

# REPORT ON SEXUAL AND REPRODUCTIVE HEALTH-HIV INTEGRATION KNOWLEDGE-SHARING CONVERSATION Saturday 8 August, pre-ICAAP, Bali

## SUMMARY AND CONTENTS

This short paper reports on a conversation between a small group of people working in the area of sexual and reproductive health and HIV in the Pacific region, with input from representatives from other areas of the world. The aim of this conversation was to contribute to the thinking on how to increase sexual and reproductive health (SRH) and HIV integrated activities in our Pacific region.

The focus of the conversation was to explore what was already happening in the Pacific region to integrate sexual and reproductive health and HIV, what wasn't working and why, what was working and why, and where there were potential opportunities for greater integration. Experiences from applying to the Global Fund under the integration criteria in Africa were shared to stimulate thinking about possibilities in the Pacific.

## Contents

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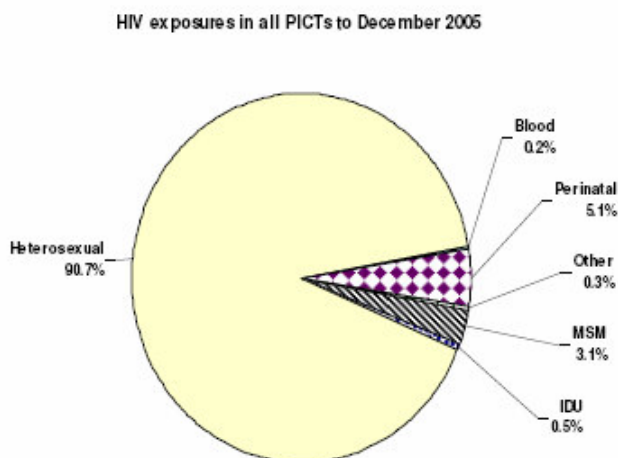
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## BACKGROUND AND INTRODUCTION

HIV is one of many sexual and reproductive health challenges faced by Pacific Island Countries and Territories (PICT). Across the Pacific, HIV infection is almost entirely associated with sexual relations, pregnancy, childbirth and breastfeeding, making it a sexual and reproductive health issue for the region (see chart below). HIV is one of many sexually transmissible infections that are of concern in the region. Others include Chlamydia, syphilis and gonorrhoea. Unintended teenage pregnancies in some PICTs are amongst the highest in the world and are evidence of that fact that young people are not provided with the knowledge and skills that will assist them to delay sexual debut, to negotiate sexual relations safely, or to engage in safe and healthy sexual relationships.

Evidence shows that bidirectional integration between SRH and HIV policies and programmes has huge benefits, including:

- improved access to and uptake of key HIV and SRH services
- better access by people living with HIV to SRH services tailored to their needs
- reduction in HIV-related stigma and discrimination
- improved coverage of underserved/vulnerable/key populations
- greater support for dual protection
- improved quality of care
- decreased duplication of efforts and competition for resources
- better understanding and protection of individual's rights
- mutually reinforcing complementarities in legal and policy frameworks
- enhanced programme effectiveness and efficiency
- better utilisation of scarce human resources for health.<sup>1</sup>



**Figure 1: HIV exposures in Pacific Island countries and territories to December 2005**

*Source: HIV & STI Section, SPC, 2006*

<sup>1</sup> IPPF, UCSF, UNAIDS, UNFPA, WHO, 2008, Sexual and Reproductive Health and HIV Linkages: Evidence Review and Recommendations.

## **Regional Policy Frameworks**

In response to this situation, the Pacific region has a 'Pacific Regional Strategy on HIV and Other STIs 2009-2013'. This Strategy follows on from the previous 2004-2008 Strategy, which focused on HIV and AIDS only. The Strategy has been endorsed by Pacific Island Forum leaders (the Heads of State of the sixteen members, two associate members and five observers). The intergovernmental regional organization, the Secretariat of the Pacific Community (SPC), is tasked with coordinating and monitoring the implementation of this Strategy.

As well as this Strategy, there are also the Regional Strategic Plan of Action for the Prevention and Control of Sexually Transmitted Infections 2008-2012, and the Pacific Policy Framework for Achieving Universal Access to Reproductive Health Services and Commodities, Including Condoms. Combined, these documents form somewhat of a regional framework guiding action on selected sexual and reproductive health challenges.

## **Global Fund**

SPC submitted a regional proposal to support HIV and AIDS activities to the Global Fund in Round 2 and Round 7. The Round 7 proposal was on behalf of: the Cook Islands, Palau, the Federated States of Micronesia, Samoa, Kiribati, the Marshall Islands, Tonga, Nauru, Tuvalu, Niue and Vanuatu. The Solomon Islands was partially included in this application but also submitted its own proposal to Round 8 of the Global Fund, which has not yet been successful (as far as we can tell). The implementation of the Regional Round 7 proposal started on the 1 July 2008 and the initial proposal requested funding for five years.

Papua New Guinea functions separately from the SPC HIV programme. It is the largest Pacific Island Country and it has the only generalized HIV epidemic in the region. It has an agreement with the Global Fund under Round 4 (start date 1 Sept 2005), which has entered Phase Two and will come to an end in August 2010. Apparently an application is planned for Round 9 of the Global Fund that will include a focus on linking HIV and STI services with broader health programmes, following on from a successful pilot in two district health facilities<sup>2</sup>

## **Other Funding Mechanisms**

The Pacific Islands HIV and STI Response Fund 2009-2013 was established in October 2008 with funding from NZAID and AusAID. The Response Fund provides financial support for implementing national and regional HIV and Other STI plans. The Response Fund is overseen by a Fund Committee to which SPC offers secretariat support and oversight of management processes. There are six streams of funding support within the Response Fund and calls for proposals are made intermittently.

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<sup>2</sup> WHO and SPC, 24 June 2009, PIC8/11 Rev 1, 'Prevention and Control of HIV and AIDS and other Sexually Transmitted Infections', Paper for the Eighth Meeting of Ministers of Health for the Pacific Island Countries, Madang, PNG.

## **SRH-HIV Integration**

The sexual and reproductive health and HIV situation in the Pacific calls for responses that are integrated, at the same time as strengthening health systems. The need for this broader approach to HIV is now recognized globally and there is strong evidence of the benefits of this integration (as outlined above).

There is increasing activity in the region to integrate SRH and HIV policies and programmes. For example, the inclusion of STIs in the 2009-2013 Pacific Regional Strategy on HIV and Other STIs. UNFPA has been leading integrated projects in the northern Pacific, with some good initial results. As well as this, Pacific Island Ministers of Health were advised at their recent meeting to:

- examine the feasibility of establishing a pooled procurement mechanism for securing affordable sexual and reproductive health supplies, including those for HIV; and
- to develop linkages between HIV and STI services, and broader sexual and reproductive health (and TB).

The extent to which the other two policy frameworks outlined above are implemented in synergy with the HIV and Other STI Strategy is not known. At a glance, it appears that more can be done to enhance integrated approaches. The Global Fund provides an opportunity to submit proposals that are integrated.

## **About Family Planning International and Population Action International**

Family Planning International is a unit of Family Planning New Zealand, established in 1997 to further the Programme of Action from the 1994 International Conference on Population and Development (ICPD). Through projects and advocacy, Family Planning International promotes sexual and reproductive rights and choices, enabling people to enjoy respectful sexual relationships and to create healthy families. Family Planning International projects support partner organisations, primarily in the Pacific, to provide quality information and services to their communities. Family Planning International advocacy aims to create supportive environments, build effective public policy and ensure adequate funding.

Population Action International (PAI) has been a long-time partner for Family Planning International, supporting various areas of work. The two organizations have similar foci, particularly strong advocacy work. PAI has recently worked with ten countries in Africa, to support them to apply to the Global Fund under the HIV/reproductive health integration criteria. PAI offered to share their experiences from this work, and more generally in relation to the Global Fund, with people working in the Pacific on similar issues. The thinking behind this approach was not because African experiences are translatable to the Pacific, but simply to share lessons learned and contribute to the collective knowledge of the SRH community.

## **METHODOLOGY: KNOWLEDGE-SHARING CONVERSATION**

FPI decided that an informal ‘conversation’ was the best place to begin exploring potential SRH-HIV integration advocacy efforts in the Pacific. This is in relation to SRH and HIV integration broadly, and an application to the Global Fund more specifically. The aim was to bring together key individuals who work at the regional level to monitor and coordinate the implementation of the Pacific Regional Strategy on HIV and Other STIs. As well as these individuals, representatives from PNG and from country-level organizations involved in HIV and SRH activities were invited (see Appendix Two: Participants). The ‘conversation’ presented an opportunity to think about integrating HIV, sexual health and reproductive health activities in the Pacific through:

- listening to others’ experiences
- sharing our own
- thinking about the future
- Global Fund.

Invitations were sent to specific individuals and on to other individuals through referrals. A general invitation also went out on regional email list serves ‘pacwin’ and ‘aidstok’.

The conversation was held in Bali, just prior to the 9<sup>th</sup> International Congress on AIDS in Asia and the Pacific (ICAAP). The decision was made to hold it here to save on travel costs for individuals involved, based on the assumption that key individuals would be attending the ICAAP (which proved to be a reasonable assumption to make).

### **Programme**

The ‘conversation’ was informally facilitated by Jo Spratt of Family Planning International. Following introductions, Elisha Dunn-Georgiou and Kate Tibone of Population Action International shared lessons learned from their work with African countries in relation to submitting integrated proposals to the Global Fund, as well as the Global Fund in general. Then participants split into two groups: Pacific representatives and ‘others’. Group work centered around exploring and sharing responses to these questions:

- What is happening already in relation to SRH-HIV integration?  
What is working?  
What isn’t working and why?
- Opportunities for expanded integrated approaches.
- Next steps.

As so often is the case, we all found it easier to focus on the problems, rather than opportunities. Never-the-less, great information was shared.

To wrap-up, we discussed next steps and opportunities individual participants would exploit to advance greater SRH-HIV integration across the Pacific.

## **WHAT'S HAPPENING IN THE PACIFIC?**

- UNFPA/WHO – Round 7 Global Fund, 3-4 Pilot countries. Eg: Chuuk, men's health drop-in centre; Vanuatu: gym at Santo Youth Centre.
- SRH broadcasting eg: Vanuatu Family Health Association (VFHA), Solomon Islands Planned Parenthood Association (SIPPA).
- Steeping Stones: SRH and HIV and Gender integration – 4 countries
- Adolescent Health and Development (AHD) programmes eg: Pohnpei
- Pacific Regional Strategy Implementation Plan – HIV and SRH linkages are specifically stated
- Family Health Associations, eg: SIPPA, Tonga Family Health Association (TFHA)
- Wan Smolbag clinic
- PICASS (Fiji): Specific Voluntary, Confidential Counselling and Treatment (VCCT) ad men's involvement (also integrating Gender-Based Violence [(GBV) screening into VCCT])
- Antenatal STI testing policy in several countries

## **WHAT ISN'T WORKING AND WHY?**

- STIs testing and treatment – pilots have begun but not working that well, partly due to the capacity of Pacific to carry out testing
- Syndromic treatment is working but problematic due to asymptomatic nature of many STIs (particularly Chlamydia)
- Understanding of the need to test, even if no symptoms (so ability to self-assess risk status/behaviours)
- Education re: STIs and regular health checks, ease of testing and treatment.
- Pap smear testing and knowledge is very poor
- Involvement of men – what about the men?
- In New Caledonia: offered father testing at antenatal clinics but not successful.
- Still a big gap between prevention and care. Could be related to the fact that often government provides care (not always) and NGOs provide education/prevention – not strong links between the two (as in referrals from prevention ie: peer education, outreach etc.)
- Health workforce capacity, in terms of training but also general resourcing issues.
- Political will is weak in some countries.

## **WHAT IS WORKING AND WHY?**

- Syndromic treatment is working
- Human Papillomavirus vaccine availability in some countries (eg: Northern Mariannas, one round in Fiji)

- Goro mine – New Caledonia. Male and female testing of STIs, including HIV and Hepatitis B. Funding and support from mining company, onsite mine testing, mining population is broad.
- UNFPA-supported project in northern Pacific.

## **OPPORTUNITIES (AND BARRIERS) IN THE PACIFIC**

- Could increase the capacity of health workers to give treatment but also to improve referrals from prevention to treatment/follow-up
- Rural people need a ‘one-stop-shop’, as travel to urban centres happens irregularly, if at all.
- Improving policies in various departments, and increasing links between communicable diseases (which include STIs and HIV) and reproductive health divisions etc.
- Response fund is a great opportunity. However, organisations need to be supported to submit integrated proposals. This is an area an organisation such as FPI could contribute to. Support also needs to be given to explore the systematic issues, such as follow-through to laboratories, data collection/surveillance etc. Regional organisations can contribute here.
- Government systems can be improved to be more integrated – policy and training
- Exploring partnerships and funds to strengthen public system.
- The sub-regional cluster meeting (which this year brought Northern and Southern regions together) where national plans are examined. This could be brought to the country level, so that more of the key players could be involved. And this is a good place for discussion around greater integration to take place.
- When new staff are recruited into key positions, presents and opportunity to highlight need for integrated approaches.
- Global fund – the first phase draws to a close in 2010, with the probable extension to 2012 (final 2 years) – could be ‘tweaked’ next year to prioritise reproductive health integration aspects.

## **NEXT STEPS**

At the end of the conversation some individuals committed to action. This included:

- Ensuring that country plans involved integrated SRH-HIV activities
- Encouraging proposals to the Pacific HIV and STI Response Fund that involved integrated activities
- Exploring the potential to ‘tweak’ the Global Fund proposal at the end of phase one, to increase the focus on integrated activities.

Family Planning International’s next steps involve a series of activities. The first of these is to disseminate the notes from this conversation to all those who attended. The notes will also be widely disseminated, through postings on email list serves, such as ‘pacwin’ and ‘aidstok’, and they will be posted on FPI’s website.

Following on from this, the potential to have greater discussions with individuals working in PNG will be explored, as there was no representation from PNG at the conversation.

FPI will then carry out several mapping activities at the country level. The proposed countries are: Fiji, Solomon Islands, Kiribati and PNG. The aim of the mapping will be to explore the political landscape related to SRH-HIV integration, including applications to the Global Fund. FPI has committed to sharing the methodology of this mapping with key individuals working in the Pacific, for their input prior to use of the methodology. FPI has no intention of duplicating any current activities but simply to explore key points of entry and key barriers to SRH-HIV integration advocacy and implementation.

## **APPENDIX ONE**

As there were participants in the conversation who were not from the Pacific, the below is their contribution to the discussion.

### **What's happening elsewhere?**

- Integration not happening in national programmes: very political issues; donors can be effective influencing integration
- Integration happening at national level (VCT) in India: operational level but not at national policy level; happens naturally but needs to be informal; women's unit/clinics provides RH/HI services (Viet Nam) – both RH provider and HIV services.
- RH mentioned in policies – no funds to implement and no support to carry out: what needs to happen – to implement it you need to own it: take leadership in carrying it out; sometimes policy is not translated into programmes – don't understand policy or don't feel like they have the power to carry it out.
- Integration in Global Fund can be beneficial: influence donors in sustainability; aligned with national programmes.
- Plan/systems for implementation is there (India)
- Stigma/discrimination by health care workers: sensitisation trainings (Africa)
- Data is not accurate and not feasible to collect.
- 'Silos' even not heavily donor dependent ie: not created by donors (Iran, Sri Lanka)
- Influential players can control information flows
- NGOs fill major gaps when they are relatively strong, particularly in relation to Ministries. Ministries can't fill. The challenge is that NGOs then become consumed with service provision and lose their advocacy voice.
- Dedicated person who is focussed on integration advocacy, such as funded through small grants – eg: media organisation in Namibia.
- Empower long-standing NGOs to advocate – despite ever-changing Ministries/parliamentarians
- Afghanistan – national programme is integrated: 2 systems for service delivery. Challenge is access for women is highly constrained with few clinics and the inappropriate location of clinics.
- Inclusion of men in decision-making: contraception available, high rates of abortion, high maternal mortality ratio (Sri Lanka).

### **What are the opportunities?**

- Testing – need to overcome resistance/misinformation on rapid testing
- Bad testing, need to increase access to STI screening, including HIV.
- Country level adoption of WHO Essential medicines list and this will assist in improving supply.
- One-stop shop, house visits, outreach-based community health workers
- Education: sexuality education, peer education models.
- Maternal health is a key entry point.
- Male involvement: peer education; youth education; gender roles.
- Involving mothers-in-law.

## **APPENDIX TWO: PARTICIPANTS**

### **Present:**

- Tamara Kwarteng, Burnet Institute, Fiji.
- Jerry Cole, Coordinator-PRISP Liaisons and Communications, HIV & STI Section, Public Health Programme, Secretariat of the Pacific Community
- Siula, Wan Smolbag, Vanuatu
- Emily Miller, Health Promotion Coordinator, FSPI, Fiji.
- Robyn Drysdale, Prevention Adviser, HIV & STI Section, Public Health Programme, Secretariat of the Pacific Community
- Michel Jorda, Co-President, Comité de Lutte contre le SIDA" (Against-AIDS Committee) (CLCS), New Caledonia.
  
- Elisha Dunn-Georgiou, Population Action International
- Kate Tibone, Population Action International
- Abby Rogerson, Project Coordinator, Family Planning International
- Damian Facciolo, Advocacy and Communications Officer, Asia Pacific Alliance Secretariat, Thailand.
- Pradeep Patro, Programme Officer, Resource Mobilisation and Programme Manager (Acting), Safe Abortion, IPPF, South Asia Regional Office

### **Apologies due to travel disruptions**

- Madeline Lemeki, Research Manager, Population Services International, PNG
- Kelwyn Craig Brown, STI and HIV Health Services Advisor, NDOH ADB HIV Prevention Programme, PNG
- Rajneeta Saraf, IPPF SROP, Fiji.
- William Fuata, Programme Officer, HIV and AIDS and Capacity Building, IPPF SROP, Fiji.