The Tool enables countries to gain a 'snap shot' of the current situation regarding SRH and HIV linkages, identify gaps and develop action plans. It is implemented by multi-sectoral national teams in SRH and HIV and involves a wide range of stakeholders, from government policy-makers to health workers and service users. Engaging people living with HIV and key populations is paramount.

| COUNTRIES THAT HAVE IMPLEMENTED THE RAPID ASSESSMENT TOOL | | CONFIRMED COUNTRIES IMPLEMENTING THE TOOL IN 2011 | |
|---|---|---|---|
| Bangladesh | Morocco | Afghanistan | Nepal |
| Belize | Pakistan | Djibouti | Niger |
| Benin | Russian Federation | Ghana | Sri Lanka |
| Botswana | Swaziland | Guinea Bissau | Sudan |
| Burkina Faso | Tanzania | India | Togo |
| Central African Republic | Tunisia | Iran | Zambia |
| Côte d'Ivoire | Uganda | Lesotho | |
| Kyrgyzstan | Vietnam | Maldives | |
| Lebanon | Zimbabwe | Namibia | |
| Malawi | | | |

### KEY DEFINITIONS

**Linkages:** The bi-directional (two-way) synergies in policy, programmes, services and advocacy between SRH and HIV. This is a broad, human rights-based approach, of which service integration is a sub-set.

**Integration:** The joining together of different kinds of SRH and HIV services to ensure and maximize collective outcomes. This includes referrals from one service to another, aiming to offer comprehensive support.

1. UNAIDS (2010) 'Sexual and reproductive health (SRH) services with HIV interventions in practice' 26th Meeting of the UNAIDS PCB, Geneva, Switzerland.
2. United Nations General Assembly (2000) United Nations Millennium Declaration. MDG 5: Improve maternal health. MDG 6: Combat HIV/AIDS, malaria and other diseases.
3. The Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages was developed in 2008 by IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW and Young Positives.

## What has been found?

**Among the 19 countries that have implemented the Rapid Assessment Tool:**

**At the policy level:**

- Policy: All countries identified an aspect of national policy that indicates support for linkages. Some, such as Côte d'Ivoire and Malawi, benefit from strong, bi-directional commitment. But, in many others, SRH and HIV policies largely remain 'siloed'.
- Law: Some countries noted legislation that poses a barrier to linkages, for example by failing to promote the rights of women or criminalizing HIV transmission or key populations.

**At the systems level:**

- Coordination: About a third of the countries have begun to use mechanisms, such as Working Groups, to ensure national coordination on SRH and HIV linkages. However, nearly all found joint national planning for SRH and HIV to be inadequate with little or no communication between SRH and HIV programmes.
- Capacity: In about half of the countries, efforts have been made to jointly undertake capacity building for health workers, including through the development of shared manuals. But capacity building is limited in nearly every country and this is exacerbated by wider, on-going crises in human resources.

**At the service delivery level:**

- Availability: All countries reported some integration within some health services – whether as policy or by default (due to shortages in human resources). The scale of integration varied significantly. Common types included the integration of: voluntary counselling and testing and prevention of mother to child transmission into SRH services; and diagnosis and treatment of sexually transmitted infections and family planning into HIV services.
- Service providers and users: Many health workers identified benefits to integrated services – both to themselves (increased job satisfaction, saving resources, etc.) and clients (getting more holistic support, reduce travel, etc). In almost all of the countries where clients were asked, the majority said they would prefer to receive SRH and HIV services from the same facility and, in most cases, from the same provider.

## What next?

**To overcome the bottlenecks and maximize the impact of SRH and HIV linkages, the 'top 5' areas for current action are:**

1. Leadership: National leadership should be strengthened and championed by key decision-makers from the government and civil society and rolled out at all relevant levels of the health system.
2. Coordination: Countries should better utilize coordination mechanisms to bring SRH and HIV decision-makers together to plan a linked national response, agree on a minimum package and protocols for linked health services.
3. Law: Countries need to systematically identify and address the major structural barriers to SRH and HIV linkages, such as punitive laws against key populations.
4. Capacity: Priority should be placed on strengthening the SRH and HIV capacity of health workers with training and support provided to enhance the quality and efficiency service delivery, rather than increase their workloads.
5. Funding: International donors and multilateral agencies need to demonstrate their commitment to SRH and HIV linkages by explicitly welcoming the approach in funding criteria and promoting high quality technical support based on good practice.

IPPF International Planned Parenthood Federation | UNFPA | World Health Organization | UNAIDS

Authors: Lynn Collins[i], Kevin Osborne[ii], Jon Hopkins[ii]
[i] UNFPA, [ii] IPPF

To download the Rapid Assessment Tool and other resources on linkages, please go to: www.srhhivlinkages.org