## Regional Protocols, Commitments, Frameworks and Strategies


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**Minimum Standards – highlighting opportunities for integration within a systems strengthening approach.**

The Minimum Standards adopts a systems or holistic approach to strengthen the delivery of comprehensive SRH and HIV services in the region. The Standards represent priority areas for action – for instance possible entry points, opportunities and overlaps – which can enable bi-directional linkages between SHR and HIV frameworks. Additionally, the Minimum Standards are underpinned by a life cycle approach, whereby services reflect the different developmental stages of a person's life, as well as the integration of specific issues relevant to key populations.

The Minimum Standards do not set out to be prescriptive but are presented as a set of guidelines which can be adapted to suit different country contexts and levels of progress. The Minimum Standards focus on six main areas and within each area guidelines and standards are grouped around key opportunities and gaps. These are:

### 1) POLICY

Reviewing or developing policies at regional and national level to create a conducive environment for integrated HIV and SRH service delivery.

### 2) HEALTH DELIVERY MECHANISMS (ALSO KNOWN AS 'SYSTEMS')

Strengthening and realigning infrastructure, human resources and processes to enable comprehensive and integrated delivery of SRH and HIV services.

### 3) FACILITIES

Identifying how various SRH and HIV service delivery points can adapt to provide more integrated and comprehensive services.

### 4) COMMUNITY

Identifying strategies which can help create a demand for services and addressing negative cultural practices which hinder access to and utilization of SRH and HIV services.

### 5) ADOLESCENT AND YOUTH

Identifying priorities for adolescents and youth and putting strategies in place to ensure increased provision and uptake of services by these groups.

### 6) CROSS-CUTTING STANDARDS

Issues and standards which cut across any of these categories, including key populations and gender-based violence.

The implementation of these Minimum Standards is expected to result in:

- Increased harmonization of SRH and HIV responses within the SADC region;
- Improved, integrated SRH and HIV responses at policy, systems, facility and community levels;
- Increased access to quality and comprehensive SRH and HIV services, products and information;
- Improved programme efficiency in the delivery of SRH and HIV services; and
- Improved monitoring, evaluation and reporting of integrated SRH and HIV responses.

Access the full document *Minimum Standards for the integration of HIV and Sexual Reproductive Health in the SADC region* at www.sadc.int


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# Overview of the Minimum Standards for the integration of HIV and Sexual Reproductive Health in the SADC region



Despite the acknowledgement that HIV is a key part of any response to Sexual Reproductive Health (SRH) issues in the region, the intense focus on HIV and AIDS over the last two decades has contributed to a 'silo' effect whereby regional and Member States' national frameworks, strategies and resource mobilization around HIV are often not consistently aligned to other SRH issues. As part of continued efforts to strengthen broader national health systems, harmonize frameworks regionally, and to support more effective integration of SRH issues and HIV, SADC consulted with Member States to develop a set of 'Minimum Standards'. These Minimum Standards seek to promote and support efforts by Member States to better integrate SRH and HIV into national policies and frameworks.



## HIV and SRH indicators are improving in the region but there is still much work to be done. Adolescents and young people, especially girls, are particularly at risk.

Generally, SADC Member States SRH and HIV indicators suggest gradual progress in the region. For instance, Malawi and Tanzania have significantly reduced under-five mortalities in line with Millennium Development Goal (MDG) 4 while Botswana, Namibia and Swaziland have achieved at least 80% coverage for antiretroviral treatment, in line with MDG 6. A major concern however, is the observed increase in HIV and AIDS-related deaths among youth aged 15–24 years. Also of great concern is the high percentage of adolescents and youth in the region, especially girls and young women, who are disproportionately affected by SRH issues and HIV. For example, it has been estimated that 2.7 million young people in Southern and East Africa are living with HIV, representing over 50% of global estimations (UNICEF 2012). In the sub-Saharan region, AIDS-related illnesses remain the leading cause of death among girls and women of reproductive age. In 2013, 74% of new HIV infections among African adolescents were among adolescent girls (UNAIDS 2015).

## Efforts to integrate SRH and HIV frameworks continue, but many challenges remain.

SADC Member States have made significant progress in integrating national frameworks and strategies around SRH and HIV. By the end of 2013, 11 SADC Member States had already conducted rapid national assessments to identify the linkages between SRH and HIV. Additionally, Botswana, Lesotho, Malawi, Namibia, Swaziland, Zambia and Zimbabwe are developing policies, strategies, guidelines and standards for promoting SRH and HIV.

In addition, a recent review of the first phase of the UNFPA/UNAIDS SRH-HIV linkages project revealed that all seven participating countries – Botswana, Lesotho, Malawi, Namibia, Swaziland, Zambia and Zimbabwe – have taken concrete steps towards integrating SRH and HIV into their national health and development planning and implementation. Overall, there is evidence which indicates improved service uptake directly resulting from an integrated services model. This includes an increase in the number of individuals and families accessing family planning, HIV and other SRH services; increased uptake of HIV testing, counselling and anti-retroviral treatment; increased coverage for the prevention of vertical transmission of HIV, including increased numbers of newborns being screened for HIV; and an increase in the number of women and girls screened for cervical cancer. Learning from this project was used to inform the Minimum Standards.

Despite this progress, a number of challenges for SRH and HIV integration in the region have been identified. These include the lack of policy frameworks to guide integration efforts; vertical structures for HIV and SRH service delivery; inadequate funding; and the lack of adequate supportive legal and policy frameworks for the holistic and comprehensive delivery of SRH and HIV information, services and products.

At the systems level, challenges include a need for stronger leadership to coordinate an integrated response; weak health systems infrastructures – such as inadequately trained health workers – and poor monitoring and evaluation systems. Challenges at the facility and community levels range from health workers with limited capacity, to poor supportive supervision and inadequate supplies, to stigma and discrimination around SRH issues and HIV.

In all cases, there is a still a need to ensure that considerations around key populations, including adolescents and young people, are more systematically included within integration efforts.




Against a backdrop of mounting pressure to reach MDG targets and repeated global calls to integrate services and strengthen systems, increased harmonization, collaboration and accountability around SRH and HIV frameworks in the SADC region has become imperative.

The many linkages and interdependencies which exist between SRH and HIV in the region are clear. For instance, both areas of health stem from and are further impacted on by common challenges, including economic inequalities, limited access to appropriate information, gender inequalities, harmful cultural norms and the social marginalization of the most vulnerable populations. Therefore, HIV has long been considered a component of SRH despite the deliberate decision taken globally to consider it as an area that requires special intervention efforts.

To add to this, evidence demonstrates that the two areas can have mutually beneficial outcomes. Many sexual and reproductive services can impact positively in the area of HIV and AIDS, and vice versa. For instance, improved family planning services targeting women have been shown to reduce the transmission of HIV from mother to child. Conversely, HIV has been identified as an important factor which has contributed to poor maternal and newborn health indicators in the region. In another example, the promotion of condoms in family planning programming to prevent unplanned pregnancies has multiple outcomes, including the prevention and management of sexually transmitted infections and HIV.

The development of the Minimum Standards for the integration of HIV and Sexual Reproductive Health in the SADC Region is an instrument which can be used by Member States to operationalize the many related SADC commitments, strategies, policies and guidelines.

The Minimum Standards were developed following a consultative process with diverse multi-sectoral stakeholders and regional technical reviews, as well as regional and global evidence and learning. The Standards were approved by a Joint Committee of SADC Ministers of Health and those responsible for HIV and AIDS.

## What is a systems approach to SRH and HIV?

A systems approach within the context of sexual and reproductive health and HIV entails considering these major intervention areas and any of the component parts or sub-interventions that fall under each one of them as 'a whole or a system', wherein the development, implementation, monitoring and evaluation of legal and policy frameworks, budgets, operational plans and service delivery plans should take into account the inter-linkages, overlaps, interactions, interrelationships, synergies and interdependency between them. For instance, interventions which respond to various issues around SRH and HIV have often been shown to mutually impact upon each other.

Therefore, rather than responding to the challenges of a single issue, such as HIV, in what is often termed a 'silo' or 'vertical' fashion, wherein one aspect may be prioritized ahead of the other, a systems approach seeks to consider them within a broader framework of diverse, but interrelated, health and social development issues and responses in which they are all priorities to be implemented together in a holistic manner such that consideration to address one becomes an opportunity to implement the other. Focusing on one alone is futile and will not achieve the overall goal of human health and wellbeing.

A framework which is designed to speak to a system, as opposed to a single issue, will align with and incorporate legislation, policy, programming and service delivery across a number of different but related issues and Ministries. This requires greater coordination, collaboration and referral systems within and between sectors and stakeholders. This will in theory lead to improved access for increased numbers of people and groups to truly comprehensive services in an optimally efficient and effective manner.