Introduction

1. Sexual and reproductive health and rights are of central significance to responses to HIV and yet there is poor commitment to and understanding of them. Sexual and reproductive health programmes and services should aim to enable men and women to have safe, satisfying and responsible sex lives, as well as the capacity and freedom to plan if, when and how often to have children. Despite some progress to expand such programmes, in many places they remain unavailable, or if available are of poor quality or not adapted to reach specific segments of the community (e.g. young men, young women, men who have sex with men, people who use drugs, sex workers). In spite of much rhetoric of the crucial need to integrate HIV into sexual and reproductive health programmes, little has been done to accomplish this goal, and existing reproductive health programmes too often operate in isolation from HIV programmes and vice versa. In recognition of these weaknesses, four of the priority areas of the UNAIDS Outcome Framework 2009-2011 underline the importance of strengthening sexual and reproductive health services, and the integration of HIV within those services, as central elements of the push towards universal access and the achievement of MDG6. A fifth priority is to eliminate violence against women, recognizing the urgent priority of safe and consensual sexual and reproductive health. However, there is yet to be consensus with regard to characterizing sexual and reproductive health as “rights” either among governments or within the UN system.

2. The relationships between HIV and sexual and reproductive health are well recognized. The overwhelming majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding. Underlying social and economic factors, such as poverty, gender inequality and gender-based violence, contribute to both HIV transmission and poor sexual and reproductive health. Linking initiatives for sexual and reproductive health and HIV multiplies opportunities for preventing and treating sexually transmitted infections including HIV, providing family planning and maternal and child health services, and providing treatment and care for people living with HIV. At the 24th meeting of the UNAIDS Programme Coordinating Board in June 2009, Michel Sidibé called for an “all-out effort to virtually eliminate mother-to-child transmission of HIV by the year 2015”. He said that the “virtual elimination of vertical transmission will be … our Trojan Horse for strengthening primary health care” and emphasized that it will “require a major push to strengthen maternal and child health and services for sexual and reproductive rights.”

1 The three priorities are the following: “We can prevent mothers from dying and babies from becoming infected with HIV”; “We can ensure that people living with HIV receive treatment”; and “We can empower young people to protect themselves from HIV”. See UNAIDS (2009), Joint Action for Results: UNAIDS Outcome Framework 2009-2011. Available on-line at http://data.unaids.org/pub/BaseDocument/2009/JC1713_Joint_Action_en.pdf. See also new priority area, “We can prevent sexual transmission of HIV”, added and announced at the June 09 PCB meeting.

3. Strengthening sexual and reproductive health and rights will require more than increased infrastructure, human resources and commodities, as necessary as these are. It will require a major transformation of attitudes, as well as programmes to reduce discrimination and increase access to justice. HIV-positive women and men continue to face immense stigma and discrimination when exercising their reproductive choices in terms of childbearing and parenthood, with healthcare professionals being prime sources of that stigma. Women living with HIV are subjected to blatant human rights violations perpetrated by healthcare workers. In its recent report *The Forced and Coerced Sterilization of HIV Positive Women in Namibia*, the International Community of Women Living with HIV (ICW) documented the effects of forced and coerced sterilization. Their research found that, in addition to the direct violation of bodily integrity, the suffering it causes is especially acute because of social norms that generally equate giving birth with higher social status. A study carried out in Kenya documented how the sentiment expressed by many health service providers – that “pregnancy ought to be avoided at all cost in HIV-infected women” – all-too-often leads to service providers misinforming pregnant women living with HIV about the risk of transmission, rather than communicating the steps that can be taken to effectively limit the risk of transmission. A similar situation has been documented in Ukraine, where “doctors failed to inform pregnant women living with HIV about prevention of mother-to-child HIV transmission, exaggerated the risk of HIV transmission to the fetus, or attempted to unduly influence HIV-positive women’s independent decision regarding having children.” Doctors reportedly counsel pregnant women living with HIV that they should not have children but rather should have abortions. Reports of such human rights violations are not new. A 2004 study of women living with HIV in Chile found that of the respondents who reported having had a sterilisation, 29 per cent had been pressured by medical personnel, and 13 per cent had not consented to the procedure. A majority of the respondents reported having received biased counselling that promoted the need for sterilization.

4. Civil society efforts to document violations of reproductive rights are an important part of bringing such violations to light. Strategic litigation represents another avenue for promoting change, prompting public debate and awareness, and securing redress for those affected. In Chile and Namibia, there are currently court cases being pursued by women who were subjected to such violations of

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7 Ibid, with reference to HIV-Positive Woman Files Coercive Sterilization Case in Chile.
their human rights. Allegations of forced sterilisation are reportedly being investigated in Swaziland.8

Key recent initiatives aimed at strengthening sexual and reproductive health and rights, and integration of HIV into sexual and reproductive health policies and services

5. In 2008, a systematic review of the literature was undertaken by WHO, UNFPA, International Planned Parenthood Federation, UNAIDS and University of California San Francisco, to gain a clearer understanding of the effectiveness, optimal circumstances, and best practices for strengthening sexual and reproductive health (SRH) and HIV linkages. The findings demonstrate that many benefits can be realised by linking SRH and HIV policies, systems and services, including the following:

- Improved access to and uptake of key HIV and SRH services
- Better access of 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 individuals’ rights
- Mutually reinforcing complementarities in legal and policy frameworks
- Enhanced programme effectiveness and efficiency
- Better utilization of scarce human resources for health.9

The review concludes with 15 key recommendations to policy makers, programme managers and researchers, including the creation of a “supportive policy environment to ensure the implementation of a collective human rights and gender-sensitive approach to SRH and HIV linkages.”

6. A guidance package on “Advancing the sexual and reproductive health and human rights of people living with HIV”, which grew out of a collaborative process among EngenderHealth, GNP+, ICW, IPPF, UNAIDS, UNFPA, WHO, and Young Positives, is due to be released soon (see a draft amid the background papers provided). The guidance package asserts that human rights and public health imperatives require that health care and legal systems support the sexual and reproductive health and rights of people living with HIV: “People living with HIV have the right to healthy, satisfying sex lives, and need laws to protect this right and appropriate services to ensure their sexual and reproductive health. From a public health perspective, decision-makers and service providers must recognize that people living with HIV do enter into relationships, have sex, and bear children. Ensuring that they can do these things safely is key to maintaining their own health, and that of their partners and families.”10 The guidance package makes 12 recommendations, which encompass – and, in many cases, cut across

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8 M Goodro. Health care and the prohibition against torture and cruel, inhuman, and degrading treatment or punishment. OSI Law and Health Initiative, 2009.
10 EngenderHealth, GNP+, ICW, IPPF, UNAIDS, Young Positives (2009), Advancing the Sexual and Reproductive Health and Human Rights of People Living With HIV: A Guidance Package. Amsterdam, Global Network of People Living with HIV.
7. In April 2009, the Global Network of People Living with HIV (GNP+) and UNAIDS hosted an international technical consultation on “positive prevention”. The consultation was convened to generate clarity and consensus on the content of strategies, programmes and services required to promote the health of people living with HIV and empower to avoid onward transmission. The consultation noted that while the active engagement of people living with HIV is essential to an effective response to the epidemic, there have been a wide range of approaches to engaging positive people, and most have failed to address health and social needs in a holistic manner. “Positive prevention” efforts have largely focused on avoiding onward transmission (dubbed by some meeting participants as the “keep your virus to yourself” approach). The meeting decided that a much broader and explicitly human rights-based approach was needed, under the banner of “Positive Health, Dignity and Prevention”. UNAIDS has committed to promoting this agenda, and facilitating necessary support to positive networks and national AIDS responses. However, the content of “Positive Health, Dignity and Prevention” implies a radical shift in programming and where resources are allocated (i.e. increasingly to positive people, and going beyond health systems to address legal and social protection, communities systems strengthening, nutrition support, and other priority areas).

Questions for discussion
a) How can the Reference Group best support recent initiatives aimed at promoting and strengthening programmes for sexual and reproductive health and rights, in particular the recommendations in the guidance package on “Advancing the sexual and reproductive health and human rights of people living with HIV”? How would this work relate to other Reference Group priority issues?

b) How would the Reference Group advise the UNAIDS Executive Director to:
   (1) strengthen attention to human rights within sexual and reproductive health programmes, within and beyond health systems?
   (2) strengthen coherence and coordination of work on sexual and reproductive health and HIV, across the UNAIDS family and with key civil society partners?
   (3) address allegations of violations of reproductive rights (on his own and together with heads of Cosponsor agencies)?

Background documents
EngenderHealth, GNP+, ICW, IPPF, UNAIDS, Young Positives (2009), Advancing the Sexual and Reproductive Health and Human Rights of People Living With HIV: A Guidance Package (pre-publication draft).
