Integrating HIV/AIDS Care into Reproductive Health Services: Opportunities missed, Lessons Learned

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Background

- Women constitute about 60 percent of those living with HIV/AIDS in sub-Saharan Africa,
- Young women account for three quarters of 15- to 24-year olds living with the virus
- Clients are the same people living within the same facilities
- Reproductive health and HIV services have generally been funded separately and operate vertically, with clients virtually seeing a different provider for each health service.
- Resources are finite and need to be judiciously utilized
Changes in Life Expectancy in Africa

with high HIV prevalence:
- Zimbabwe
- South Africa
- Botswana

with low HIV prevalence:
- Madagascar
- Senegal
- Mali

Source: UN Department of Economic and Social Affairs (2001) World Population Prospects, the 2000 Revision.
Why do we need to integrate services?

Core obstacles to addressing reproductive health are the same as those fueling the AIDS epidemic,

• vicious cycles of poverty,

• gender-based violence,

• discrimination in access to education and services,

• women’s lack of control over their sexual and reproductive lives.

• Adolescent girls often bear the consequences of teenage pregnancy, sexually transmitted infections (STIs), and HIV, exacerbated by intergenerational sex and sexual violence
Why do we need to integrate services? : 2

Integration is a feasible means to achieve multiple key goals:

• prevent new HIV infections among women and girls;

• reduce HIV transmission from mother to child (prevention of mother to-child transmission [PMTCT]);

• prevent more AIDS orphans;

• support HIV-positive women’s reproductive rights and fertility choices.

• MDG-4: to reduce child mortality;

• MDG-5: to improve maternal health;

• MDG-6: to combat HIV/AIDS, malaria, and other diseases;
Why do we need to integrate services? : 3

- Meet the needs of clients in a more comprehensive, cost effective, and efficient manner

- Maximize health care providers productivity

- Costs containment

- Maximize resources
Cumulative achievement for Counseling and testing

Individuals Counseled: 210,143
Tested in HCT settings: 368,297 (175%)

Commulative Target
Commulative achievement
Why do we need to integrate services? : 4

- Reproductive health covers a broad range of women’s health issues, including detecting and treating sexually transmitted infections and supporting HIV-positive women’s desire to have children safely.

- Urgent need to recognize, address and close emerging gaps in HIV prevention, care and treatment services.

- Ethical and operational grounds
Pregnant women counseled and tested across ICAP supported sites between 2006 - February 2010

<table>
<thead>
<tr>
<th>Year</th>
<th>Base Target</th>
<th>Achievement</th>
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<tbody>
<tr>
<td>2006</td>
<td>15,250</td>
<td>11,648 (76%)</td>
</tr>
<tr>
<td>2007</td>
<td>54,758</td>
<td>76,049 (138%)</td>
</tr>
<tr>
<td>2008</td>
<td>58,000</td>
<td>111,335 (191%)</td>
</tr>
<tr>
<td>2009</td>
<td>57,100</td>
<td>116,894 (204%)</td>
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Graph showing the comparison between base targets and achievements.
Why are we not integrating services?
BARRIERS

• Entrenched HIV/STD and MCH/FP vertical programs;

• Reproductive health and HIV services have generally been funded separately

• Some funders are uncomfortable with the premise of integrating reproductive health and family planning into HIV/AIDS programs,

• Diverse demands on district managers and providers

• “Reproductive health” is considered by some funders to be a euphemism for abortion services.
Opportunities to integrate RH and HIV/AIDS Care and Treatment Services

**Facility Level**
- OPD/In patients: PITC
- PMTCT Services
- Child Welfare Clinics
- Family Planning/Child Spacing Clinics
- Post Abortion Care
- Youth friendly clinics
- Male friendly facilities
- Cancer Screening services

**Community Level**
- Prevention Education
- Vocational Centers, Schools
- Outreach activities
- Youth friendly centers
- Safe motherhood, TBAs
- Infant feeding
- MARPS
Integrated Package of Services During the Pregnancy/Prenatal Period

Source: Emilia D. Rivadeneira, MD, CDC Atlanta

**Interventions**

- Early ANC
- PMTCT
- TB Screening
- Tetanus Toxoid Vaccine
- Malaria Prevention Rx
- Syphilis screening/Rx
- Other STI Screening/Rx
- Family Planning
- Safe Water
- Folate & Iron

- PMTCT
- Prevent maternal hemorrhage
- Skilled attendant at delivery
- OB complication management
- Hepatitis B vaccine
- Prevention of neonatal conjunctivitis
- Family Planning
- Safe water system
- Folate & Iron

**Community-based**

- Efforts to educate, facilitate access

**HAART**

- Promote supportive environment
Need to build on MCH Platform

Maternal Child Health (MCH) Programs are:

- Health system attending to the needs of women and young children

- PMTCT traditionally provided within ANC/MCH

- Post-partum women and their infants are usually seen in these programs (EPI, immunization clinic, well baby clinic, Family planning/child spacing clinic etc)

- HIV resources can enhance MCH services: comprehensive, integrated continuous care

Integration of MTCT-Plus Components in MCH Programs
Base Achievement for pregnant women Receiving ARV interventions 2006-Feb 2010

<table>
<thead>
<tr>
<th>Year</th>
<th>Base Achievement</th>
<th>Base Target</th>
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<tr>
<td>2006</td>
<td>1,110</td>
<td>30,152</td>
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<tr>
<td>2007</td>
<td>3,150</td>
<td>22,591(74%)</td>
</tr>
<tr>
<td>2008</td>
<td>2,900</td>
<td>4,094(129%)</td>
</tr>
<tr>
<td>2009</td>
<td>3,300</td>
<td>5,935(204%)</td>
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Base Achievement for individuals Reached with Condoms and Other Prevention

- Achievement: 4,383(132%)
- Base Target: 30,152
- Base Target: 22,591(74%)
Key Lessons Learned

• Integrating HIV/AIDS components into existing MCH activities increased uptake and utilization while reducing stigma;

• Training health care providers across RH/HIV/AIDS continuum maximized opportunities for quality service delivery;

• PITC at MCH/SRH/FP outlets and community levels increased uptake and reach especially to MARPS

• Improved quality of services as indicated with the application of the Standards of Care checklist at facility levels

• Non integration is expensive, divisive and time consuming
Addressing the Barriers

- Integrate at national and sub national level;
- Funders need to stop vertical funding of programs;
- Create multiple well functioning referral linkages
- Strong commitments from key players: government, funders, civil society and private sector to address issues
- Develop joint action plans to prioritize funding
- End users to demand for accountability of services
Addressing the Barriers:

- Strengthen health systems and health service infrastructure to improve SRH care.
- Increase capacities and competencies of Health care providers across different tracks to provide holistic care (SRH to provide HIV and vice versa).
- Prioritize better links between safe motherhood and HIV/AIDS programs.
Addressing the Barriers
Conclusion
Acknowledgements

• The USG/PEPFAR

• Colleagues around the world

• All health Care Providers

• Persons living with HIV

References


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