



Policy Brief

Promoting Linkages and Synergies for Sexual and Reproductive Health and Rights and HIV/AIDS

Key Issues and Opportunities

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Abbreviations

ANC	Antenatal care
ART	Antiretroviral treatment
BMZ	Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung / Federal Ministry for Economic Cooperation and Development
FP	Family planning
GFATM	Global Fund on AIDS, Tuberculosis and Malaria
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH / German Technical Cooperation
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ICPD	International Conference on Population and Development (1994, Cairo)
IPPF	International Planned Parenthood Federation
MAP	Menschenrechtsaktionsplan der deutschen Bundesregierung 2004 - 2007 / Development policy action plan on human rights 2004 –2007
MDG	Millennium Development Goals
NGO	Non-governmental organisation
PLWHA	People living with HIV/AIDS
PMTCT	Prevention of mother to child transmission
PRS	Poverty reduction strategy
RHSC	Reproductive Health Supplies Coalition
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infection
SWAP	Sector wide approach
TB	Tuberculosis
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Fund for Population Activities
UNGASS	United Nations General Assembly Special Session
VCT	Voluntary counselling and testing
WHO	World Health Organization



Summary

The International Conference on Population and Development (ICPD) in Cairo, in 1994, inspired great changes in population policy and reproductive health. It established the concept of comprehensive sexual and reproductive health and rights (SRHR) and participants agreed to pursue the objective of universal access to an integrated comprehensive package of SRHR with a life cycle approach. Goals laid down in the programme of action also stipulated education and gender equality as prerequisites for attaining sustainable development.

However, due to the dramatic development of the AIDS pandemic the targeted interventions that addressed the disease overlooked the natural linkages that exist between HIV/AIDS and SRHR, as well as the coinciding approaches, target groups and shared objectives. Funding streams for HIV/AIDS and SRHR developed separately, thus supporting the development of vertical structures and strategies. Sexual and reproductive health problems remain a leading cause of ill-health and death for women in childbearing age. Especially in developing countries, impoverished women and young people suffer disproportionately from unplanned pregnancies, gender-based violence, sexually transmitted infections (STI), HIV/AIDS, maternal death or disability and harmful traditional practices.


The recent commitment by the international community to intensify linkages between SRHR and HIV/AIDS at the policy and programme level builds upon the *Glion Call to Action* (May 2004) and the *New York Call to Commitment* (June 2004). These have expressed the concern that too many policies, programmes and initiatives addressing either SRHR or HIV/AIDS have failed to exploit potential linkages; as a result, global efforts have been less effective than would otherwise have been the case. As a consequence, the *World Summit Outcome Document* recommended the incorporation of SRHR into national strategies as a prerequisite for attaining the MDGs and expressed a commitment to achieving universal access to reproductive

health by 2015 as a new target under MDG 5 and to promoting gender equality and ending discrimination against women. The United Nations' General Assembly Special Session on HIV/AIDS (*UNGASS*, 2001 and 2006) emphasised that investment in sexual and reproductive health is a major foundation for HIV/AIDS prevention and treatment.

The call for joint policies and programming for SRHR and HIV/AIDS, particularly in the light of these commitments to universal access (to comprehensive HIV/AIDS services by 2010 and to reproductive health by 2015), recognises that such access can only be achieved through strengthened health systems. Sexual and reproductive health services (SRH) include family planning, maternal and infant care, prevention and management of STI and the prevention of gender-based violence. HIV/AIDS services involve prevention measures as well as treatment, care and support. Several main areas of linkage arise between the two, such as improving condom supplies, integrating HIV counselling, testing and care into SRH services (especially for maternal health and PMTCT), and integrating SRH information and services into HIV/AIDS programmes.

The changing aid environment and new aid modalities present opportunities for stronger operational linkages between various programmes. Thus, intensive efforts with a full range of partners, including civil society and affected populations, at national, bilateral and multilateral levels are needed to promote the development of a comprehensive health sector response to SRHR and HIV/AIDS. These are all part of the commitment to universal access.

German development cooperation is committed to the integration of measures for HIV/AIDS and SRHR in its health and development efforts, which are guided by cross-cutting principles of a rights-based, gender-sensitive and multi-sectoral approach.





From fragmented to integrated programming on HIV/AIDS and sexual and reproductive health and rights (SRHR)

Investment in SRH was high on the international agenda in the 1990s. The International Conference on Population and Development (ICPD) in Cairo, in 1994, brought about a tremendous change in population policy and reproductive health issues. The concept of Sexual and Reproductive Health and Rights (SRHR) was established, and the commitment made to achieve universal access to an integrated, comprehensive package of SRHR services. The programme of action drawn up at the conference recommended that the international community should pursue an important set of population and development goals over the next 20 years. Among these goals are sustained economic growth leading to sustainable development, education, especially for girls, gender equality, the reduction of infant, child and maternal mortality rates, and the provision of universal access to reproductive health services, including family planning and sexual health¹.

Due to the dramatic development of the AIDS pandemic, responses to the disease, and provision of funding have accelerated, especially through the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM). This strong emphasis on combating AIDS through targeted interventions overlooked the natural linkages that occur between HIV/AIDS and SRHR, and the huge overlap of common approaches, target group and shared objectives. As a consequence, funding streams for HIV/AIDS measures and SRHR developed separately, and rather benefited the former. This encouraged the development of vertical structures and strategies with narrowly defined outputs, rather than long-term, cross-cutting strategies anchored in strengthened health systems and multi-sectoral approaches.

Thirteen years after the Cairo conference, reproductive health problems remain a leading cause of ill-health and death for women of childbearing age. Especially in developing countries, impoverished

women and young people suffer disproportionately from unplanned pregnancies, gender-based violence, sexually transmitted infections (STI), HIV/AIDS, maternal death or disability and harmful traditional practices.

Facts and figures²

- An estimated 39.5 million people worldwide are infected with HIV, nearly 50% of whom are women.
- Young people account for 42% of new infections.
- Almost one million new sexually transmitted infections occur each day, including HIV
- Each year, 52 million pregnancies are thought to end with an induced abortion, nearly half of which are unsafe.
- About 13 percent of pregnancy-related deaths have been attributed to complications from unsafe abortions; this probably amounts to around 70,000 deaths annually.
- Some 120 million women and couples in developing countries have an unmet need for effective contraception.
- Every day, 1,600 women and more than 10,000 newborn children die due to complications in childbirth; almost all of these are in developing countries.

The concepts of comprehensive SRHR, gender equality and life cycle approach have so far not been realised to the extent of the 179 governments' commitment. Besides the gap between political commitment and implementation, there has been an apparent shift away from the comprehensive rights-based approach to SRHR as expressed in the ICPD Programme of Action. The most evident sign of this setback is the fact that the Millennium Development Goals (MDGs) agreed upon by the UN member states in 2000 targeted maternal health, HIV/AIDS and women's empowerment, but they did not address SRHR as a comprehensive concept and strategy. However, as the



achievement of the MDGs depends on implementing the ICPD Programme of Action; the original shortcoming was redressed at various high level meetings:

- The **UN Millennium Project 2005** recommended moving the ICPD agenda forward. The incorporation of SRHR into national strategies and international programmes as a prerequisite for attaining the MDGs was recommended by the 2005 World Summit Outcome Document and health sector recommendations at the World Health Assembly.
- The **World Summit 2005** reviewed progress since the Millennium Declaration. The major emphasis in health was the scaling up of responses to HIV/AIDS, Tuberculosis and Malaria, with the aim of coming as close as possible to the goal of universal access to comprehensive HIV and AIDS services by 2010. This includes access to treatment for all those in clinical need, and the development of health systems with sufficient health workers, infrastructure, management systems and supplies. The commitments to universal access to reproductive health by 2015 as a fundamental approach to achieving MDG 5, and to promoting gender equality and ending discrimination against women, represent the culmination of more than a decade of advocacy since the 1994 Cairo Consensus.
- The United Nations General Assembly Special Session on HIV/AIDS (UNGASS, 2001 and 2006) declared HIV/AIDS a global emergency requiring immediate action. It emphasised that women and girls are disproportionately affected by HIV/AIDS and committed UN member states to a set of actions to reduce the impact on women and girls, and to promote and protect their human rights. The UNGASS Declaration makes clear that investment in sex-

ual and reproductive health is a major foundation for HIV/AIDS prevention and treatment.

The commitment of the international community to intensify linkages between SRHR and HIV/AIDS at policy and programme levels builds upon the **Glion Call to Action**³ (May 2004) and the **New York Call to Commitment**⁴ (June 2004).

The latter emphasised:

that both sexual and reproductive health initiatives and HIV/AIDS initiatives must be mutually reinforcing; that both HIV/AIDS and sexual and reproductive ill-health are driven by many common root causes, including gender inequality, poverty and social marginalization of the most vulnerable populations; and that stronger linkages between sexual and reproductive health and HIV/AIDS will result in more relevant and cost-effective programmes with greater impact.

It expressed concern that too many policies, programmes and initiatives addressing either SRHR or HIV/AIDS have failed to take account of these linkages and that, as a result, the global efforts have been less effective than would otherwise have been possible. At the regional level, the African Union Ministers of health meeting in Maputo (2006) has been an important milestone resulting in a strong commitment to a comprehensive approach and a clear and targeted plan of action⁵. The integration of both fields of work into a comprehensive package will enable health systems to react better to the needs of the populations they serve. This requires the strengthening of health systems as a whole.

The rationale for better linkages of SRHR and HIV/AIDS

The move to integrate SRHR and HIV/AIDS measures is based on the following reasons:

Shared root causes

Globally, 80% of HIV infection is transmitted sexually. In sub-Saharan Africa, 58% of people living with HIV/AIDS (PLWHA) are women of reproductive age. Sexual and reproductive ill-health and HIV/AIDS affect the same populations and share the same root causes, including sexual violence and inequitable gender relations, cultural taboos and stigmatisation, and a lack of access to information and services. For example, for young women one of the leading causes of death worldwide is unsafe abortion following an unwanted pregnancy, often associated with coerced sex. Young women also carry a greater risk of HIV infection, due both to their physical vulnerability and their inferior social status in many societies.



Public health benefits

Linking HIV/AIDS and SRHR measures is expected to create synergies and enhance service delivery in both areas. Even though systematic monitoring and evaluation of synergies at a large scale do not exist as yet, the following potential effects are expected:

- ▶ Improved and wider access to essential HIV/AIDS and SRH services, including better access to SRH services for PLWHA
- ▶ Increased coverage of under-served and marginalised populations such as sex workers, injecting drug users and men who have sex with men
- ▶ Gradual reduction of stigma and discrimination related to HIV/AIDS
- ▶ More effective promotion of dual protection against unintended pregnancy and STIs, especially for young people
- ▶ Long-term mitigation of the increase in numbers of orphans and vulnerable children.

Interlinked services can also increase client access to comprehensive care, given that, for most women, SRH services are the primary point of contact with the health system.

Increased effectiveness and efficiency

SRHR and HIV/AIDS programmes are often managed by separate, poorly coordinated departments. Closer linkage between SRH and HIV/AIDS programmes has the potential to reduce duplication of services and decrease administrative and overhead costs; it can enhance efficiency and effectiveness through the joint utilisation of scarce human and financial resources. From a client's perspective, comprehensive integrated or linked services may also reduce the costs they face.

Achieving better linkages of HIV/AIDS and SRHR thus contributes to reaching universal access targets and has the potential to contribute to poverty alleviation and sustainable development.

Key areas of linkage

The following diagram summarises key areas of linkage suggested by international actors such as WHO, UNFPA and IPPF. Their implementation

should be anchored in the principles of a rights-based, gender-sensitive and multi-sectoral approach.

Areas for linkages between SRHR and HIV/AIDS based on common objectives

SRHR

Policy & Advocacy
 Access to information
 Access to services
 Quality of services
 Coverage

Prevention
 Family planning
 Prevention of mother-to-child-transmission (PMTCT)
 Prevention of STI (e.g. syphilis screening)
 SRH services for PLWHA

Treatment & Care
 Maternal & infant care
 Post abortion care

Common objectives

Promotion of safer sexual and reproductive behaviour (including dual protection against unintended pregnancy and STI/HIV)

People should know their HIV status*

Safe pregnancy & delivery

Healthy children & adolescents

Information and services are available to population groups in need

Enabling environments and empowerment of women

HIV/AIDS

Policy & Advocacy
 Access to information
 Access to services
 Quality of services
 Coverage

Prevention of HIV transmission
 Sexually transmitted infections (STIs)
 Opportunistic infections

Treatment & Care
 Treatment of opportunistic infections
 Antiretroviral therapy (ART)
 Treatment of STIs
 Psychosocial support

Guiding principles:

- ▶ Equality of rights and opportunities
- ▶ Gender sensitivity
- ▶ Multi-sectoral approach
- ▶ Health system strengthening
- ▶ Focus on vulnerable populations and those most in need
- ▶ Solidarity and non-discrimination

* provided that ethical and human rights safeguards are in place and access to services exists

This may, for example, include the following elements⁶:

- ▶ Policy development on comprehensive safer sex services for young women and men, PLWHA and other vulnerable population groups
- ▶ Condom use for dual protection within all family planning and HIV prevention and treatment programmes
- ▶ HIV testing and counselling, information on safer sex and condoms in antenatal care (ANC) and maternal and child health (MCH) service points in high prevalence settings and where treatment is available
- ▶ Antenatal syphilis screening and treatment with PMTCT services
- ▶ Basic SRH services, including information on dual protection and access to condoms in VCT programmes
- ▶ Referrals for ARV treatment within VCT programmes in SRH services
- ▶ Full range of SRH services including STI management for PLWHA and their partners, e.g. contraceptive counselling, maternal health services, infant care, etc.
- ▶ An HIV/AIDS service package in STI programmes, including safer sex information and counselling, routine HIV testing, and condoms
- ▶ Services to address gender-based violence and offer counselling, emergency contraception and HIV post exposure prophylaxis to victims of sexual assault.

At the operational level, the different types of services are not automatically compatible; health workers may not have the skills to provide all the services and might regard linked services as an additional workload. This is where capacity building for people, institutions and systems becomes indispensable.

Guiding principles for a comprehensive approach to sexual and reproductive health and rights

The strategy of German development cooperation is based on three central guiding principles:

A rights-based approach

Human rights and development are interdependent and mutually reinforcing. Guided by the Universal Declaration of Human Rights and the UN's human rights treaties, the BMZ has formulated a Development Policy Action Plan on Human Rights 2004–2007 (MAP) which describes its policy of respecting, protecting and fulfilling political, civil, economic, social and cultural human rights. This action plan is based on key human rights principles, i.e. non-discrimination, equality, accountability, transparency and participation. A rights-based approach to sexual and reproductive health is based on universal human rights, specifically the right to health, physical integrity, freedom of choice and informed consent, and to non-discrimination. A rights-based approach promotes equal access to information and services without discrimination based on gender, social class, ethnicity or age. For German development cooperation, this translates into a consistent focus on human rights within policy formulation and programming⁷. Special focus is placed on the right of access to family planning services and the right to information about safer sex – for women, men and all young people. The full realisation of all human rights and fundamental freedoms for everyone was also reaffirmed as an essential yet missing element in the global response to HIV/AIDS⁸. The Federal German Government supports partner countries as they address issues of equitable access and resource allocation in the context of national budgets and poverty reduction strategy (PRS) processes.

A gender-sensitive approach

Gender is one of the most frequent and pervasive bases for discrimination. It is therefore a key determinant influencing SRHR, as the social roles taken on by each sex influence sexual behaviour and the vulnerability of both women and men. Women's status in society influences their access to health services, education, resources and income and so determines sexual and reproductive health outcomes. For example, in many societies women's status restricts their decision-making capacity at all levels and all spheres of life, especially in the area of sexuality and reproduction. Achieving change therefore means men must be addressed and involved as partners. Comprehensive SRHR services should be tailored to meet the needs of both sexes at all stages of people's lives. For this reason, gender mainstreaming has been incorporated into all programmes of German development cooperation.

A multi-sectoral approach

The complex structural causes for problems in SRHR and HIV/AIDS make it necessary to pursue a multi-sectoral approach to them. However, while this is already quite normal in the fight against HIV/AIDS, it is less common in the case of SRHR. For example, girls' education is a cornerstone of social and economic self-determination and empowerment and has positive implications for SRHR of women and their children. Other, less obvious sectors such as rural and urban development, water and sanitation and good governance are equally important. They play a big role in strengthening people's access to SRHR awareness, information and services, and help to reveal underlying human rights violations. German development cooperation therefore supports the efforts of national governments to fulfil their duties of protecting, promoting and respecting human rights, including the right to health. Multi-sectoral approaches take into account the complexity of SRHR, HIV/AIDS and gender equality, and the implications these have on national development processes as a whole.

SRHR and HIV/AIDS in a wider context - Opportunities for strengthening linkages

Using the opportunities of harmonised development aid

The changing aid environment and new aid modalities such as sector-wide approaches (SWAPs), budget support, basket funding or other pooled funding mechanisms for the health sector, as well as wider national development strategies (e.g. PRS), present opportunities for developing comprehensive health sector responses to HIV/AIDS and SRHR and stronger operational linkages between various programmes. Coordinated efforts can strengthen the policy framework, develop and employ human resources and enhance infrastructure and common procurement and supply systems.

Achieving universal access to SRHR and HIV/AIDS services in strengthened health systems

The call for joint policy and programming of SRHR and HIV/AIDS, particularly in light of the commitments made to universal access, recognises that such access can only be achieved through strengthened health systems. Linking services has an impact on health systems management, including the allocation of resources, training of health workers, planning mechanisms, logistics and supply systems at all levels. The state of human resources poses the biggest challenge to health systems in many poor countries. Consequently, German development cooperation emphasises comprehensive health systems development with capacity building measures and human resources development.

The following elements present opportunities for promoting linkages between SRHR and HIV/AIDS in the partner countries of German development cooperation:

- **Policy dialogue:** Including the discussion of linkages in government negotiations and the formulation of priority area strategy papers with partner governments and NGOs.
- **Planning processes at national level:** Support for governments in addressing issues of linkage and comprehensive SRHR/HIV/AIDS programming in national development plans.
- **HIV/AIDS control strategies:** Support for governments and NGOs in identifying the potential for linkages with key SRH services and introducing them in national AIDS control plans.
- **Planning processes at the technical level:** Addressing SRHR and/or HIV/AIDS in programme planning, while ensuring the establishment of integrated approaches from the outset alongside the formulation of respective indicators.

The German Government has agreed with 14 partner countries to make health a focal area of its cooperation. Of these, several programmes follow a sector-wide approach and include HIV/AIDS and SRHR components (e.g. in Cameroon, Kenya, Malawi, Tanzania and Vietnam). These constitute unique entry points for strengthening linkages and integration not only in a strengthened health system but also in the context of national development strategies such as poverty reduction strategies (PRS).



Promoting private sector participation to improve access to comprehensive SRHR services

In the past, numerous efforts to improve the supply of health services have focused too one-sidedly on establishing and enlarging public systems. As a result the private sector⁹, which usually works independently of the government, was neglected. However, public health systems alone are often incapable of providing adequate access to health services for the population. A large share of a population's direct health expenses therefore goes to private providers. Better integration of the private sector into the overall health system should be promoted as a way of increasing comprehensive access to sexual and reproductive health services. This should also improve outcomes for specific target groups, particularly the poor. Social marketing interventions, such as improving access to condoms for the dual protection against STIs (including HIV) and unwanted pregnancy, have been implemented in a number of countries. They are important and successful measures at the interface between the public and private sectors.

Moving from disease-specific interventions to a coherent overall approach

Key actors in SRHR, such as WHO, UNFPA and other UN agencies, have provided some technical guidance for increased linkages as described above. Germany supports and collaborates with these and other important actors at international and national level in the field of HIV/AIDS and SRHR policy and programming. Their various bodies for decision-making and coordination at all levels are important places to promote better linkages of HIV/AIDS, SRHR and the harmonisation of efforts at multilateral and country level.

Among the multilateral funding mechanisms which could facilitate an integrated approach to SRHR and HIV/AIDS important examples are the Reproductive Health Supplies Coalition (RHSC) and the GFATM.

Reproductive health commodity security is essential to meeting the target of universal access to reproductive health by 2015, as called for by the ICPD and reiterated at the 2005 World Summit. It is also critical in the fight against HIV/AIDS¹⁰. The German Government therefore supports the RHSC, whose membership comprises UNFPA, IPPF, WHO, World Bank, bilateral organisations and private foundations (e.g. the Gates Foundation, UN Foundation, and the German Foundation for World Population, DSW). This partnership is concerned with improving access to sexual and reproductive health commodities (hormonal contraceptives and condoms) and promotes relevant strategic work at global and national levels, both for HIV prevention and for improving SRHR as a whole.

The GFATM is a crucial source of international funding for health at the national level. It has the potential to mobilise all relevant actors for the formulation of its strategies, such as donors and recipient countries, NGOs, private foundations and the private sector. Germany is one of the initiators of the GFATM, and a contributor to it. The GFATM's powerful position makes it important for the promotion of a more comprehensive approach through strengthened health systems. As the Global Fund is a country-driven financing mechanism, advocacy is needed both at the country level to generate demand for integrated approaches and at the policy level.

Opportunities exist within each country and within the Global Fund's policies and processes to stimulate demand for and strengthen integration in Global Fund financed programmes.

Key entry points for promoting the better linkage of HIV/AIDS and SRHR exist. They include for example, at policy level, the inclusion of SRHR expertise in decision making bodies. At the nation-

al level, co-ordinated efforts to strengthen policies and build capacities for human resources, services, and infrastructure are required. SRHR representation and the linkages between HIV/AIDS and SRHR programming can be strengthened in *Country Co-ordinating Mechanisms (CCMs)*¹¹. The provision of technical assistance to the development of proposals may be useful to promote linkages between HIV/AIDS and SRHR programmes and services.

HIV/AIDS mainstreaming measures

In response to the severe threat to sustainable development that the global AIDS pandemic poses, the BMZ introduced HIV/AIDS as a crosscutting issue in German development cooperation in 1998. In recent years, the concept of mainstreaming HIV/AIDS as a process by which an institution (organisation, programme, or project) systematically and adequately incorporates HIV/AIDS related issues into its mandate and core activities has become deeply rooted within Germany's development cooperation across all sectors. As HIV/AIDS is inextricably linked to SRHR, opportunities of establishing and strengthening linkages in the context of mainstreaming measures should be sought actively and be made explicit. This would help to create a more integrated approach, both within organisations and in their interactions with partner countries, other development partners and target groups.



Footnotes

- 1 ICPD Programme of Action, 1.12
- 2 Based on estimates by UNAIDS, WHO, UNFPA, and GFATM
- 3 The Glion Call to Action on Family Planning and HIV/AIDS in Women and Children, WHO and UNFPA, 2004.
- 4 The New York Call to Commitment: "Linking HIV/AIDS and Sexual and Reproductive Health", UNFPA, UNAIDS, Family Care International, 2004.
- 5 Maputo Plan of Action for the Operationalization of the Continental Sexual and Reproductive Health and Rights Policy Frame in Africa. 2006.
- 6 WHO/UNFPA/UNAIDS/IPPF (2005) Sexual and Reproductive Health & HIV/AIDS, A Framework for Priority Linkages.
- 7 BMZ (2004), Development policy action plan on human rights 2004 –2007.
- 8 United Nations High Level Meeting on HIV/AIDS, 2006
- 9 Private Sector Provider: Any non-governmental organisation working in the delivery of services in health or related sectors either for profit or not for profit, and including community based organisations or individuals.
- 10 UNFPA (2006), Global Programme to Enhance Reproductive Health Commodity Security.
- 11 IPPF/GTZ (2005), Sexual and Reproductive Health Organizations and the Global Fund: Research into the experiences of IPPF Member Associations in relation to the GFATM.





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WHO Reproductive Health and Research (RHR) website on HIV & SRH integration. <http://www.who.int/reproductive-health/hiv/index.html>



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