Integrating our efforts to RAISE the bar for women's health through: rights, access investment, security, equity

5 starting blocks to success for donors, governments and civil society

1. **Respect, protect and promote the sexual and reproductive rights of women and girls in all of their diversity and throughout their lives.**
2. **Overcome structural, legal and cultural barriers to accessing family planning, sexual and reproductive health and HIV services.**
3. **Invest in quality family planning, sexual and reproductive health and HIV services, integrating these when possible; and partnership with networks and coalitions of women living with HIV and other women most affected by HIV.**
4. **Protect and ensure the safety and security of women and girls.**
5. **Guarantee all people have full equity in accessing quality family planning, sexual and reproductive health and HIV services.**

The global HIV response represents one of the clearest demonstrations of the ability of the international community to unite and deliver results that have improved the health of millions of people around the world. Currently, we have an unprecedented opportunity to end AIDS in a generation.

There is great political momentum and promise to achieve this through the *2011 Political Declaration on HIV/AIDS*, *UNAIDS Strategic Investment Framework for the Global HIV Response*, the *Global Plan Towards The Elimination Of New HIV Infections Among Children By 2015 And Keeping Their Mothers Alive*, and through the reform of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Addressing the need for family planning is integral to achieving Millennium Development Goal (MDG) 6, especially in ensuring dual protection for the prevention of unintended pregnancy and HIV transmission, including vertical transmission; and also directly contributes to the achievement of MDGs 3, 4 and 5.

"Women and men, including those living with HIV and AIDS, need access to a comprehensive range of affordable and quality information, services and supplies that will empower them to make informed reproductive health choices. Choices that will protect their right to health and prevent infection of HIV and other STIs, to have the number of children they desire at the timing of their choice, as well as access safe abortion services if needed."

Stephen O'Brien, Parliamentary Undersecretary of State, Department for International Development, UK Government

"This Summit presents a remarkable opportunity to put the rights of women, people living with HIV and vulnerable communities at the centre of the international development agenda. The Summit's support to civil society and recognition of communities' role in addressing barriers for contraceptive access and innovative service delivery is very much welcomed."

Pamela Nash, Chair of the All Party Parliamentary Group on HIV and AIDS

The London Family Planning Summit, 11 July 2012, constitutes a welcome and timely recognition of the unmet need for family planning throughout the world. We applaud this initiative, and we urge the UK Coalition Government, the Bill & Melinda Gates Foundation, and the governments and civil society representatives of participating countries to:

- Ensure that efforts to reduce unmet need and desires for family planning are equitable, voluntary, women-centred, rights-based and inclusive.
- Take into account the linkages between family planning and other sexual and reproductive health and rights issues, including HIV; gender-based violence; the high rates of morbidity and mortality related to unsafe and illegal abortion; and other poverty-related diseases.
- Address the structural barriers to accessing family planning and other sexual and reproductive health services faced by **women and girls in all their diversity**, women living in contexts of marginalization, stigma, discrimination and violence, including but not exclusively for women living with HIV, women who use drugs, women with experience of prison, sex workers, young women and girls, migrant women, transgender women, women who have sex with women, and women with disabilities.

5 starting blocks to raise the bar for women's health: rights, access, investment, security, equity

Rights

Uphold the sexual and reproductive rights of women and girls in all their diversity, and throughout their lives. Ensure that HIV and family planning services are confidential, voluntary and free from denial, coercion, force, violence or discrimination of any kind.

"Women with HIV who want to have children or to use any family planning method other than sterilization are strongly questioned, stigmatized and discriminated."*

Women living with and affected by HIV and other key affected women often face rights violations both at community level and from service providers that prevent them from accessing services and achieving their sexual and reproductive health and rights. Rights violations include: mandatory HIV testing, inappropriate or unavailable information for family planning choices, denied access to abortion choice leading to forced or coerced abortions and sterilisations, restricted access to ante-natal care conditional to prior HIV testing. In addition, these often occur within a context where service providers do not respect women's confidentiality: neither within medical facilities nor within the communities in which they live.

Integrated services must be built around the principles of confidentiality, choice, and informed, voluntary consent, and ensure:

- **No coerced** or forced abortions or sterilisations for women and girls living with HIV, women who use drugs, sex workers, women with other disabilities, or in other contexts of marginalization
- **No** mandatory HIV testing in ante-natal services
- **No** access to one service being contingent upon consent to or denial of another (for example, access to anti-retroviral (ARVs) treatment being contingent on the use of prescribed forms of contraception or on exiting sex work, or access to sexual and reproductive health and rights (SRHR) for women who use drugs being dependent on abstinence from drug use[1]).

1. Flavin J, Paltrow L (2010) 'Punishing Pregnant Drug-Using Women: Defying Law, Medicine and Common Sense'. *Journal of Addictive Diseases*, Volume 29 Issue 2 2010.

* This and the remaining quotes have come from women living with or affected by HIV from around the world through various civil society consultations.

Rights-based family planning and other sexual and reproductive health services can offer a key entry point to **voluntary** HIV counselling, testing, treatment, and care and support for individuals and couples as well as to counselling and condoms for dual protection to prevention of unintended pregnancies as well as of HIV and sexually transmitted infections (STIs).

Rights-based family planning services also provide an excellent first point of care from which awareness about broader health and social concerns can be built and developed, including poverty-related diseases such as tuberculosis, as well as addressing gender-based violence, including rape and sexual abuse.

Likewise, rights-based HIV services that also provide family planning counselling and services **promote the reproductive rights** of women living with HIV, provide access to dual protection, and reduce unintended pregnancies, including among people living with HIV, to improve maternal and child health and prevent vertical transmission of HIV.

Access

Address structural, legal and cultural barriers to access; review and address legislation or policy which impedes all women and girls' free and voluntary access to family planning, HIV and other sexual and reproductive health services, and to the choice of a full range of family planning options, including maximising method mix and dual protection methods, such as male and female condoms.

"If family planning and sexual reproductive health are integrated into HIV/AIDS programmes issues of unwanted pregnancies will be a thing of the past."

Many women and girls face structural barriers to the **access and use** of sexual and reproductive health information and services, including family planning. These include laws and policies which restrict access to and/or criminalize key populations, including adolescent girls and young women, female and transgender sex workers, women living with HIV and/or other poverty related diseases, migrant women, women who use drugs, and women who practise same sex. It also includes ensuring intellectual property rights law and associate legislative frameworks prioritize public health and do not impede access to affordable and appropriate reproductive health commodities.

Family planning services must strive to go beyond provision of information and services to providing a full range of family planning commodities, including emergency contraception and female condoms. Family planning services should be provided within a broader framework of sexual and reproductive health and rights programmes and services and holistic health care. A *minimum* package of integrated family planning and sexual and reproductive health services, when

feasible, should also include safe abortion and post-abortion care, post-exposure prophylaxis, HIV and STI services including voluntary testing, vertical prevention programmes, and access to ARVs. Service providers should be adequately trained and sensitised to provide quality services, tailored for **access** by a diverse range of women and girls. Equally, there is an ongoing need for clinical guidance for service providers to keep up-to-date, as science around HIV prevention, treatment and care evolves, (e.g. around hormonal contraception and HIV risk, and treatment as prevention).

Sexual and reproductive health services, including family planning, should also be tailored to meet the needs of, and encourage the involvement of men and boys, who have an important role to play in both taking responsibility for their own sexual and reproductive health, and supporting the use of family planning methods by women, using family planning methods themselves, and practising safer sex.

Investment

Invest in quality services and strengthening networks and coalitions of women living with HIV and other women most affected by HIV and other poverty-related disease, poverty and marginalization, to ensure their meaningful participation and partnership in policy and programme design, delivery and evaluation of tailored, sustainable, context-specific policies, programmes and services suited to their needs.

"Sex workers must be the driving force in the development, implementation, and enforcement of targeted programmes aimed at sex workers. It is not enough to 'consult' with sex workers before creating a programme. Programmes should be based on sex workers' needs, perceptions and experiences."

Cultural barriers that may affect demand for services can be addressed through **investment** in communities, school- and community-based comprehensive sexuality education, and sexual and reproductive health and rights literacy, especially among women and men living with HIV and other marginalized populations. Men, faith leaders and communities have an important role in supporting efforts to overcome cultural barriers to demanding and accessing family planning. Significant **investment** is also needed to assure **quality** of services, commodity security, and adequate **training** and resourcing within health services.

Joining up family planning and HIV services uses available resources more effectively. Joined-up services through strong referrals or provided through a 'one-stop shop' maximises the use of both financial and human resources. It is also an opportunity to harness communities' and countries' unique experiences in family planning and HIV, to invest in an integrated approach.

Security

Protect and promote the safety and security of women and girls in all their diversity and throughout their lives. This includes eliminating structural violence against key affected populations at increased risk for HIV. Examples include discriminatory institutional policies and practices relating to HIV transmission, young people, sex work and drug use which restrict access to the full range of sexual reproductive health and rights and HIV prevention, treatment, care and support. This also includes the particular dangers facing women from physical and sexual violence in war and post-conflict settings.

"If you ensure our safety and security, we can dare to stand up, speak out and act."

Traditional and faith leaders can address cultural and religious practices which are harmful to women and girls; men and boys can advance gender equality to help to bring an end to gender-based violence. They must also strive to support women and girls to feel empowered through multiple channels. Access to work and property ownership, political representation, education, health and justice services, on an equitable basis with men and boys, can all enable women and girls to be decision-makers in all areas that affect their lives.

There is now clear evidence globally that intimate partner violence increases women's vulnerability to HIV.[2] There is also widespread evidence that women with HIV experience gender-based violence upon disclosure of their HIV diagnosis.[3] Additionally there is growing evidence that the majority of violence perpetrated against sex workers is not from clients or intimate partners but is from state actors such as police.[4] Service providers should be sensitised to the complex, reciprocal and self-perpetuating links between gender-based violence, HIV and lack of access to sexual and reproductive health rights, including family planning.

Linking and integrating **safe** family planning and HIV services: decreases stigma associated with using HIV and STI services; reduces the number of times and the number of people to whom women living with HIV are required to disclose their status, thereby reducing the risk of involuntary disclosure and breaches of confidentiality. And it reduces the number of visits to health services women need to make, which can help reduce conflict and increase safety in the home or community setting.

2. Devries et al, 2008

3. See for example, F Hale and M Vazquez, (2010) *Violence Against Women Living With HIV: a Background Paper*, Development Connections and ICW, Washington, D.C.; and S Paxton (2012) *Positive and Pregnant: How Dare You?* Women of the Asia-Pacific Network of People Living with HIV (WZPN+);

4. http://www.soros.org/reports/arrest-violence-human-rights-violations-against-sex-workers-11-countries-central-and-eastern
http://www.soros.org/reports/rights-not-rescue

Equity

Guarantee full equity in accessing quality holistic services, ensuring that services are specifically tailored to women and girls in all their diversity, and that all women and girls can choose the family planning method mix that best suits their circumstances, including access to dual protection and legal, safe abortion. Quality post-abortion care must be available and accessible in all settings.

"If you treat us with equity, we can support ourselves, our children, families and communities to grow, thrive and prosper: this is the key to global sustainable development."

Health workers need **training** and sensitization to provide equitable quality of care, and holistic sexual and reproductive health and rights packages which are specifically tailored to key populations of women, such as women who use drugs, sex workers, transgender women, and adolescent girls and young women who often experience elevated stigma, discrimination and violence within and beyond health services. Pregnancy tests, pre- and post-natal care, family planning or links between harm reduction, drug treatment, SRHR, and vertical HIV transmission should also be considered as key components of gender-sensitive services for **women who use drugs**. The UNAIDS *Guidance Note on HIV and Sex Work* outlines services that must be included in a rights based, comprehensive package for HIV prevention, treatment, care and support for sex workers.[5]

Adopting innovative programming is necessary to better cater for hard-to-reach, poor or vulnerable women and girls, including integrated and/or community-based outreach and services, tailored to their particular desires and needs and ensuring the same standards of care as other women (including choice, confidentiality and informed voluntary consent). Accountability mechanisms must be designed so as to measure service reach, quality and use by the poorest and most vulnerable women and girls.

Linkages and integration enable programmes to reach more people, especially vulnerable and marginalized populations, to respond more fully to their needs and address root causes of sexual and reproductive ill-health, including HIV. Faith leaders and communities can be instrumental in ensuring that health care workers are sensitised to the **equitable** needs of young people, and vulnerable and marginalized people who come in for services.

5. http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2009/JC2306_UNAIDS-guidance-note-HIV-sex-work_en.pdf

We as civil society organizations concerned with ensuring that the sexual and reproductive health and rights of women and girls in all their diversity are upheld, respected and promoted, welcome the Family Planning Summit objectives and other related initiatives. With this purpose, we will:

1. **Increase the awareness of women and girls, families and communities about the importance of family planning for achieving the health related Millennium Development Goals.**
2. **Increase access to family planning by our continued work with women and girls, families and communities to improve spaces for engagement and strengthen affected communities voices in national, regional and global efforts to address structural barriers to attain sexual and reproductive health and rights.**
3. **Promote strengthened linkages between family planning and other sexual and reproductive health and rights issues, including HIV to maximise the health benefits and comprehensively address the needs of women and girls, families and communities.**

We ask London Family Planning Summit participants to also support these aims.

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