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KOSHISH

Working towards better sexual and reproductive health and rights of PLHIV in Andhra Pradesh

Events up date | State Level Trainings | State Level Advocacy

SRH-HIV Integration

It is estimated that 33 million people are living with HIV. More are accessing antiretroviral treatment, having improved quality of life and their productivity. An important part of their lives, as for any human being, is sexuality and reproduction. Like everyone else, they have a right to a satisfying, safe and healthy sexuality and reproductive health. It shows that greater attention to human rights is critical to sexual and reproductive health and the general wellbeing of people living with HIV. Addressing sexual and reproductive health and human rights is also key to slowing the HIV epidemic by preventing new infections so that individuals, families, and societies benefit.

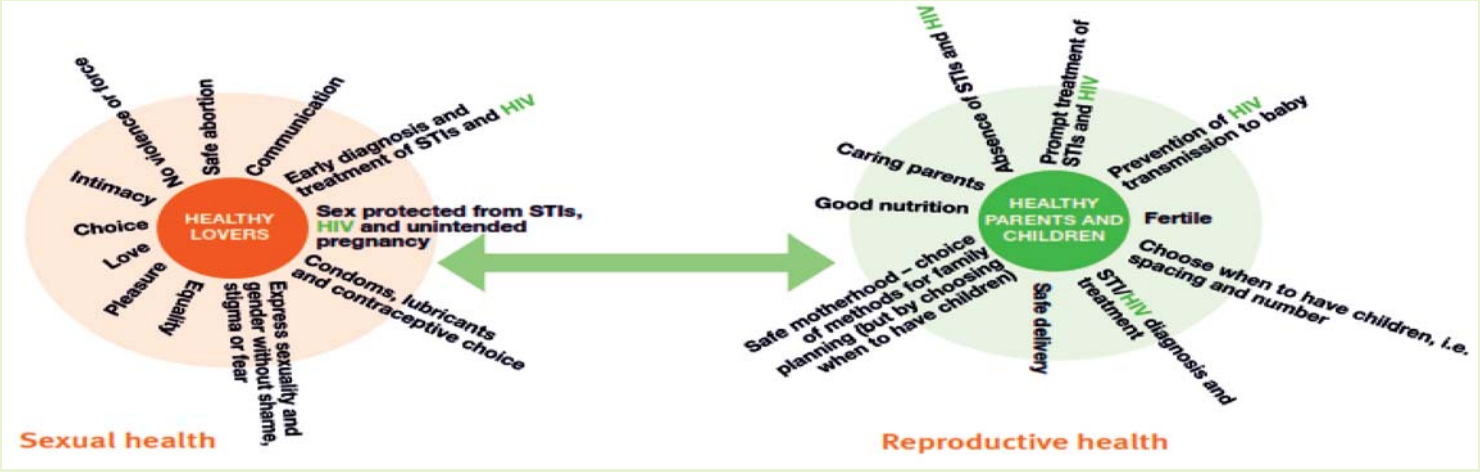
For a long times, the sexual and reproductive health and rights of people living with HIV received little attention. A positive HIV test was taken as an end to a person's sexual life. In reality, of course, people living with HIV wanted and deserved to have healthy, satisfying sexual lives; to bear and raise children; and to protect themselves and their partners from unwanted pregnancies and sexually transmitted infections (STIs), including HIV. Yet policy debates have largely ignored the sexual needs of people living with HIV. The programmes to an extent addressed sexual and reproductive issues but were generally limited to helping pregnant women preventing transmition of HIV to infants.

Several factors, however, have moved the international community to consider ways to meet broader reproductive needs. Initially sexual and reproductive health in general has received increased global attention in the years following 1994 International Conference on Population and Development (the 'Cairo Conference'). Many advocates have pointed out that improved sexual and reproductive health is essential to meeting the Millennium Development Goals (MDGs) that was agreed by world leaders in 2001. 2005 World Summit by United Nations General Assembly committed to achieve universal access to reproductive health by 2015 as a means to reaching the MDGs that was signed by United Nations member States.

From a programmatic perspective, there has been increasing attention given to the benefits of better integration of HIV and sexual and reproductive health information and services, which have often developed parallel infrastructures. These two health systems offer similar or identical services at different sites or narrow focus of each system can make it difficult for either one to meet all of their clients' needs. For example, an HIV clinic may not be able to provide women with counseling about a full range of contraceptive methods, while a reproductive health clinic may not offer voluntary HIV counseling and testing. This means that people must seek services at separate centers rather than accessing what they need all at one place of service. Advocates and programme managers are now actively seeking ways to take advantage of synergies to provide more efficient and more comprehensive care.

Then the wider availability of affordable antiretroviral therapy means that people are having a quality of life. As more and more people worldwide are managing HIV infection as a chronic disease, advocates and health professionals have begun to focus on improving the quality of life that includes improved sexual and reproductive health. People who are HIV-positive need Prevention programmes to help them stay healthy, avoid STIs and protect their partners from HIV infection.

Positive prevention strategies represent an important factor for improved sexual and reproductive health. These programmes are a critical component of efforts to reach



(Source: Integration of HIV and SRHR, Good practice guide of International HIV/AIDS Alliance, 2010)

universal access to HIV prevention, treatment, care and support. It is imperative that positive prevention strategies to be responsive to and compatible with the practical realities people living with HIV face in trying to protect themselves and others. They must protect people living with HIV from discrimination and empower them with the necessary information, treatment, services and commodities and to be able to avoid the onward transmission of HIV, including through reducing infectiousness through antiretroviral treatment under optimal conditions. People living with HIV need to lead in developing such strategies.

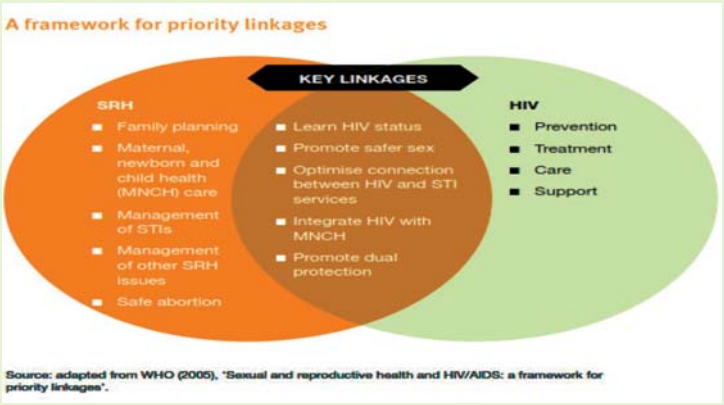
(Source: Advancing the sexual and reproductive health and human rights of people living with HIV published by The Global Network of people living with HIV/AIDS, 2009)

Integration

Different kinds of sexual and reproductive health and HIV services or operational programmes that can be joined together to ensure and perhaps maximize collective outcomes. This would include for example, referrals from one service to another. It is based on the need to offer comprehensive services.

Why combine HIV and sexual and reproductive health and rights?

Most HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding. The risk of acquiring and transmitting HIV can also be increased by the presence of certain STIs.



Sexual and reproductive diseases and HIV also share root causes: lack of access to information and services; poverty; harmful gender norms and inequality; cultural norms; and social marginalization or criminalization of key populations.

Most people think about their sexual and reproductive lives in a holistic way with HIV as only one aspect. Working for broader sexual and reproductive well-being opens up many more opportunities to prevent HIV infection and provide care for people with HIV, as well as improving sexual and reproductive health in its own right.

Integrated SRHR and HIV programmes can also strengthen and expand work to promote rights, address the root causes of vulnerability and reduce stigma and discrimination. Encourage community activities such as peer outreach, interactive learning groups, drama and local advocacy can help bring about changes in gender and cultural norms.

Potential benefits of SRH/HIV integration

- Improved access to and uptake of key HIV and SRH services.
- 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 scarce resources
- Better understanding and protection of individuals' rights
- Mutually reinforcing complementarities in legal and policy frameworks
- Enhanced programme effectiveness and efficiency
- Better utilization of scarce human resources for health.

(Source: Sexual & Reproductive Health and HIV Linkages: Evidence Review & Recommendations, IPPF, UCSF, UNAIDS, UNFPA, WHO, 2009.)

Challenges:

- The need to establish an emergency response to deal with the impact of the HIV epidemic in developing countries.
- The limitations perceived by many SRH providers that HIV requires specialized training and specific skills that were outside the scope and remit of SRH.
- The historical roots of HIV epidemic lead to the assumption that the 'traditional' clients of SRH
- Services differ from the 'most at risk' clients attending HIV services.
- The emergence of divergent donor funding streams that prioritize one area as opposed to other.
- The creation of HIV departments and units that were not linked in any way to the corresponding SRH units.
- The perception that HIV prevention and HIV treatment and care require two very separate responses.

9th Coalition Meeting

9th Coalition meeting of Koshish project was held on 18th September, 2013 at Pastoral Training centre (PTC), Guntur, hosted by TNP+. All the State Coalition team members attended the meeting. Coalition members discussed and finalized the advocacy action plan for next three months from October to December 2013.

9th State Level Training for CSO board members on "Coalition strengthening and Sustainability"

9th State Level Training was organized from 25th to 26th July 2013. Presidents, Secretaries and CSO board members attended the work shop on "Coalition strengthening and Sustainability". Project staff facilitated the sessions. Main objective of the workshop was on "How to sustain the Coalition after completion of the project".

10th State Level Training on "Social Exclusion and Consequences for SRHR and HIV"

10th State Level Training was organized from 19th to 20thSeptember 2013 for project staff on "Social exclusion and consequences for SRHR and HIV". Mrs. Indira Rani was lead trainer and Mr. Chandra Sekhar, Technical support provider; "Anantha Tali Samakya" Organization was the co-facilitator of the work shop. All the project staff attended the workshop.

Community Consultation Meetings

Koshish partner CBOs and DLNs conducted five Community Consultation Meetings facilitated by Koshish project Advocacy Officers. The meetings were conducted in the mode of public hearing with District Officials. The objective of the meetings was to submit the departmental order about the STI referrals to STI clinics from ART centers at the time of their regular visits to ART centers. District Programme Managers (DPM) of DAPCUs attended to these meetings. The board members submitted PD, APSACS letter to DPMs for follow up.

National workshop for Technical Support Providers

National workshop for Technical Support Providers was organized by India HIV/AIDS Alliance/ South Asia Regional T S Hub from 23rd to 27th September 2013 at Goa. All eight TSPs Technical Support Officers of SLP & SLN and Project Coordinator attended the training. It was a refresher training on understanding specific SRH issues based on experiences, understanding public Health systems, policies and Laws; Laws relating to SRHR, experience sharing on Advocacy activities, Sharing good practices and challenges in technical support and possible contribution of TSPs in Advocacy and Identifying strategies for sustaining the technical support resource pool and identifying concrete opportunities for providing technical support.

"Screening of Sexually Transmitted Infections at the time of ART enrollment to improve Sexual Reproductive Health" in Andhra Pradesh, India

STIs are infections that are spread primarily through one to one sexual contact. HIV and syphilis can also be transmitted from mother to child during pregnancy and childbirth, and through blood products and tissue transfer. STIs are caused by bacteria, viruses and parasites.

Sexually transmitted infections have a major negative impact on sexual and reproductive health worldwide. Of the more than 30 identified pathogens known to be transmitted sexually, eight have been linked to the greatest incidence of illness. Four of these are currently curable (the bacterial infections syphilis, gonorrhoea, and chlamydia, and protozoal infection trichomoniasis). Four viral infections are incurable, though modifiable with treatment: human immunodeficiency virus (HIV), human papilloma virus (HPV), herpes simplex virus (HSV), and hepatitis B virus (HBV). Hepatitis B and some types of HPV are vaccine-preventable infections.

According to 2008 WHO estimates, 499 million new cases of curable STIs (syphilis, gonorrhoea, chlamydia and trichomoniasis) occur annually throughout the world in adults aged 15-49 years. These figures do not include the additional health burden caused by HIV and other viral STIs such as HSV. In developing countries, STIs and their complications rank in the top five disease categories for which adults seek health care. In addition, antimicrobial resistance, in particular for gonorrhoea, is becoming increasingly significant.

Basing on the present situation, during interacted with the community members during community consultation meetings, they identified the need of referrals from ART for screening of STIs. Accordingly, the coalition also found it is important and prioritize to take up the issue for state level advocacy.

As part of Second State Level Advocacy, Andhra Pradesh Koshish Coalition members met Project Director, APSACS and explained the present situation in the districts that lack of referrals for screening for STIs during ART enrollment at ART and Link ART centers in 5 districts of Andhra Pradesh. After explaining the situation, we gave representation to Sri.C.Partha Sarathi, IAS, Project Director, APSACS on 13th August, 2013 requesting him to issue necessary orders to all the District and Area hospitals in the State to implement NACO guidelines on referring all the People living with HIV for STI screening at the time of initiation of ART for improving the sexual and reproductive health of people living with HIV and Key population.

Basing on the Koshish coalition team efforts, the Project Director, Andhra Pradesh State AIDS Control Society issued a letter to all ART centers in the State on 14th August, 2013 for screening of all the People Living with HIV at the time of ART enrollment.

Outcome:

The Project Director directed the matter to Dr.K.DayanandRao, Joint Director, CST to issue the circular and necessary orders to all the District and Area hospitals in Andhra Pradesh to refer all the PLHIV for STI screening at the time of enrolment of ART. Accordingly the JD sent the necessary orders to all the Superintendents of Rajeev Institute of Medical Sciences (RIMS), District & Area hospitals and Teaching Institutions in Andhra Pradesh. *(Rc. Lr. No. 941/CST/APSACS/2013-14 dated 14th August, 2013).*

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Rc.Lr.No. 941/CST/APSACS/2013-14 — 14th August 2013

To

All Superintendents of RIMS, District and Area Hospitals & Teaching Institutions

Sir,

Sub – APSACS – CST – Screening of STI's during the Enrolment of PLHA's at the ART Centers – Reg

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This is to inform all the Medical Superintendents of Institutions under the DME, APVVP (Teaching Institutions, RIMS, District Hospitals and Area Hospitals) that during the enrolment of PLHA's in the ART Centers, as per NACO Guidelines, all the PLHA will be subjected for basic investigations like CBP, Blood Sugar, Blood Urea, Serum Bilirubin, Sputum for AFB and X-Ray chest. But, all these persons are not screened for STI's which leads to problems with reproductive health. Hence, you are here by directed to take necessary steps for the proper referral of PLHA's by sending them to STI Clinics from ART Centers during the initial and regular visits itself.

Nodal Officers of the ART Centers may be directed to take special interest in this regard.

(This is for the strict implementation in all the Institutions)

Yours faithfully,

Project Director

C.C. To: All Nodal Officers of ART Centres

European Commission

India HIV/AIDS Alliance

Vasavya Mahila Mandali

Telugu Network of People Living with HIV/AIDS Andhra Pradesh

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