

Integrating sexual & reproductive services to support STI management, family planning & HIV needs

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Disclosure

- Henry de Vries: My institution received trial medication from Gilead for a PrEP study
- Dona Da Costa Martinez: No disclosures

50 years of sexual health

This report contains the collective views of an international group of experts and does not necessarily represent the decisions or the stated policy of the World Health Organization.

WORLD HEALTH ORGANIZATION
TECHNICAL REPORT SERIES

No. 572

**EDUCATION AND TREATMENT
IN HUMAN SEXUALITY:
THE TRAINING OF
HEALTH PROFESSIONALS**

Report of a WHO Meeting

WORLD HEALTH ORGANIZATION
GENEVA

1975

*“...a state of physical, emotional, mental and social well-being in relation to sexuality;
it is not merely the absence of disease, dysfunction or infirmity.
Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.” (WHO, 2006a)*

From specialized care to integration

- From leprosy dedicated centres to integration of leprosy care in general hospitals with community health workers as central figures.
- Integration of STI management, HIV & family planning (FP),

One stop shop

- Overlapping key populations
- Synergy of multidisciplinary teams
- Meets shortage of staff
- Improved adherence and follow-up
- Cost saving

Global diversity in current STI & HIV infrastructure

- Integration of care depends on current infrastructures
- Commonwealth territories: British Association for Sexual Health and HIV (BASHH, a merger of the Medical Society for the Study of Venereal Diseases & the Association for Genitourinary Medicine.
- United States: part of infectious diseases
- Continental Europe: STI part of dermatology, HIV in general medicine
- LMIC: diversity of colonial remnants & primary care and community health workers

IAS Sexual health services related stigma

- Current STI programs are stigmatizing:
 - Targeting Key Populations make them feel targeted & judged
 - Focussing on HIV/STI risk is not an effective motivator for prevention behavior
 - Instead, sexual health should be promoted as taking control of your health (sex positive)
- Specialized services are stigmatizing & scares off potential clients
 - normalize PrEP/HIV/STI care
 - de-silo specialized services > integrate in (sexual) health settings



Sex positive & inclusive language to break down STI stigma

Strategies that **target risk groups**
to overcome hesitancy, mistrust, or ambivalence

Community members are **targets**

VS.

Strategies that identify what might
motivate, support and inspire individuals toward action

Community members are **agents**

IAS Key Population-Led Health Services (KPLHS)*

- To bridge the gap between government services and key populations, especially the most marginalized communities
- Services are identified by the community itself and are, therefore, **needs-based, demand-driven, and client-centered**
- Delivered by trained and qualified **lay providers**, who are often members of the key populations

* Institute of HIV Research and Innovation (IHRI), Bangkok, Thailand. <https://ihri.org/>
Nittaya Phanuphak (director)



Sex worker & Healthcare centre (P&G292)

- Promoting self-reliance and empowerment of sex workers,
- Legal assistance, dept counseling, residence permit,
- Social work: employment, housing, education.
- Dutch language, self-defense, sexual health courses.
- Exit route if you want to stop sex work.
- Psychosocial support.
- Also for male sex workers / transgender persons
- STI screening
- PrEP care



How can KPLHS model improve traditional STI services top-down approach?

Gaps in traditional STI services

Key Population-Led Health Services (KPLHS)

Accessibility & Availability

- | | |
|---|--|
| <ul style="list-style-type: none">• Inconveniently located facilities• Limited service hrs, not matching KP daily lives• Fragmented services• Limited staff to respond to the needs of KPs | <ul style="list-style-type: none">• Community-based facilities in hotspot areas (e.g. via mobile clinics)• Flexible service hours suitable for KP daily lives• One-stop service• Sufficient staff & different health services for KPs |
|---|--|

How can KPLHS model improve traditional STI services top-down approach? (2)

Gaps in traditional STI services

Key Population-Led Health Services (KPLHS)

Acceptability & Quality

- | | |
|---|--|
| <ul style="list-style-type: none"> • Healthcare providers often lack skills & are unaware of stigma & discrimination against KP in search for care. • Public health facilities are often unable to retain KP persons in care. | <ul style="list-style-type: none"> • Well-trained and certified KP-community health workers (KP-CHWs) provide tailored & accessible services free from stigma & discrimination • Capacity building to ensure that KP-CHWs can provide STI& HIV services in accordance with national standards by public health sectors |
|---|--|

Sustainability

- | | |
|---|---|
| <ul style="list-style-type: none"> • Dwindling international funding due to other priorities | <ul style="list-style-type: none"> • Opportunity to generate domestic/local funding via civil society engagement |
|---|---|

Switch of presenter

Integration + Linkages

- Involves action at three levels
 - Enabling environment (policy and legal)
 - Health systems
 - Integrated service delivery
- Integration relates to service delivery. Joining operational programmes to enable several outcomes by using different modalities e.g. one stop shop, multi-disciplinary service providers
- Linkages refers to a broader human rights-based approach with integration as a subset. Consideration given to the synergies between policy, systems and the services which are being linked and which can lead to public health, socioeconomic and individual benefits.
- Linking HIV and SRHR critical for addressing human rights, gender equality, and achieving health targets for the Sustainable Development Goals.



Sustainable development goals (SDG) & STI/HIV/FP



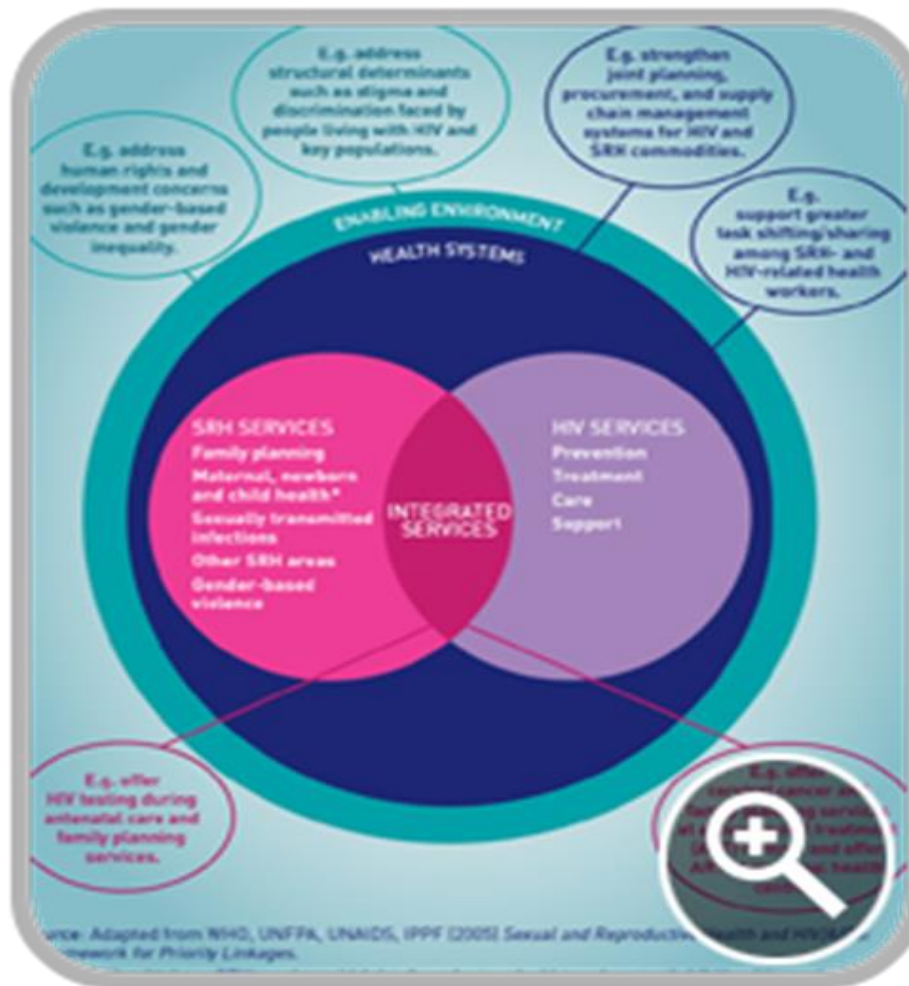
Table 1 SDG targets relevant to STIs and opportunities for maximising the impact of STI services in this new era

Target	SDG target ^a	Opportunities for maximising STI impact on SDG
Goal 3: Ensure healthy lives and promote well-being for all at all ages		
3.1	By 2030 end preventable deaths of newborns and under-five children	EMTCT of syphilis STI interventions in maternal health services, point of care diagnostics
3.3	By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases	EMTCT of syphilis, HBV vaccine, combat other STIs STI interventions in maternal health services, POC diagnostics
3.5	Strengthen prevention and treatment of substance abuse , including narcotic drug abuse and harmful use of alcohol	Combat effects of narcotic drugs and alcohol on sexual behaviour and thus STIs STI interventions in substance abuse programmes. STI behavioural research
3.7	By 2030 ensure universal access to SRH services , including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	Universal access to STI services Integration of STIs within national strategies, including for HIV, adolescents and maternal health
3.8	Achieve UHC , including financial risk protection , access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	Universal access to STI services, and safe, effective, quality and affordable medicines (e.g. HPV) Access to STI vaccines Health financing: reduce private sector out-of-pocket payments; cash transfers for raising demand for services
3.c	Increase substantially health financing and the recruitment, development and training and retention of the health workforce in developing countries	Raise capacity of health workers in STI services
3.d	Strengthen the capacity of all countries, particularly developing countries, for early warning, risk reduction, and management of national and global health risks	National and global responses to STI epidemics or STI drug resistance
Goal 5: Achieve gender equality and empower all women and girls		
5.2	Eliminate all forms of violence against all women and girlsincluding trafficking and sexual and other types of exploitation	Reduce STI risks from sexual violence , link services for STIs with those for sexual and gender-based violence
5.6	Ensure universal access to SRH and reproductive rights as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action	STI services situated within rights-based approach , Women's Empowerment, ICPD Programme of Action
Goal 10: Reduce inequality within and among countries		
10.3	Ensure equal opportunity and reduce inequalities of outcome , including through eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and actions in this regard	STI services reduce inequalities by targeting higher risk groups , e.g. sex workers, young women and adolescents and men who have sex with men.
Goal 17: Strengthen the means of implementation and revitalize the global partnership for sustainable development		
17.6	Enhance North-South, South-South and triangular regional and international cooperation on and access to science, technology and innovation , and enhance knowledge sharing on mutually agreed terms, including through improved coordination among existing mechanisms, particularly at UN level, and through a global technology facilitation mechanism when agreed	Advances in science, technology and innovation for STIs (e.g. vaccines, multi-purpose technologies) North-South and South-South research
17.16	Enhance the global partnership for sustainable development complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technologies and financial resources	Further develop multi-stakeholder global partnerships for STIs Align, in detail, global STI strategies with SDGs, and foster a place for STIs within other global initiatives and commitments

Key opportunities and text of targets in bold. ^aSustainable Development Solutions Network: Indicators and a Monitoring Framework for the Sustainable Development Goals Launching a data revolution for the SDGs. 2015

LINKAGES

(Adapted from WHO, UNFPA, UNAIDS and IPPF (2005). Sexual and Reproductive Health and HIV/Aids: A Framework for Priority Linkages)



Benefits of Integration

- Improved access to and uptake of key SRH, HIV and STI 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 e.g. human and financial resources
- Protection of individuals' rights

INTEGRATION IN THE CARIBBEAN

- Efforts have been made at integration in the Caribbean
- Mainly done through the Family Planning Associations – integrating HIV and STI testing with SRH services, e.g. Family Planning Association of Trinidad and Tobago (FPATT) partnered with Medical Research Foundation (MRF)
- Members of the LGBTQI community employed to navigate its members to the Association to access services and then linking to MRF for HIV treatment.
- Other examples Jamaica Family Planning Association and St. Vincent Planned Parenthood Association
- Stitching Lobi, Suriname presently integrating PrEP & STI screening into SRH services
- A model that has been well documented is from Haiti – *Gateways to Integration: A case study from Haiti*
https://data.unaids.org/pub/report/2008/20080923_linkages_haiti_enpdf_en.pdf

Take Home Messages

- Ability to mobilize resources and establish amicable partnerships are key in the SRHR, STIs and HIV integrated response. Strong partnerships and ample financial resources are critical.
- Key populations (people living with HIV; men who have sex with men; transgender people; people who inject drugs; sex workers and prisoners are essential partners in ensuring the integration process is successful (“Nothing for Us without Us”))
- For stigmatization to decrease, resources need to be invested in training service providers in understanding the rights of PLHIV and improving interpersonal skills.
- Integrating and coordinating linkages between SRHR and HIV services requires strengthened health systems; trusted partnerships; planning and budgeting; human resources; procurement and supply chain management; and monitoring and evaluation.

Recommendations

- **Advocate** for political commitment to an integrated SRHR and HIV agenda
- **Advocate** for investment for strengthening and scaling up the integration process.
- **Examine, review, revise** the national laws and policies that are not in alignment with the human rights approach and does not facilitate adequate access to services needed by key populations and others.
- **Create** a shared understanding of SRHR and HIV integration by building the evidence base and sharing research, good practice and lessons learnt.
- **Promote** innovative approaches that advance joint SRHR and HIV health outcomes.
- **Document** and share the successful models of integration.

A close-up profile of a woman with a large, intricate braided headpiece in shades of blue and white. She is looking upwards and to the right. In the background, a blurred crowd of people is visible, including a man wearing sunglasses and holding a white sign. The overall scene suggests a public gathering or protest.

NOTHING WITHOUT US:

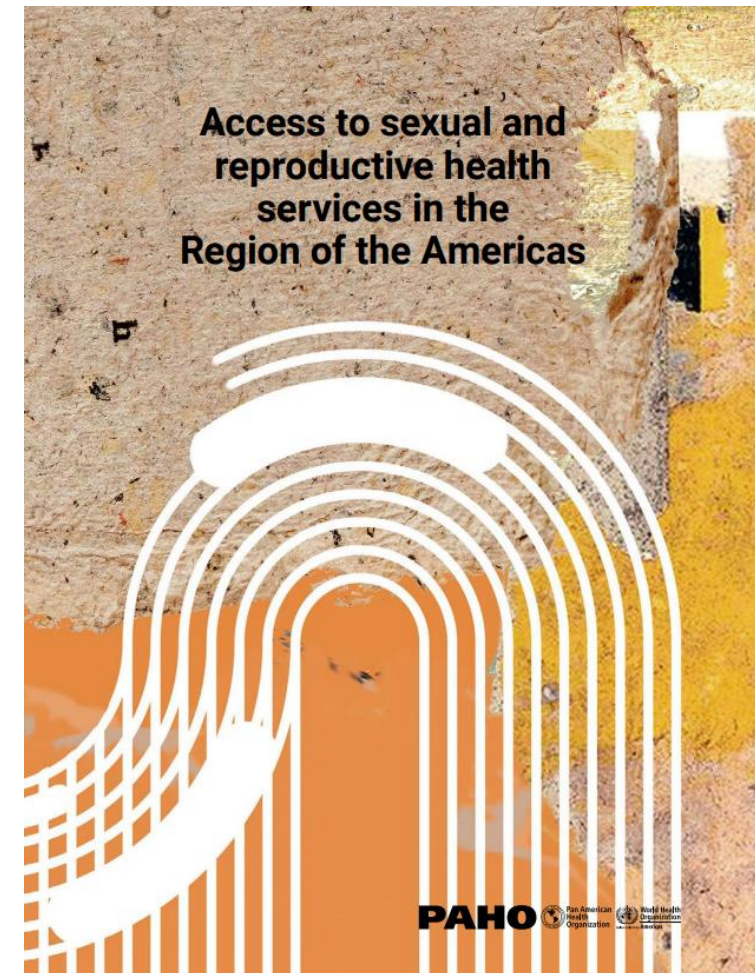
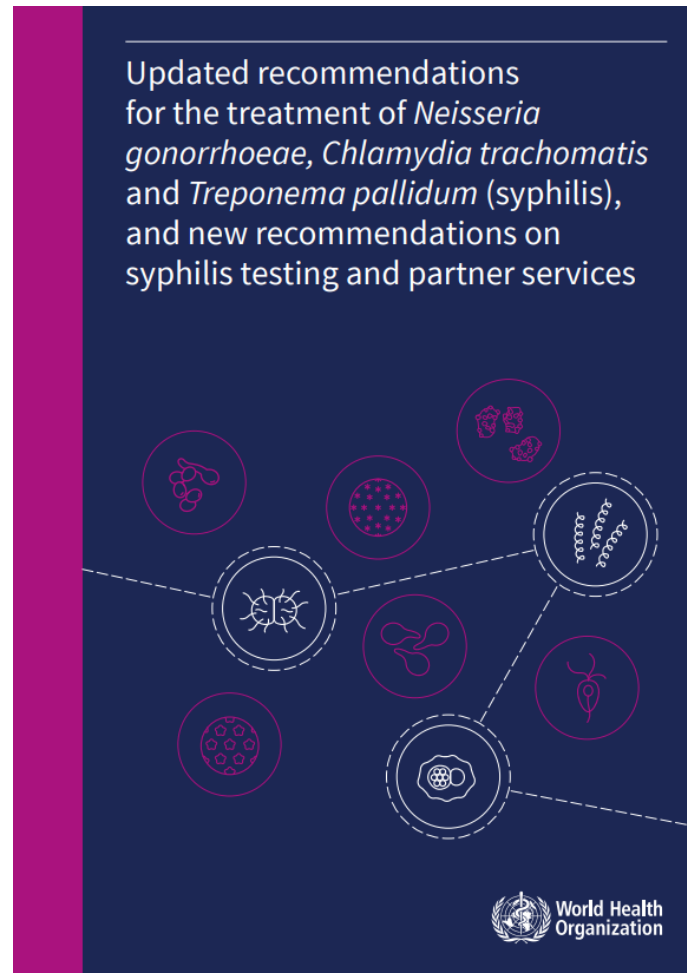
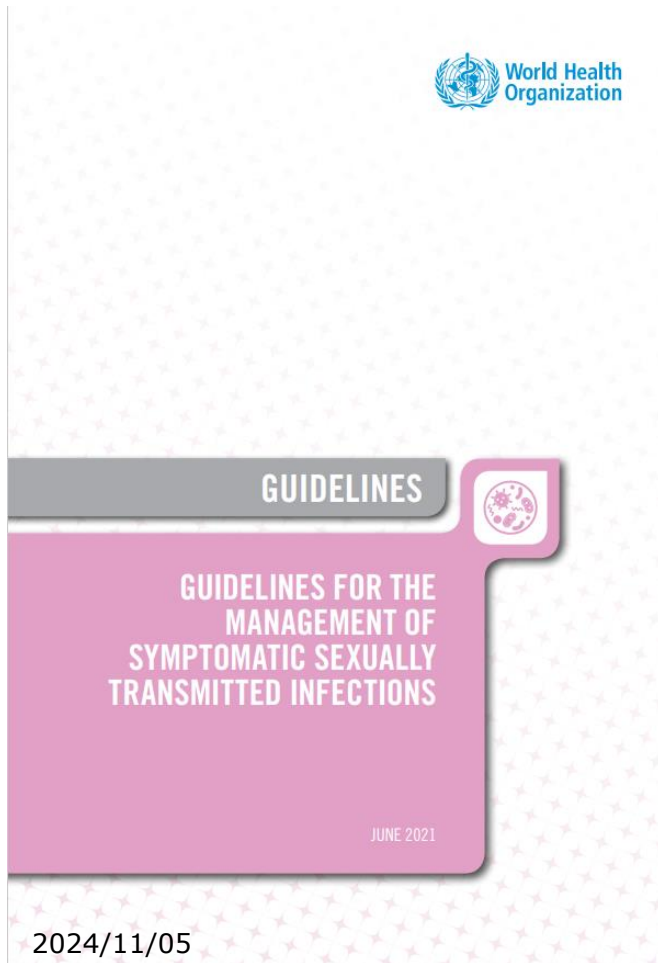
The Women Who Will End AIDS

Resources

Several tools prepared by IPPF, UNFPA, UNAIDS and WHO offer guidance on how to link sexual and reproductive health with HIV/AIDS.

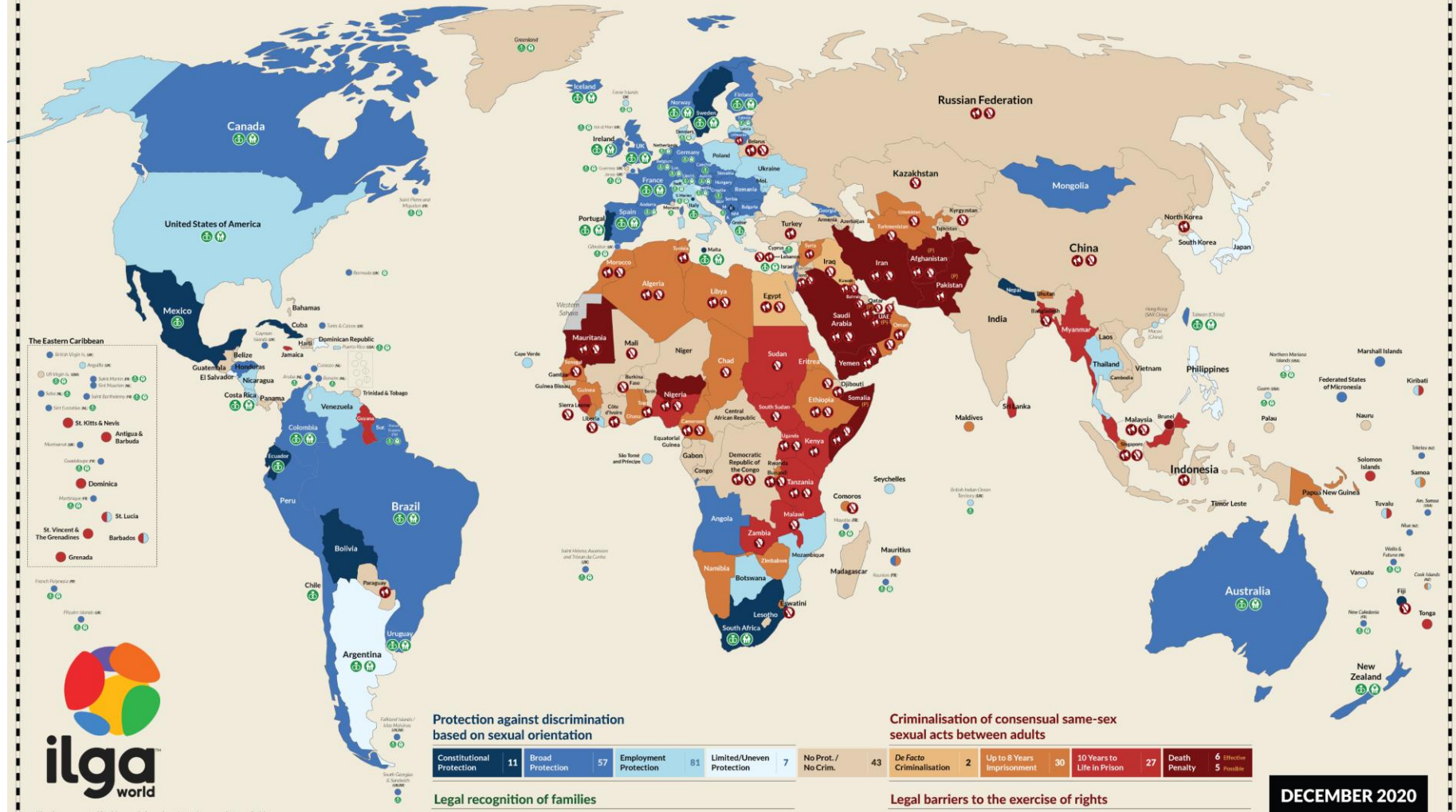
Some of which have been used in this presentation and have been highlighted for your reference on the slides following.

WHO guidelines for integrated care



SEXUAL ORIENTATION LAWS IN THE WORLD

From criminalisation of consensual same-sex sexual acts between adults to protection against discrimination based on sexual orientation



- The Eastern Caribbean**
- British Virgin Is. (UK)
 - Anguilla (UK)
 - US Virgin Is. (US)
 - Jamaica (UK)
 - St. Kitts & Nevis (UK)
 - Antigua & Barbuda (UK)
 - Montserrat (UK)
 - Dominica (UK)
 - St. Lucia (UK)
 - St. Vincent & The Grenadines (UK)
 - Barbados (UK)
 - Grenada (UK)



The data presented in this map is based on State-Sponsored Homophobia, an ILGA report by Lucas Ramón Mendos, Kellyn Botha, Rafael Carrano Lelis, Enrique López de la Peña, P.I. and Daron Tan. This map can be reproduced and printed without permission as long as ILGA is properly credited and the content is not altered. ilga.org

Protection against discrimination based on sexual orientation

Constitutional Protection	11	Broad Protection	57	Employment Protection	81	Limited/Uneven Protection	7	No Prot./No Crim.	43
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Legal recognition of families

- Marriage or other forms of legal union for same-sex couples
- Adoption open to same-sex couples (either jointly or via second parent adoption)

Criminalisation of consensual same-sex sexual acts between adults

De Facto Criminalisation	2	Up to 8 Years Imprisonment	30	10 Years to Life in Prison	27	Death Penalty	6	Effective	5	Possible
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Legal barriers to the exercise of rights

- Legal barriers to freedom of expression on SOGIESC issues
- Legal barriers to the registration or operation of sexual orientation related CSOs

DECEMBER 2020

IAS There is a pushback on effective control of STI Hepatitis & HIV among key populations

- Authoritarian, populist politicians & conservative religious leaders object to any transgender agenda, same-sex relationships and key population persons dedicated services
- Thus weakening the response to develop effective health programs for KP communities





Trans clinic (in collaboration with Trans United Europe)

<https://youtu.be/VBgVOeIH-BQ>

- Transgender persons of colour or with a migrant background
- Sex work
- Safe haven (living room)
- Laundry service
- Hormone replacement therapy
- STI care
- PrEP services

