

Sexual and Reproductive Health and the MDGs – a focus on HIV and AIDS

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This Presentation

- Oxfam Australia's approach to development - Rights Based approach
- Our understanding of the links between SRH, HIV and the MDGS
- Explain our emphasis on HIV and AIDS as a key development issue and threat to the attainment of the MDGs
- Some strategies based on our own experience which have may have relevance for targeting Australian government approaches to aid

Oxfam Australia's approach to development

- Reduce **poverty** and **injustice** through programs that utilise a human rights framework that enables realisation of 5 basic rights
- **Realising rights** to a sustainable livelihood: access to social services: an effective voice in decisions: safety from conflict and disaster, and equal rights and status.
- **HIV** is recognised as a key development challenge and forms the thematic focus of a number of our programs in southern Africa , and more recently in Asia and the Pacific

The links between SRH, HIV and the MDGS

- From programming in Southern Africa, Pacific and South and East Asia
- Thematic focus :HIV & AIDS and food security
- Oxfam's commitment to poverty eradication and as such are committed to achievement of the MDGs
- HIV represents one of greatest impediments to the achievement of many of the MDGs.
- HIV & AIDS have undermined many development gains & have the potential to do so even further
- In achieving MDGs consider the centrality of addressing HIV and AIDS (prevention and care and mitigation of impacts.)
- This is where we see the links with Sexual and Reproductive Health.

The links between SRH, HIV & AIDS and the MDGs

- Inequalities fuel the spread and impacts of HIV & AIDS
- Gender inequality in particular contributes to the vulnerability of women to HIV infection and its impacts.
- Realising SRH rights is an important component of addressing women's inequality
- When SRH not met impacts include lack of economic security, empowerment, access to education etc
- Enhancing SRH would have positive flow on to all 8 MDGs : eg empowering women to be better able to control their lives, have a greater role in decision-making, increasing their choices and reduce their vulnerability to HIV infection
- Ripple effect on communities improved livelihoods, and family health outcomes, and less poverty.
- MDGs therefore must first address women's vulnerability to HIV as part of a broader strategy of ensuring their sexual and reproductive health rights.

A framework for enhancing our understanding of the links between HIV, SRH and the MDGS

- Illustrates complex interaction of factors that contribute to spread of HIV and AIDS - ripple effect of factors .
- Provides opportunity to identify where HIV interventions and development programs can be located and can contribute to prevention and mitigation of impact .
- Equally useful for determining where to target aid more broadly
- Reveals factors that fuel the spread of HIV and AIDS: Individual biological, behavioral, and a wide range of social factors.
- HIV reinforces is driven by and contributes to poverty and inequality

• Adapted from Alan Whiteside determinant and drivers of the HIV epidemic

Biological factors	Behavioural factors	Social factors	Macro factors
<p>Individual factors</p> <ul style="list-style-type: none"> •age, health status, physical vulnerability •Viral strain/s – cross infection •Viral load •STI's •Other medical conditions •Exposure and entry points for transmission : injury, sexual behaviour 	<ul style="list-style-type: none"> •Unprotected sex •Concurrent sexual partners •Untreated STIs •Intergenerational and transactional sex •Child sexual abuse •Sexual practices : E.g. anal sex, dry sex •Traditional practices : eg scarification •Lack of / inconsistent condom use •Non- consensual sex, age sexual debut •Lack of male circumcision 	<ul style="list-style-type: none"> •Poverty & unemployment •Lack of education & illiteracy •Social mobility & migrancy, displacement •Breakdown of social norms and support systems •Gender discrimination •Culture : Myths & misconceptions prevailing beliefs & practices esp beliefs about illness •Culture of violence – including GBV, culture of entitlement ,approach to conflict resolution and problem solving •Stigma and discrimination 	<ul style="list-style-type: none"> •National wealth – allocation of resources & priorities •Inequality : wide disparities between rich and poor •Lack of Policy framework that promotes respect for rights •Lack of access to realize rights •Social sanction of drivers •Lack of political will & leadership •Lack of social cohesion & support •Social protection



A framework for enhancing understanding of the links between the MDGs, HIV & AIDS and SRH

- HIV is fueled by lack of services and access to them and simultaneously places a burden on of social services especially health care.
- Inequality and lack of realization of rights is key
- SRH rights are particularly significant as a strategy for preventing HIV & for mitigating impacts .
- SRH should include **maternal and child health** issues and also those of **men** , looking at service provision and underlying causes of vulnerability and lack of realization of rights.
- It also allows one to see that interventions need not be HIV specific to respond to impacts of HIV

Programming strategies

Biological factors	Behavioural factors	Social factors	Macro factors
<p>Limit exposure :</p> <ul style="list-style-type: none"> •Infection control safer sex, blood products, transfusions Responses •Vaccines •Microbicides •Immunizations •ARVs •Healthy living •Boost immunity •Manage /Treat STIs •TB prophylaxis •Male circumcision 	<p>Behaviour change strategies :</p> <ul style="list-style-type: none"> •Focussed, targeted, sustained, personal exploration - for men, women, young people , older people •Delay sexual debut •Limit concurrent partners •Consistent condom use •Available Male and female condoms •IEC – access to accurate relevant information & support in use and personalization of risk 	<p>Social mobilisation</p> <ul style="list-style-type: none"> •Changing social conditions •Changing Social norms •Engaging Political leadership •Providing role models •Food security •Gender empowerment •Increase levels of education •Increase IGPs •Health infrastructure & nutrition 	<p>•Support government level responses</p> <ul style="list-style-type: none"> •Strengthen civil society •Support human rights initiatives •Policy environment

Interaction of HIV, SRH strategies and MDGS

- Programming response within the context of HIV include SRH strategies

Addressing gender inequality

- Are we targeting appropriate support to address vulnerability ,Need to target aid to causes as well as symptoms
- Circumcision appears to be significantly reduce the risk of infection / could support strategies for working with governments/ agencies to offer this safely
- Supporting PEP is an option to support but so too is support for the broader causal aspects
- Value of working and responding to the needs of men in prevention and care
- Examples : TAI RSA - men in soccer; CPC RSA -men in care ;Shape Zimbabwe - changing attitudes and values regarding masculinity; WAG - social mobilisation regarding harmful social practices and norms
- **NB : strategies that Avoid blame**

2 : Supporting female initiated prevention methods

NB aspect if empowerment: and SRH right

- Provides women with the means to reduce their vulnerability to HIV, STI's, unwanted pregnancies etc
- Women's empowerment does not necessarily require the ability to speak out and negotiate around their needs, it also relates to having the means to protect themselves & reduce their vulnerability.
- Flow on effect of this improved health, greater social security etc
- NB to support research and development and access to :
- Microbicides, diaphragms, female condoms

3. Strengthening Health Systems & Ensuring Access to Affordable Medicines

- **Strengthen Health Systems**
- Infrastructure , resources
- Invest in health workers : Examples of South Africa and the Pacific eg in Malawi “Emergency Program for Human Resources” is funded by the Global Fund, DFID and Malawian Government. Includes salary increases for health workers, policies for promotions, upgrading skills, better housing etc
- Explore role of greater involvement of traditional healers and remedies ; greater use of non professionals ie community health workers

4. Active Participation of Communities and People Living With HIV and AIDS (PLWHA)

- Strategies need to be tailored to the needs of those most affected to respond to the contextual issues and dynamics
- Need for ensure local participation & ownership
- Challenge in the context of HIV and AIDS - meaningful participation without requiring disclosure
- High prevalence settings can assume a level of participation, caution that program do not only reflect the needs and interests of activist voices of PLWHAS
- Reducing stigma and discrimination, enabling environment for more effective programming
- Eg Kindlimuka in Mozambique

4. Active Participation of Communities and People Living With HIV and AIDS (PLWHA)

Workplace policies : Oxfam Australia HIV workplace policy for all staff, field offices and in future with partners

- NB: in protecting staff from HIV infection, support those that are infected.
- Creates an enabling environment for people living with or affected by HIV and AIDS and addresses SRH issues
- HIV also a cross cutting theme so that in program design , where not HIV specific programs , consideration is given to the impacts of HIV on the issue and vice versa . Strategies are the developed mindful of these realities . Does not mean that program has to offer HIV related activities.
- AusAID could also ensure that HIV/AIDS and sexual and reproductive health issue and impacts are considered in program design and submission of proposals and encourage development of HIV workplace policies

5: Building Partnerships and Engaging the Private Sector

- Can facilitate a **holistic Continuum of Care for PLWHA** including a comprehensive set of services in prevention, treatment, care and support .
- At community level partnerships with religious and traditional leaders can play an important role in promoting acceptance of program
- Government/NGO collaboration and in some instances private sector involvement esp. roll-out of ART can be effectively undertaken
- Many NGOs have already been running effective community-based prevention and care programs which could work effectively alongside treatment programs
- NGOs can also play an important complementary role to government services eg providing referrals, improving treatment literacy and supporting PLWHAs with treatment adherence
- ***In funding government and NGO treatment initiatives in the region, AusAID should encourage effective govt/NGO collaboration in the rollout of ART***

5: Building Partnerships and Engaging the Private Sector

- **Examples : Working with the Private Sector**
- **South Africa** : Partnership between mining company, NGO: Palabora Foundation (PT) working with Palabora Mining Company & DoH
- Mining company provides car, access to their workers, logistical support to run workshops etc
- Foundation provides: prevention programs for miners and the community (including peer education for the miners), home-based care, VCT, PLWHA HIV ambassadors for prevention and counselling activities in the community, referral service
- Dept of Health provides: a nurse in the PT premises and an ART treatment site in the area
- **Mozambique** : PLWHA organization Kindlimuka income generation project Provides income for AIDS widows through partnership with multinational petrol company to supply uniforms for petrol station workers
- ***In funding government and NGO treatment initiatives in the region, AusAID should encourage effective govt/NGO collaboration in the rollout of ART***
- ***Oxfam welcomes the Australian govts role in the establishment of the Asia Pacific Business Coalition on HIV and AIDS. This Coalition is in a unique position to encourage effective partnerships between NGOs and Australian companies operating in the region to provide comprehensive HIV/AIDS services including treatment to workers and the surrounding community***

6: Government coordination and cohesion

- Hampers roll out of effective RHS and engaging a comprehensive and holistic response
- Can be due to lack of political will and at times capacity
- Governments need support to provide leadership and coordination required to ensure multi-sectoral response within government and across sectors
- Government departments should be encouraged to develop a plan and budget that reflects address SRH , with an emphasis on HIV and AIDS through its Responsibilities including addressing the impact of the departments activities on peoples vulnerability to HIV.
- Examples:
- Multi-sectoral and interdepartmental approach eg RSA,
- National AIDS Council , National AIDS Plan and AIDS tax in Zimbabwe
- National AIDS Council, Mozambique
- Australian government can promote the concept of partnership, interdepartmental collaboration, and model this.
- Donor coordination and collaboration Eg Mozambique – 17 larger scale donors pool funds

Strategy 7: Setting a Leadership Example through Contributing Equitably to the Global Fund

- Global Fund contributed more than AUD\$7 billion to 132 countries to fighting AIDS, TB and malaria (created in 2002)
- 14% of funding to date has gone to East Asia and the Pacific, includes 73,000 in East Asia and the Pacific receiving ART (16 people in multi-country Western Pacific)
- GF facing a shortfall of AUD\$2.4 billion for 2006-07 to fully finance new and existing programs in the 3 diseases. It needs donors to provide long-term and predictable resources for continued viability and impact
- Australian Govt current commitment to GF is AUD\$75million over 4 years to 2007
- Falls short of what should be Australia's fair share contribution, based on the size of the country's economy.
- According to the widely used calculation based on Australia's share of global gross national income, the Australian Government should be contributing more than AUD\$85million (USD65) in 2006-2007 alone.
- Figure of AUD\$77 used in Oxfam's written submission is not adjusted by GNI per capita.

(Sources Global Fund 2006, AusAID 2005, Aidspan 2005)

Global Fund contin

- ***The Australian Government should ensure that it makes a sustainable and equitable contribution to the GF beyond 2007, based on its share of the global gross national income***