MODELS OF SRH AND HIV INTEGRATION

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Outline of Presentation

• Introduction
• Linkages and Integration
• Models for SRH-HIV Integration
• Approaches to Service Delivery within Models
• Opportunities
• Conclusion
Introduction

1994
• International Conference on Population and Development

2006
• UN Political Declaration on HIV/AIDS

2010 to date
• President Obama’s GHI-PEPFAR
• GFATM, WB
Introduction

“HIV, AIDS, sex and reproduction are intimately connected and linking sexual and reproductive health (SRH) and HIV responses is a fast moving and dynamic field. HIV is the predominant sexual health issue facing the world today, especially as it is the leading cause of death in women of reproductive age”

(IATT of Prevention of HIV infection in pregnant women, mothers and their children, 2007)
“The same social and economic inequities that make women and girls vulnerable to HIV infection also increase their risk for poor reproductive health outcomes, such as sexually transmitted infections, unwanted pregnancies, and death in childbirth”.

Linkages and Integration

Linkages at policy, programme and service delivery levels

Integrated SRH-HIV services
SRH-HIV INTEGRATION MODELS

Integration of HIV services into SRH services

Integration of SRH services into HIV services

SRH

HTC

ART

Condoms

FP

STI

ART
Models integrating HIV/AIDS services into SRH services
Model 1 - PMTCT

- HIV prevention
- ARV prophylaxis & ART
- PIHTC
- e.g. MOH Swaziland – EGPAF support
Model 2: VMMC

Condoms

Male Circumcision

Examples:
PSI Swaziland
MSI Zambia

PIHTC
Models integrating SRH services into HIV/AIDS services
Comprehensive HIV Care Package

FP counselling and services

VCT/ART clinic

STI screening and treatment

Condom education/supply
Integrated SRH-HIV Models for Special Groups
Correctional Health Services

HTC offer to all ART for all in need
FP for women

Condoms as part of package for release;
Planned - Condoms for intimate times

e.g. Matsapoha Maximum Prison,
Mawelawela Women’s Prison
Model 3: Adolescents SRH & Teen Clubs

- HIV prevention (Abstinence)
- VCT
- Condom education/supply
- Teen Clubs
- Adherence to ART
- FP services
- School Health

E.g. FLAS, School Health Program, MaxART Project, Baylor Teen Clubs
SRH-HIV Community Outreach

- FP counselling and services
- Mobile Outreach services
- STI screening and treatment
- Condoms
- HTC
- e.g. FLAS partnering with Gone Rural BoMake
Service Delivery Approaches

One-stop Shop

- HIV & SRH Services provided by one health worker in the same room
- **EG.** Patient on ART receiving STI treatment by the same doctor, nurse
- Pregnant woman being counselled and tested by the midwife at ANC or labour room
- **ADV:**
  - Minimal referrals
  - Saves time for client
  - Dealing with one provider
  - Patient information stays with one provider
Service Delivery Approaches

**Supermarket**

- Services provided by HCWs in different rooms but under the same roof/same compound
- **EG.** Pregnant mother receiving ANC services in one room and sent to next door for HTC and to another door for ART initiation
- **ADV.** Allows HCWs to sub-specialize
- Compatible with the health system set-up in our countries
What determines service delivery approach within a model

• Infrastructure – multiple and well equipped consultation rooms
• Health care worker attitudes – refusal to provide HIV related services, poor communication
• Territorialism - stubborn refusal to change practices
• Patient load in relation to HCW availability
• Capacity of HCWs to provide all services
• Patient demand
Missed Opportunities

• Integration of SRH and HIV services (STI and HIV prevention) for MARPS (IDUs, MSMs, CSWs) - SNAP
• Cervical cancer screening for women in HIV care and treatment clinics
• Lifelong ART for pregnant women
• GBV prevention and counselling in HIV care and treatment clinics
Opportunities for improving integrated models

• Decentralization of integrated SRH-HIV services to PHC level

• Shifting some tasks of Integrated SRH-HIV services to lower/community cadres to reduce patient load
Opportunities

• Simplification of diagnostics – POC CD4, Hb meters, PTs

• Simple electronic systems for HIV can also integrate SRH data

• Funding commitments from global agencies, that encourage SRH-HIV integration
Conclusion

• Various models for integrated SRH-HIV service delivery exist – fewer providing full range
• Models should include all groups targeted for RH services – CSWs and MSMs
• Important beyond the model is the approach to service delivery of the integrated services-driven by patient-centred care
• Improved linkages between SRH-HIV services at all levels should be starting point
• More research evidence needed to inform what model works in different settings
Thank You!

Asante Sana! Siyabonga!