

Submission to the Parliamentary Group on Population and Development in relation to: Sexual and Reproductive Health and the Millennium Development Goals in the Australian Aid program – the way forward

We congratulate the Parliamentary Group for their initiative in organising roundtable discussions to raise awareness within the Australian Parliament about how improved sexual and reproductive health underpins all the Millennium Development Goals. In this submission we explain a significant new policy direction in relation to sexual and reproductive health in the Asia Pacific region. This submission relates particularly to MDGs 3) Promote gender equality and empower women; 4) Reduce child mortality; 5) Improve maternal health; and 6) Combat HIV/AIDS, malaria and other diseases.

There are currently two relevant international policy agendas, with different origins, that have in common the goal of integrating prevention and management of sexually transmitted infections (STIs), including HIV infection, with reproductive, maternal and newborn health services. Our aim is to show that these two agendas have common objectives, common themes, and common barriers.

Agenda 1: To achieve greater integration of sexual and reproductive health promotion with prevention of HIV infection and STIs

The need to integrate efforts to prevent HIV infection and STIs with efforts to promote sexual and reproductive health has long been acknowledged and widely advocated.^{1,2,3,4,5,6,7,8,9,10,11,12,13,14} Despite so much attention progress has been slow. Most policy and technical advice and support continue to come from different directions; program funding and management responsibilities differ; as a result prevention interventions and services often remain separate. Although logically these concerns are intimately linked, there are conceptual and structural barriers that impede their integration.

There is obvious overlap in relevant policy principles and programmatic guidance. In relation to services, integration has been defined as “offering two or more services at the same facility during the same operating hours, with the provider of one service actively encouraging clients to consider using the other services during the same visit, in order to make those services more convenient and efficient.”¹⁵

Agenda 2: To achieve a more comprehensive approach to preventing HIV infection in children

The UN inter-agency task force for preventing HIV infection in children recommends a four pronged approach. The focus to date has been on routine offer of HIV testing to all pregnant women with provision of antiretroviral prophylaxis, safer delivery practices, and infant feeding counselling for those who test positive (Prong 3).

But preventing the spread of HIV between men and women protects children from becoming infected too, and from suffering the physical, emotional and social effects of the illness and death of their parents. Assisting women and men (whether they know their HIV status or not) to make informed reproductive choices, and ensuring access to contraception services if they decide to avoid pregnancy, will also result in

fewer infected children. These are the aims of the first two Prongs of the UN four pronged strategy to prevent HIV infection in children.

A significant proportion of HIV infection in children results from new maternal infections late in pregnancy, or during breastfeeding. When labour or early breastfeeding coincide with the high peak in viral load that accompanies primary HIV infection the risk to the baby is very high. Women are especially vulnerable to infection with HIV during pregnancy and the post-partum period. Specific program guidance is needed to prevent new maternal infections.

Most women infected with HIV are unaware of their status. It is possible to reduce the risk of vertical transmission from HIV infected pregnant women through strategies that will also improve the health of all women, children and men. Infections during pregnancy, including STIs and malaria, poor maternal nutrition and lack of exclusive breastfeeding, are factors that increase risk of mother to child transmission (MTCT). Addressing these problems will reduce the risk of MTCT even when mothers don't know their HIV status.

These strategies, and Prong 1 and 2 interventions, have been neglected. Where Prong 3 antenatal screening PMTCT services are available they present as yet unfulfilled opportunities to carry out Prong 1 and 2 activities. But these can also be implemented where there are not yet Prong 3 services. Modelling shows that, even with much higher coverage and uptake, antenatal HIV testing with provision of antiretroviral prophylaxis and infant feeding counselling alone could not achieve the UNGASS 2010 goal of reducing HIV infection in children by half.¹⁶ There is an urgent need to re-set the policy balance.¹⁷

These two agendas – to achieve better integration of sexual and reproductive health promotion and HIV/STI prevention and to introduce more comprehensive approaches to PMTCT – can best be carried forwards by working together. An important cross-cutting theme is the need to involve men. Although contraception, pregnancy, childbirth, and infant feeding are thought of everywhere as women's business, they are often governed by men's decisions, and influenced by men's behaviour. Appeals to the desire to procreate, to continue one's lineage, to have healthy children and look forward to their support in old age, are likely to be potent motivators for safer sexual and injecting behaviour.

There is a need to analyse the barriers to integration of services and seek ways to overcome them. It is important to address this specifically in relation to the Asia and Pacific region. Much of the guidance in relation to integration of HIV prevention with sexual and reproductive health services, and PMTCT, is based on experience in African countries. This is understandable because of the very high prevalence of HIV. But there are different imperatives to consider in the Asia and Pacific region, which differs from sub-Saharan Africa in many relevant ways:

- Relatively low prevalence of HIV
- Stage of the epidemic, with incidence high relative to prevalence in many settings
- Different and more varied patterns of spread with injecting drug use, sex work and male-male sex as significant factors

- Greater diversity between countries of the region, especially in relation to incomes and level of development; health indicators, especially child and maternal mortality; health care system capacity; and political systems and structures.

The two agendas are especially important where HIV prevalence is low, incidence is high relative to prevalence, health care systems capacity is weak, and child and maternal mortality remain high. This is because the actions needed to address them will also contribute to strengthening health care systems, and to improving reproductive, maternal and child health more generally. There is an opportunity to ensure that the increased external resources available for HIV prevention and care are allocated in ways that achieve these priorities, rather than diverting attention and energy from them. National government decision makers in countries with low HIV prevalence are also more likely to be willing to invest in HIV prevention if this means that the burden of more common reproductive, maternal and child health problems are addressed simultaneously.

There is evidence that vertical programs have not worked well, and there is a need to return to the concepts of comprehensive primary health care, with a ‘supermarket’ approach so that when women are seen by health care providers for any reason they are able to be offered a wide range of services. This has worked well in a number of poor countries with diverse political systems, where governments were willing to invest in public spending on health (examples include Sri Lanka, Vietnam, Zimbabwe [in the 80s and 90s], Thailand and Chile).

A UN inter-agency, inter-regional meeting later this year will explore the barriers to integration, common strategies, and lines of responsibility. A comprehensive framework to guide policy makers and planners on integration of reproductive and sexual health with HIV prevention and care is being developed. Participants will discuss the following inter-related objectives common to both agendas:

- STI incidence and prevalence reduced
- Unintended pregnancies reduced
- Men engaged in reproductive and maternal health issues, including attending an antenatal care couple visit with their pregnant partners
- Young people well informed and confident about protecting and enjoying their sexual and reproductive health
- Proportion of population counselled and knowing their HIV status increased
- Accessible, private, non-judgemental, non-coercive contraception services available, including to young, single and marginalised women
- Health care staff trained, motivated, supported, confident and able to communicate about sexual and reproductive health promotion and care
- Sustained supply of high quality STI and HIV test kits, condoms, antibiotics, ARVs and contraception
- Condom use increased
- Quality and coverage of antenatal, delivery, postnatal care and safer infant feeding advice and support increased, especially among marginalised groups
- Stigma and discrimination reduced
- HIV positive people able to access non-coercive counselling and services in relation to reproductive choices
- Incidence of HIV infection among pregnant and post-partum women decreased

- Teachers and parents confident and able to communicate with young people about sexual and reproductive health
- Sexual violence reduced and opportunities for men and women to develop healthy consensual sexual relationships available in communities

Cross-cutting themes include:

- Respect rights to: dignity; share in the benefits of scientific advancement; privacy; non-discrimination and equality before the law; health; education and information; autonomy, liberty and security of the person; and to marry and found a family
- Gender equality
- Appeal to desire to procreate and have healthy children
- Appeal to men's sense of responsibility for protecting their families
- Need for male-friendly and youth-friendly services
- Reaching marginalised groups
- Flexibility – planning processes responsive to the changing context, changing pattern of the epidemic and to new knowledge
- Strengthening of health care systems
- Linking prevention with care and support

Conclusion

The Burnet Institute believes that the Parliamentary Group on Population and Development could play a valuable role in advocating for leadership and support by the Australian aid program in helping countries in the region to achieve these objectives. There is a need to encourage national governments in our region to invest in strengthening their health care systems, and to encourage our own government to provide financial support for the technical assistance and research needed to develop programmatic guidance and intervention tools. Moreover, there are new opportunities to promote comprehensive and integrated approaches to sexual and reproductive health, including HIV and STI prevention and care, through the Australian aid program in the region. The recently published *White Paper on the Australian Government's Overseas Aid Program: Promoting Growth and Stability* includes the key strategy "Investing in People". This emphasises strengthening of health systems, with a focus on women and children. The White Paper includes specific initiatives to 'deliver better health' focusing on maternal, sexual and reproductive health (p49) and to develop 'leadership in the region' in relation to HIV infection (p50). These highlight the synergy between Australian aid policy and the agenda of integration described above.

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