


***SEXUAL & REPRODUCTIVE HEALTH and
HIV/AIDS INTEGRATION: Issues for consideration***



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Elements of Reproductive Health

- Safe motherhood
- Family Planning
- Prevention and management of STIs including HIV/AIDS
- Abortion and post abortion care
- Adolescent sexual and reproductive health
- Gender issues/Harmful practices
- RH illnesses and dysfunctions – Gynaecological cancers, infertility, menopause, andropause etc

Elements of HIV/AIDS prevention and care

- HIV Counseling and Testing
- Condom promotion for dual protection
- Prevention and management of STI's
- PMTCT measures
- Palliative care
- Psychological and social support
- Nutritional care and counseling
- Management of opportunistic infections
- Anti Retroviral Therapy (ART)
- Recognition and facilitation of community activities that mitigate the impact of HIV/AIDS

Linkages, Integration....

Linkages: The policy, programmatic, services and advocacy synergies between SRH and HIV/AIDS

Integration: When different kinds of SRH and HIV/AIDS services or operational programmes that can be joined together to ensure collective outcomes. This includes referrals from one service to another. It is based on the need to offer comprehensive services

The Issue, the concern !

The majority of HIV infections are sexually transmitted or associated with pregnancy, child birth or breastfeeding all of which are fundamental elements of SRH Care. In addition, SRH problems share many of the root causes of HIV/AIDS such as poverty, gender inequality, stigma and discrimination and marginalisation of vulnerable groups. Despite this, the SRH and HIV/AIDS services still largely exist as separate, vertical programmes.

Linkages between HIV/AIDS and RH

(i) Epidemiology and Primary prevention : **Linkages.....**

- Adult HIV/AIDS is mainly a disease of the sexually active and those in the productive and reproductive age
- The unsafe act that transmits HIV infection also transmits unwanted pregnancies
- MTCT is obstetric and therefore pregnancy dependant
- Obstetric and Gynecological emergencies are some of the commonest indication for blood transfusion in Africa

Linkages.....

- Discussion of Breastfeeding (a critical issue in MTCT) is an integral part of post natal care
- Lactational amenorrhea is the most widely used contraceptive in Africa. Any intervention that reduces the practice should therefore offer alternative artificial means of family planning

Linkages.....

- Breastfeeding is the best intervention for child survival in sub Saharan Africa. Without it, infant mortality rises and the bereaved parents are more likely to try for another baby. The high child mortality rates continue to drive fertility behaviour in Africa.

Linkages.....

- HIV infection increases the chances of cervical dysplasia and its progression to cervical cancer
- The most reliable data from sentinel surveillance is currently based on data on antenatal populations
- Gender considerations are important in the epidemiology of HIV/AIDS and RH problems
- Condom use (male or female) provides dual protection

(ii) Effective interventions: Linkages....

- Community mobilisation and IEC, especially BCC is the mainstay of effective interventions in both HIV/AIDS and other RH aspects
- The sexual and reproductive messages that mitigate against HIV/AIDS are the same as those for most RH problems

Linkages: Interventions.....

- Services, equipment, skills and need to diagnose (HCT) and manage HIV/AIDS also share many features with those for RH. In many instances, the provider is the same (CHW, counselor, nurse, clinician)
- Apart from a few specific ARV regimens, the medicines used in managing most conditions associated with HIV/AIDS and RH conditions are also the same (antifungals, vitamins, hematinics, antibiotics etc)

Linkages: Interventions.....

- Malnutrition is prevalent in mothers and children in Africa and an important aspect of any MCH intervention. It is a major consideration in the management of HIV/AIDS
- Social cultural conditions that are harmful to RH also enhance the spread of HIV/AIDS. The positive roles of traditional, political and religious leadership is important in both instances

(iii) Outcomes: Linkages....

- HIV/AIDS and RH share many common outcomes in the same population groups: high morbidity and mortality
- HIV/AIDS also aggravates poor RH outcomes and vice versa. This is most evident in maternal and perinatal outcomes but will also be seen in contraceptive use, STIs and response to treatment of cervical cancer

The big question?

- Is there a need to integrate RH and HIV/AIDS programs to provide combined and comprehensive services?
- Yes, in countries with a serious generalised HIV/AIDS epidemic, it makes sense on every level to link and integrate SRH and HIV/AIDS services – The only question is how?

Benefits of integration (1)

- Increased access to and uptake of key SRH and HIV/AIDS Services
- Better SRH services tailored to meet the needs of women and men living with HIV/AIDS
- Reduced HIV/AIDS related stigma and discrimination
- Improved coverage of underserved and marginalised populations

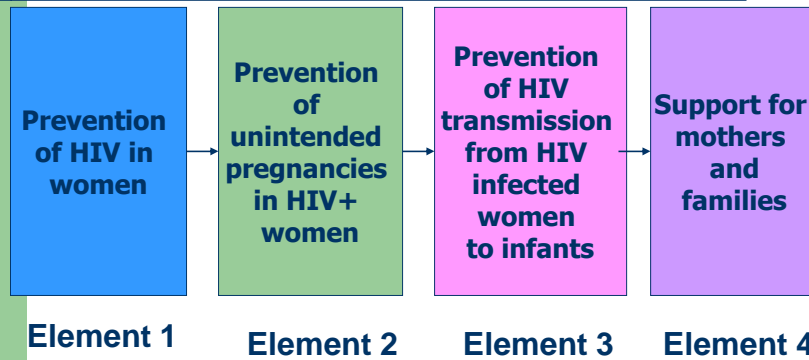
Benefits of integration (2)

- Greater support for dual protection against unintended pregnancy and STIs including HIV
- Improved quality of care
- Enhanced programme effectiveness and efficiency
- Mutually reinforcing complementarities in legal and policy frameworks

Benefits of integration (3)

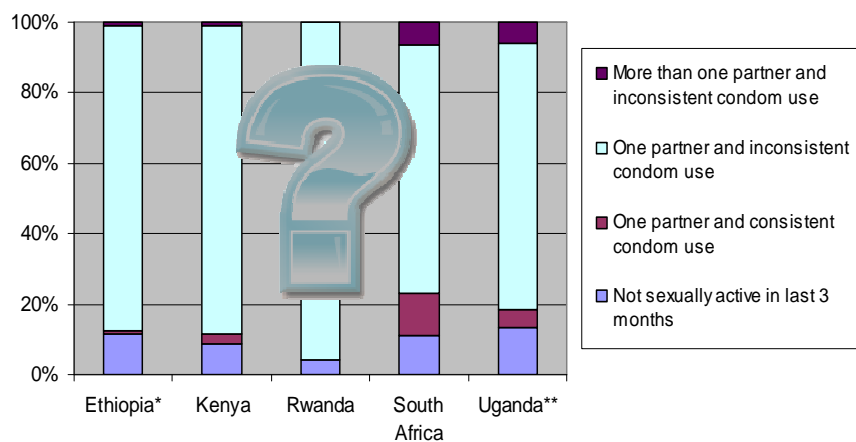
- Better understanding and protection of people's rights
- Decreased duplication of efforts and competition for resources
- Better utilisation of scarce resources for health
- Accelerated progress towards achieving MDGs, ICPD and other goals and commitments

Prevention of mother-to-child transmission strategy

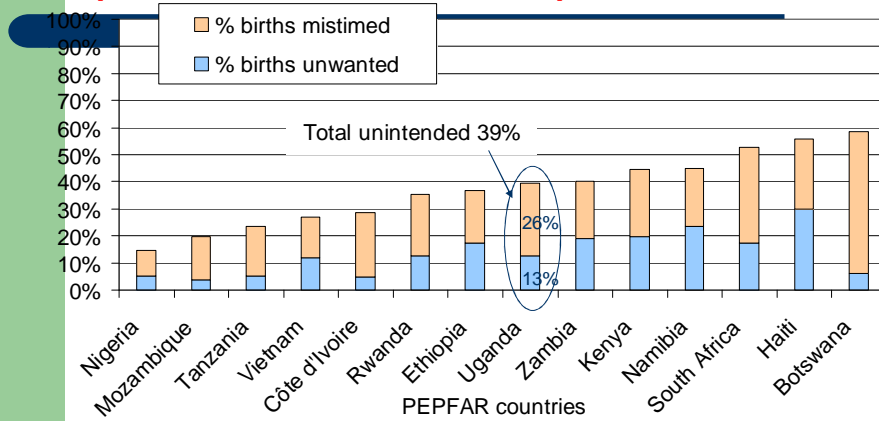


UN recommended approach

FP Clients Potential Risk of Exposure to HIV



Pregnancies are often unintended (mistimed or unwanted)



Source: DHS and other surveys

Women with HIV have unintended pregnancies

- Over 90% of Ugandan women on ART who became pregnant did not want or plan to have more children
- 84% unintended pregnancies among PMTCT clients in South Africa
- 51% unintended pregnancies among women with HIV in Cote d'Ivoire

Sources: Homsey et al., 2006 PEPFAR Implementers meeting; Rochat et al., JAMA2006;295:1376-8; Desgrées-du-Loû et al., Int J STD AIDS 2002;13:462-468.

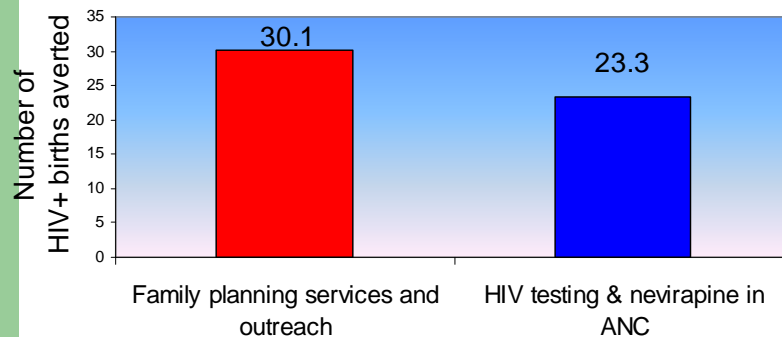
Preventing unintended pregnancies helps achieve HIV prevention goals

- UNGASS goal of reducing infant infections by 50% by 2010 cannot be met without preventing unintended pregnancy
- Moderate decreases in pregnancies to HIV+ women will reduce same number of HIV+ births as current PMTCT programs

Source: Sweat et al, AIDS 2004; 18(12): 1661-71

Traditional family planning programs

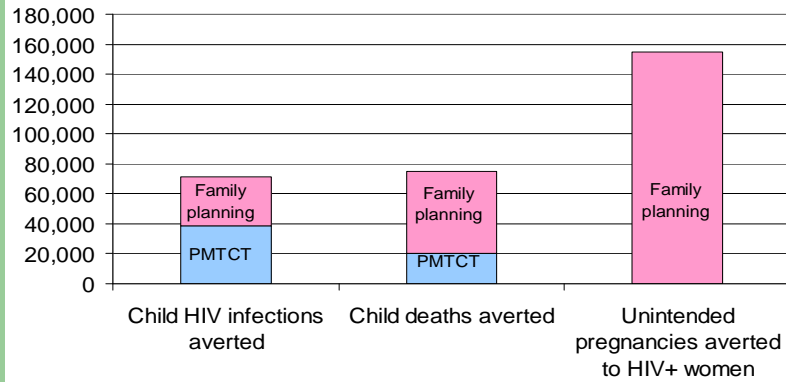
Number of HIV-positive births averted in an hypothetical SSA population of 100,000 women, given US\$20,000 program cost (1 year)



Source: Reynolds et al, *Sexually Transmitted Diseases*, 2006;33(6):350-356.

Benefits of FP in PMTCT programs

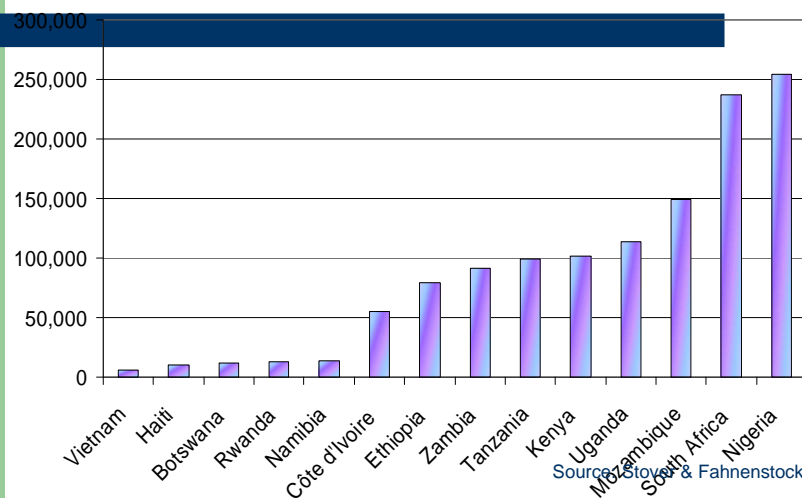
Benefits of PMTCT services alone and with family planning services in 14 high prevalence countries in 2007



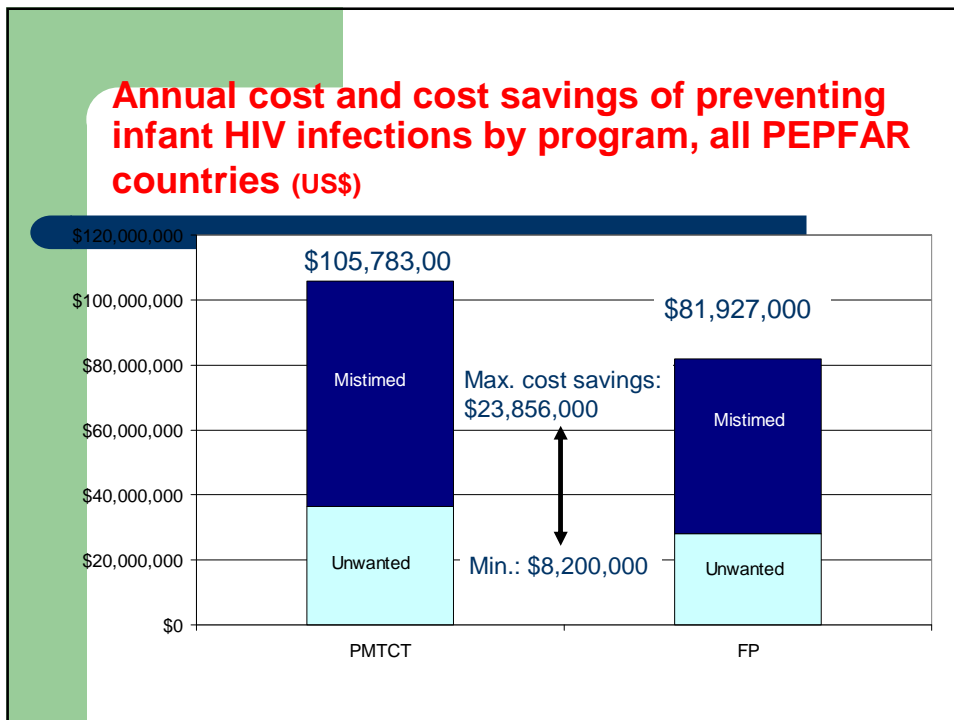
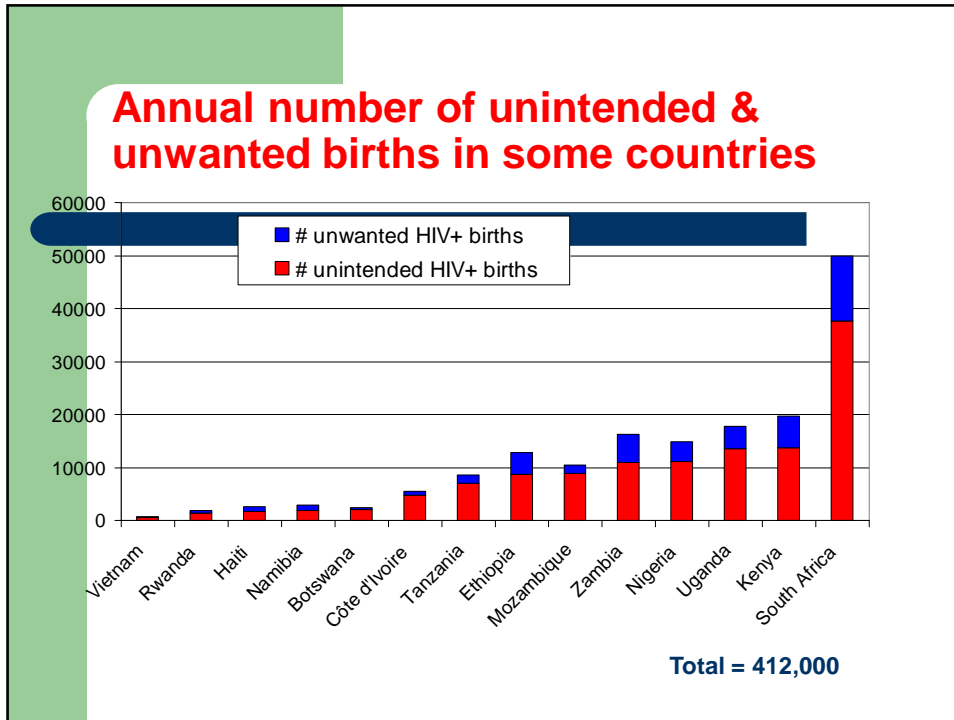
Source: Stover et al. 2004:

http://www.usaid.gov/our_work/global_health/pop/news/issue_briefs/pmtct_issue_brief.pdf

Annual number of births to HIV+ women



Source: Stover & Fahnenstock, 2006



Challenges to consider in integration of services (1)

- Ensuring that integration does not overburden existing services hence compromising quality
- Managing the increased workload for staff who take on new responsibilities
- Allowing for increased costs initially when setting up integrated services and training staff
- Combating stigma and discrimination from and towards health care providers, which can undermine service effectiveness

Challenges (2).....

- Adapting services to attract men and young people who tend to see SRH, especially family planning, as a women's issue
- Reaching those who are most vulnerable but least likely to access services such as young people
- Providing the special training and ongoing support required by staff to meet the complex SRH needs of HIV + people
- Motivating donors to move from parallel to integrated services, and sustaining support for integrated policies and services

Conclusions and Lessons (i)

- Current integration efforts in most countries are implemented at a rudimentary level, with much need for improvement before programs are brought to scale.
- Providing ART, HCT and other HIV services within SRH settings is not only cost effective but plausible, possible and practical

Conclusions and Lessons (ii)

- Providing services for HIV/AIDS at SRH clinics attracts new clients and creates opportunities for promoting SRH to a wider population
- In order to achieve their core aims and to maximize the public health impact, SRH and HIV/AIDS programmes should take specific steps to meet the needs and concerns of the women and men in providing services

Conclusions and Lessons (iii)

- Promoting SRH and raising awareness of HIV among young people requires availability of information and services as part of a wider programme that addresses their social needs and empower them to make health choices
- Integration issues need to be addressed through training (pre and in service) for health workers by reviewing the training materials and medical training curricula

Conclusions and Lessons (iv)

- There is need to further strengthen the restructuring of our health systems to:
 - shift from project based planning to sector wide planning, management and financing
 - shift from vertical to integrated service delivery through unification of reproductive health services particularly at the health facility level, where this is not happening

Conclusions and Lessons (v)

- To create an enabling environment for integration, donors need to review the terms and conditions of their funding and allow greater flexibility in how their money is spent. Leveraging HIV/AIDS resources to strengthen RH service delivery and improve RH outcomes is imperative
- Governments need to expand their unwritten AIDS policies of leadership, diversity of approaches and openness to include larger issues of sexual and reproductive health



Thanks for your patient listening