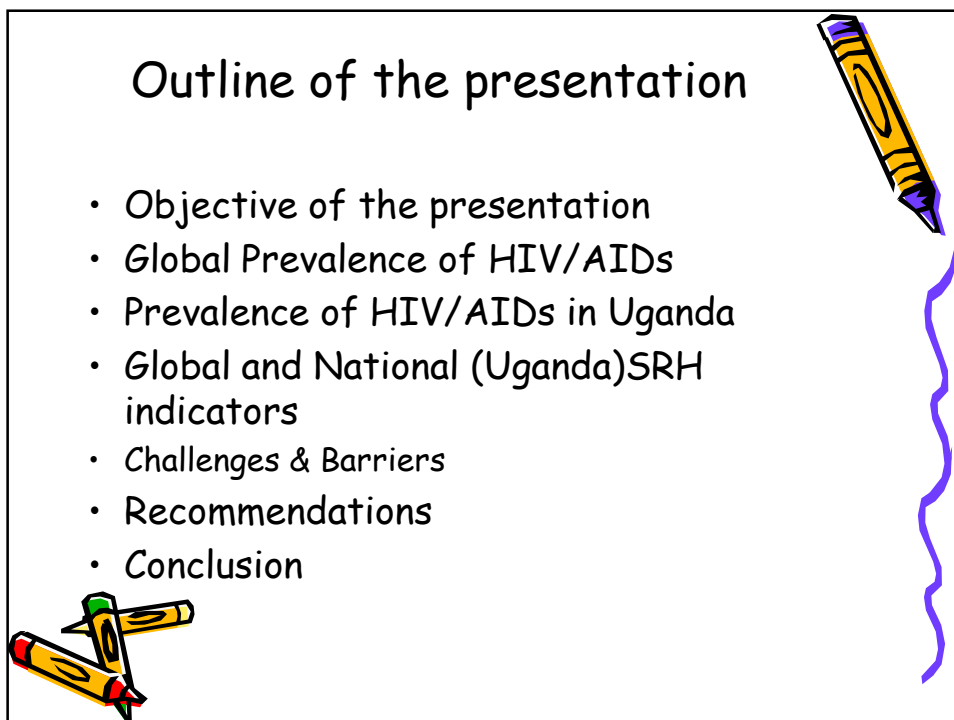


**SEXUAL & REPRODUCTIVE
HEALTH AND HIV/AIDS
INTEGRATION**

A PRESENTATION TO AFRO -ARAB
PARLIAMENTARIANS
BY
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Outline of the presentation



- Objective of the presentation
- Global Prevalence of HIV/AIDSs
- Prevalence of HIV/AIDSs in Uganda
- Global and National (Uganda)SRH indicators
- Challenges & Barriers
- Recommendations
- Conclusion

Objective of the presentation

To share information and experiences on Sexual Reproductive Health and HIV/AIDS integration.



Why Integration?

- To improve maternal health (MDG5) and reduce child mortality (MDG4)
- To address the vulnerability and high risk behaviors of young people that fuel the HIV epidemic in this age group.



Global Prevalence of HIV/AIDS

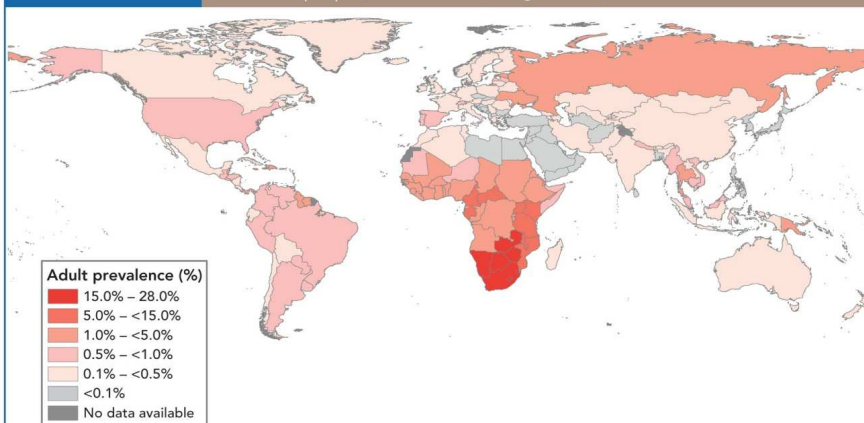
- HIV/AIDS has caused an estimated 25 million deaths worldwide.
- Globally, there were an estimated 33 million people living with HIV in 2007
- Overall, 2 million people died due to AIDS in 2007, compared with an estimated 1.7 million in 2001.
- Sub-Saharan Africa remains the region most heavily affected by HIV, accounting for 67% of all people living with HIV and 75% of AIDS deaths in 2007.



Global Prevalence of HIV/AIDS: UNAIDS Report 2008

FIGURE 2.2

A global view of HIV infection, 2007
33 million people [30 – 36 million] living with HIV, 2007



Prevalence of HIV/AIDS in Uganda

- Currently, 6.4% of adults and 0.7% of children are infected with HIV.
- About 1 million people are living with the disease and another 1 million have died since the start of the epidemic.
- The annual incidence reached 132,500 new cases in 2005. This includes 25,000 mother-to-child transmissions.
- HIV prevalence peaks among women aged 30-34 years and men aged 40-44 years. 46% of new infections occur in married couples.
- Women are infected more than men across the age spectrum from birth to age 45-49 years (60% to 40%).



Global Sexual Reproductive Health Indicators

- Worldwide, about 529,000 women die every year due to pregnancy and child birth mainly from preventable causes.
- Developing countries account for 99% of all maternal deaths worldwide. More than 50% of these deaths occur in sub-Saharan Africa.
- More than 8 million women suffer from life threatening complications of pregnancy leading to long-term morbidity.
- In Sub Saharan Africa, South Asia and Arab region, 2 million women live with fistula.



Uganda: Sexual Reproductive Health Indicators

- MMR stands at 435/100,000, which translates into the death of 6000 women per year.
- Neonatal Mortality rate is 29/1000.
- Maternal and child morbidity account for the highest disease burden.
- Peri-natal and maternal conditions account for 20.4%, and HIV/AIDs, 9.1%.



Uganda: Sexual Reproductive Health Indicators

- Total Fertility Rate 6.7.
- Contraceptive Prevalence Rate 24%.
- Unmet need for Family Planning 42%.
- Pregnant women attending ANC recommended 4 times 42%.
- Skilled care attendance at birth 42%.
- Postnatal Care 20%.



Challenges & Barriers

Defining and formulating appropriate policies has proved difficult.

Despite many years of rhetoric on integration there has been soaring HIV prevalence, continued high maternal mortality, and a persistent unmet need for contraception in sub-Saharan Africa.

Trends in donor financing undermine rather than support integration.



Challenges & Barriers

- There is growing concern for example in Uganda, where fiscal ceilings affect the health budget, earmarked funds for HIV/AIDS and other communicable diseases are crowding out government allocations to other priorities such as SRH.
- AIDS related funding has risen from about US\$1 billion in 1995 to nearly US\$3 billion by 2004. Funding on RH/FP rose to only about US\$1.6 billion by 2002, with minimal increase since then.



Recommendations

- There is need for policy makers to address SRHR, HIV and AIDs jointly with emphasis and commitment to universal access to prevention, treatment, care and support.
- Need to strengthen the national health delivery systems.
- Advocacy to raise the profile of HIV in the Reproductive Health services and the new Partnership for Maternal, Neonatal and Child Health.



Recommendations

- mainstreaming key sectors to address wider structural issues such as gender inequalities through female education.
- National governments to make policies that strengthen strong public private partnerships to reinvigorate a well functioning integrated system of SRH/HIV/AIDs information and services.



Recommendations

- Members of Parliament should make policies and legislation that support and promote integration of SRH and HIV/AIDS.
- Countries need to support research for quality data in order to establish the required knowledge base for effective advocacy and management for integrating HIV/AIDS to SRH programs.



Conclusion

- The HIV/AIDS pandemic is still a global threat.
- The poor reproductive health indicators reflect ineffective/inefficient health delivery systems and pose serious socio-economic development challenges in developing countries.
- Integration of SRH and HIV/AIDS has numerous benefits.
- Integration is desirable and necessary; our biggest challenge is how to move from rhetoric to action.



