



PREVENTION NOW: AN INTEGRATION AGENDA FOR WOMEN, BY WOMEN

JUNE 15-16, 2015 | SAFARI PARK HOTEL, NAIROBI, KENYA

INTRODUCTION

Imagine a world in which a woman can walk into one health clinic and have all of her health needs met, free of discrimination, financial barriers, or bureaucratic inefficiencies. Her needs may include family planning and contraception; STI diagnosis and treatment; HIV prevention, treatment, and care; maternity care; safe abortion; and gender-based violence prevention and care. These services are intimately connected in the lives of women and girls but are not always integrated at the service level. And, in order for access to integrated services to become a reality, advocacy strategies directed at policies, national processes, and funding must also be linked.

Advocates working at the intersection of sexual and reproductive health and rights (SRHR) have propelled a new shift toward SRHR initiatives by donors, governments, multilateral institutions, and researchers that attempt to prioritize these very services. Global strategies such as the U.S. government's PEPFAR DREAMS partnership; the UNAIDS Action Framework Addressing Women, Girls, Gender Equality, and HIV; and the United Nations Global Strategy on Women's and Children's Health are some examples. National processes such as strategic plans, guidelines, or frameworks on HIV and the PEPFAR Country Operating Plans are also important advocacy targets.

As global health strategies begin to reflect the growing demand from advocates for integrated services, so do research priorities. There are promising new antiretroviral (ARV)-based interventions and ongoing or planned research in these products that will address multiple SRHR needs of women and girls. For example, oral PrEP (pre-exposure prophylaxis) is an exciting new intervention that could give women and girls more control over initiating HIV prevention. Results of the dapivirine microbicide ring trials expected in early 2016 — if positive — could also add another intervention to the toolkit. Additionally, research in multipurpose prevention technologies (MPTs) is something to watch – they would allow women to simultaneously prevent pregnancy and sexually transmitted infections, including HIV. Equally as important as determining the effectiveness of these new interventions, researchers (and advocates) must ensure that when they become available, they are affordable and accessible to the women and girls who need them most.

There is also growing evidence, for example, that suggests there could be a relationship between HIV and long-acting hormonal contraception. Recognizing the urgent need for the prevention of both unwanted pregnancy and HIV, the Evidence for Contraceptives and HIV Options (ECHO) trial is investigating potential connections between certain hormonal contraceptive methods and increased risk of HIV infection in order to give women and girls a truly informed choice of methods. The study is scheduled to start this year.

These developments present an unprecedented opportunity for advocates to influence the implementation of integration strategies and research initiatives, and to fundamentally change the way in which donors, policymakers, researchers, and providers understand women’s SRHR needs and preferences. On June 15 and 16, 2015, the Center for Health and Gender Equity (CHANGE) and AVAC convened a meeting in Nairobi, Kenya, to chart a course forward to influence integration of prevention agendas. The meeting brought together twenty-four advocates from across sub-Saharan Africa and the U.S. working at the intersections of SRHR and HIV, gender-based violence (GBV), sex worker rights, youth health and rights, maternal health, and abortion access, to develop an advocacy agenda addressing integration and especially prevention for women, by women.

THE OBJECTIVES OF THE MEETING WERE THREEFOLD:

1. Identify the barriers and challenges to implementing a well-integrated prevention agenda that addresses the real needs of women and girls.
2. Identify the advocacy opportunities to expand a fuller range of family planning and HIV prevention methods and programs for women and girls.
3. Create strategies with specific action steps for country level advocates to impact the implementation process.



Meeting participants develop national-level priorities for action.

This summary report presents a collective vision of integrated, rights-based SRHR as developed by the meeting participants, and identifies key barriers and opportunities for coordinated advocacy.

DEFINING THE ISSUE: INTEGRATION

While family planning, STI, HIV, and maternal health funding and service delivery are often disconnected, preventing unwanted pregnancy and HIV transmission are inextricably linked in the lived experiences of women and girls.

In an ideal world, a woman or girl would be able to walk into a “one-stop-shop” clinic and have all of her health needs met, with respect for her sexual, reproductive, and human rights. In order to achieve this goal, funding streams, public policies, and advocacy strategies must also be integrated.

INTEGRATED SERVICES CAN INCLUDE THE FOLLOWING:

- Contraception
- STI prevention, diagnosis and treatment
- HIV prevention (including PrEP, female condoms, future effective microbicides and multipurpose prevention technologies)
- HIV treatment and care
- Screening, counseling, referral, and treatment for gender-based violence (GBV)
- Youth-friendly and accessible SRHR services
- Emergency contraception
- Post-exposure prophylaxis
- Safe abortion and post-abortion care
- Respectful maternity care
- Comprehensive sexuality education
- Economic livelihoods and basic skills

Meeting participants agreed that there was no single model for integrated services. Rather, due to the diversity of lived experiences of women and girls, there are multiple ways to think about and frame integration. However integration is defined or modeled in varying contexts, it needs to be as inclusive and as accessible as possible, attentive to the holistic needs and human rights of women and girls, and cognizant of the different entry points of women and girls who require SRHR services.

BARRIERS TO SUCCESS

While increased attention to the SRHR needs of women and girls has resulted in promising new attempts at integrated programming, structural barriers still impede the possibilities of meaningfully integrated service provision. Donors and governments still largely partition family planning, maternal health, and HIV priorities and funding streams. Funding in silos in turn impacts the ability of governments to prioritize integrated prevention efforts within public policy, of service providers to develop and implement integrated programming, and of advocates to coordinate across health areas. The politicization of SRHR and women’s health presents a serious barrier to advocacy and organizing efforts, and the global lack of investment in women’s health and rights advocacy limits organizational capacity to carry out this work.

BROADLY, THE MOST PERVASIVE BARRIERS TO SUCCESS ON BOTH THE GLOBAL AND NATIONAL FRONT ARE:

1) GLOBALLY

- Funding silos
- Lack of integrated conference tracks
- Lack of meaningful inclusion of civil society organizations (CSOs) in SRHR and HIV policy and funding processes
- Lack of clear, coordinated messaging about integration from advocates

2) NATIONALLY

- Cultural and political stigmas and conflicting laws that make SRHR and HIV work difficult
- A broad lack of knowledge about integration by policymakers, funders, service providers, clients, and some advocates
- Lack of individual and organizational capacity to fully engage in advocacy for SRHR integration

ENVISIONING SUCCESS

All meeting participants are committed to a collective long-term vision of integration centered on women and girls and rooted in human rights. As the meeting hosts, CHANGE and AVAC are committed to facilitating and supporting such a process that will ensure an integrated prevention strategy that would secure access to family planning and reproductive health; HIV prevention, treatment, and care; gender-based violence (GBV) screening and treatment; emergency contraception; pre-and post-HIV exposure prophylaxis; and safe abortion and post-abortion services for all women and girls, free from discrimination, financial barriers, and bureaucratic inefficiencies. Coordinated advocacy will build a foundation for a world in which integrated health is championed at all levels of decision-making and women and girls' lived experiences are reflected and prioritized in the design, study, and funding of effective HIV and SRHR interventions.

In order to create an enabling funding environment and political will toward this vision, advocates committed to engaging stakeholders at global, national, and local levels; influencing major new investments such as Family Planning 2020 and PEPFAR's DREAMS partnership; breaking down silos among advocates, researchers, and funders to engage across HIV and SRHR work; and elevating the global conversation on HIV and SRHR with coordinated messages on human-rights-based integration.

At the core of a successful global advocacy strategy must be an awareness of the power relations between global North and global South and a commitment to taking leadership from African advocates.



Prevention Now meeting participants in Nairobi, Kenya.

PRIORITIES FOR ACTION

Acknowledging that there are ongoing efforts on providing integrated delivery systems such as work done by the Integra Initiative, Link Up, SRHR and HIV Linkages Project, Access Services Knowledge (ASK), and LINKAGES, meeting participants focused on the multiple entry points for advocacy. On the global and regional levels, success would require strategic advocacy to ensure that integration is at the core of global HIV and SRHR strategies and demand civil society inclusion in major global initiatives.

GLOBAL AND REGIONAL PRIORITIES FOR ACTION INCLUDE:

- Influence the agendas of typically siloed global and regional conferences and initiatives to ensure that rights-based integration perspectives are included: i.e. the 2016 International AIDS Conference, Women Deliver, International Conference on AIDS and STIs in Africa (ICASA), International Family Planning Conference, Financing for Development and the Sustainable Development Goals.
- Ensure sustainable investment in integrated services, especially integrated prevention for women and girls and support for women's HIV and SRHR networks by engaging relevant funding initiatives including FP2020, Amplify Change, and women's funds.
- Demand and monitor meaningful civil society engagement in PEPFAR's DREAMS initiative and COPS process, with emphasis on the inclusion of human rights-based organizations led by or serving young women and adolescent girls.
- Develop a coordinated communications campaign, including a public declaration for a prevention agenda for women that integrates HIV, SRHR and GBV.
- Identify entry points for advocacy and provide simple actions for advocates to help move the agenda forward

These advocacy priorities would require funding and a coherent collective communications strategy that would allow for critical SRHR voices to be lifted up among the ongoing global dialogues on health and development.

National level advocacy priorities will address hostile or indifferent political and funding environments by building broad literacy on woman-centered, integrated prevention among decision makers, as well as the communities who can demand them. This work would also need to be anchored in clear and coordinated communications.

NATIONAL PRIORITIES FOR ACTION INCLUDE:

- Track national, state, and county level budgets and advocate for an increase in funding or the inclusion of a budget line for integrated SRHR, HIV and GBV work. This would require engagement with key ministries and policymakers.
- A coordinated country-specific communication campaign to continuously sensitize providers and clients about integration, and conversations with unusual suspects in order to build support.
- Raise funds to support coordinated, national-level work and commit organizational resources to continued collaboration among Prevention Now advocates.

TO COORDINATE NATIONAL, REGIONAL, AND GLOBAL-LEVEL ADVOCACY EFFORTS, TOP-LINE CONSIDERATIONS THAT SHOULD BE EMBEDDED IN ALL ADVOCACY INITIATIVES INCLUDE:

- Inclusion of GBV services, family planning, access to safe legal abortion and post-abortion care, post-rape care, and any other related services, in any rights-based integration model.
- Strategies to negotiate and mitigate culture and conflicting laws that make SRHR and HIV advocacy difficult.
- Efforts to build the skills and confidence of women and girls to ask for services in the first place.
- Discussions and engagement in ongoing and planned research to ensure affordability and accessibility of future safe and effective prevention interventions for all women, and meaningful engagement of civil society in research agendas.
- The merging of actors and networks to maximize financial and human resources—in contrast to the existing work that is being done in silos.
- Work to ensure existing progressive guidelines and national laws are implemented.

CONCLUSION

The sexual and reproductive health and rights of women and girls cannot be fully realized until there is global, regional, and national-level commitment to the integration of funding, research, and programming, with rights, preferences, and needs of women and girls at the center.



Definate Nhamo (PZAT) presents the latest microbicide research

The advocacy priorities laid out in this report will guide coordinated advocacy toward a vision of universal access to integrated SRHR for all women and girls. As advocates commit to breaking down silos among agendas, donors and governments must also commit to financially and politically supporting integrated SRHR programming, research, and advocacy. Women's and girls' health and lives depend on it.

OUR VISION: INTEGRATED HEALTH SERVICES FOR ALL WOMEN AND GIRLS, EVERYWHERE

On June 15 and 16, 2015, 25 advocates from across sub-Saharan Africa and the United States came together to create an integrated prevention agenda for women by women. With an eye towards the large body of existing work on integration, the purpose of the meeting was to create a shared vision from advocates and providers across different fields and to acknowledge the multiple entry points for this work. This is our vision.

We envision a world in which a woman can walk into **one** health clinic and have **all** of her health needs met free of any form of discrimination, financial barriers, and bureaucratic inefficiencies.

We envision a world in which family planning; fertility planning; HIV prevention, treatment, and care; gender based violence (GBV) screening and care; emergency contraception, HIV pre- and post-exposure prophylaxis, and safe abortion and post-abortion services with relevant, appropriate and correct information are available, accessible, and part of an integrated prevention strategy for all women and girls.

We envision a world in which these integrated services are delivered from a rights-based approach that respects, protects, and fulfills women's and girls' human, reproductive, and sexual rights.

We envision a world in which quality integrated, sexual and reproductive health services are available to all women and girls, regardless of income, race, ethnicity, religion, gender, age, marital status, occupation, primary language, sexual orientation, immigration status, and disability.

We envision a world in which information about these integrated services are made available to women and girls, and accountability mechanisms put in place to ensure that they can demand action if these services are unavailable or unsatisfactory.

We envision a world in which integrated services are championed and presented as the basic minimum for women and girls.

We envision a world in which funding is not a barrier for integration and instead integrated services are prerequisite for funding; and where donors end the intervention-specific funding silos.

We envision a world in which those working in specific areas, such as exclusively family planning or exclusively HIV and AIDS, have easy access to information on integration in order to help inform their advocacy, policy, research, programming, and service delivery.

We envision a world in which people working in family planning, reproductive health, HIV, abortion, gender based violence, and marginalized and hard to reach groups engage with colleagues outside of their respected fields in order to create policies, advocacy agendas, research, and programming to best reflect the integrated needs of women and girls.

We envision a world in which silos do not dominate conferences, so that researchers, policy makers, advocates, and programmers can share and learn about integration in conference environments that support their efforts.

We envision a world in which research on new HIV prevention technologies interventions for women — such as oral pre-exposure prophylaxis, research into microbicides, and multi-purpose prevention technologies and long-acting ARV-based injectables — is known to the many providers and facilitators of SRH services so they are able to consider the integrated manner in which they can be delivered in the future.

We envision a world in which HIV and reproductive health advocates come together now to dialogue on the relationship between hormonal contraception and HIV and are prepared for the outcomes of the ECHO trial.

We envision a world where young women and adolescents are actively engaged in assessing, designing and monitoring services that are meant for them.

We, the undersigned, commit to advocating for and creating the world we envision.

We commit to advocacy at the local, national, regional, and global level.

We will target policy makers, donors, conference organizers, researchers, program planners and implementers, and advocates we work with.

We commit to an integrated prevention agenda.

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ABOUT CHANGE

The Center for Health and Gender Equity (CHANGE) is a U.S.-based nongovernmental organization that promotes the sexual and reproductive health and human rights of women and girls globally by shaping rights-based and just U.S. policies. CHANGE advocates for effective, evidence-based policies and increased funding for critical programs. CHANGE believes that every individual has the right to basic information, technologies, and services needed to enjoy a healthy and safe sexual and reproductive life free from coercion and preventable illness.

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ABOUT AVAC

Founded in 1995, AVAC is an international, non-profit organization that uses education, policy analysis, advocacy and community mobilization to accelerate the ethical development and global delivery of biomedical HIV prevention options as part of a comprehensive response to the pandemic. AVAC is based in the US, and focuses on issues and priorities in countries where prevention research and implementation are ongoing. Specifically, we seek to deliver proven HIV prevention tools for immediate impact; demonstrate and roll out new HIV prevention options; and develop long-term solutions needed to end the epidemic.



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