
Policy considerations for effective and sustainable integration of family planning and HIV services

**Joel Rakwar and Rose Wilcher
Family Health International**

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Integration: What's this???

- **What is understood by integration?**

Various definitions exist:

- to make whole by bringing parts together
- to join with something else (Webster Dictionary)
- join, amalgamate, assimilate, combine, fuse, unite

- **Example from HIV/STI and MCH/FP Integration:**

- Incorporation of STI diagnosis and management within FP clinics (assumed definition, none defined from the outset and so understood across the board)

- **Example from FP into VCT:**

- Incorporation of some or all of family planning services into VCT or vice versa (Kenya program).

Case for Integration of FP and HIV services



**Clients Seeking
HIV-related Services**

AND

**Clients Seeking
RH Services**



Share common needs and concerns:

- are often both sexually active and fertile
- are at risk of HIV infection or might be infected
- need access to contraceptives
- need to know how HIV affects contraceptive options

Case for Integration of FP and HIV services....

It can be described as the ideal marriage between two obvious partners that may (not) work...

Policy Challenges

- Programs for health are run within structures that are largely driven by funds e.g., HIV (WHO 3x5, PEPFAR), RH (Safe Motherhood)
- Vertical programs come with:
 - Resources
 - Indicators
 - Targets/expectations
 - Issue of turf

Policy Challenges

- Policies, guidelines, training of providers are developed and implemented to respond to the expectations of the program
- Personnel within the programs have a vested interest not to integrate

Policy Challenges

- International structures are not integrated
- National programs take the cue from big brother
 - Separate programs for FP/RH and HIV/AIDS within Ministries of Health
- Service delivery organised in the same manner
 - Supervisors specialised in the respective areas
 - Services delivered in the same manner (based on products and not client centred)

Policy Challenges

- Centralized policy-making vs. decentralized service provision
- Translation of national policies into practice at the service delivery point requires numerous inputs:
 - Advocacy
 - Commodity procurement
 - Training
 - Supervision
 - Finances

Kenya

- Focus: FP/VCT integration
- Established an MOH-led family planning/VCT integration sub-committee
 - Co-chaired by representatives from the RH and HIV/AIDS programs of the MOH
- Created a national strategy for FP/VCT integration
- Developed national training manual for integrating FP into VCT centres

Zimbabwe

- Focus: FP/PMTCT integration
- Strengthened FP in National PMTCT Strategic Plan for 2006-2010
- Revised national PMTCT training curriculum to have stronger FP component
 - Revised curriculum will be used to roll out PMTCT trainings to Master Trainers and PMTCT service providers in early 2007

Nigeria

- Focus: RH/HIV integration
- Formed a national Integration Technical Working Group
- A national policy on integration is under development for the FMOH
- Successfully advocated for information on FP to be incorporated into the national HIV C&T guidelines and training curriculum
 - *In discussions about integrating FP info into the national PMTCT training curriculum

Integration viruses... and some anti-viruses

- Integration will not work by scrounging for resources from better endowed siblings...dedicated funds are necessary for the programs to work
 - *Leveraging of resources requires a lot of begging on the part of the less endowed (RH) and goodwill on the part of the better endowed (HIV) – discussions need to be held to determine where the resources will come from before setting out on the integration journey*
- Marriages take hard work to become successful... dedicated staff people for the integrated services are needed
 - *Having staff people dedicated to the integration process for the last 6 years in Kenya has been a key factor in the success so far*

Integration viruses... and some anti-viruses

- Lack of funds for the buy-in advocacy at all levels of the system
 - *Support for the integrated services cannot be assumed; staff and circumstances change and with them, priorities – continuous advocacy must be a deliberate part of the strategy*
- Turf issues bound to arise... sort out a priori
 - *It is critical to have a clear understanding of roles and responsibilities; these need to be assigned in a manner that takes care of the sensitivities of the partners within the integration process*

Integration viruses... and some anti-viruses

- Many providers of HIV services do not see fertility issues as being their concern and vice versa
 - *In the introduction of the integrated services the commonality of sex for both HIV and RH as a common denominator needs to be clearly made out to service providers....as long as the client is sexually active, they will have both concerns*
- Accessing contraceptives in the HIV service delivery areas or HIV commodities in the FP service areas is a demanding task
 - *The commodity issues need to be addressed in a structured manner and understood throughout the system so as not to encounter the problem*

Conclusions

- A supportive national policy environment is necessary, but not sufficient to achieve integrated service delivery
- Within a country, the infrastructure for integration has to be present throughout the system: from national to provincial to district to the service delivery point
- National policy support requires dedicated financial support, **continuous** political commitment from & programmatic coordination between MOH RH and HIV units

Conclusions

- For integration to succeed, service providers have to make the connection between RH and HIV for each client they encounter irrespective of where they are providing the service
- Lack of commodities at the service delivery point is a key impediment to the provision of integrated services

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