

Key Messages of the Conference

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Linking Reproductive Health, Family Planning and HIV/AIDS in Africa

An International Conference

UN Conference Center, Addis Ababa, Ethiopia

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Overview

- No clarity of the concept of integration
- Integration is a highly complex issue
- Requires strong political commitment at a higher level (government) and integration must be nationally driven
- Similarities and differences in the epidemiology of the RH, FP and HIV need to be understood and acknowledged to identify areas of integration

Policy

- Regarded as a neglected dimension
- Supportive national policy environment with continuous political commitment is not created
- Institutional leadership and technical capacity for integration is lacking
- Need to consider the evolving contexts in RH, FP and HIV
- Policy formulation need to be participatory and all inclusive - requires dialogue to reconciling the interest of various groups: donors, governments, program mangers ...

Program and Service Delivery

Need for integration:

- Same target population
- Common risk factors
- Leveraging resources
- Sexual debut starts at an early age – need for dual protection
- Large unmet needs for family planning

Program and Service Delivery

Challenges:

- Significant barrier for integration at all levels – donors, program managers...
- Lack of clarity on what component of services to integrate and how to do that
- Lack of evidence on the Impact of integration on quality of services
- Fear of associated stigma
- Lack of adequate health infrastructure for integration at all levels
- Provider-bias towards people with HIV about fertility intentions
- Lack of resources for re-training of providers and provide regular support
- High staff turnover and high workload
- Clients preferences not assessed- “clients are not empty vessels”

Research

- Most available studies are either cross-sectional or have methodological shortcomings – thus not conclusive
- Clear need for more methodologically rigorous research

Summary

- More evidence is needed to develop and inform policies and strategies for effective integration of reproductive health, family planning and HIV/AIDS programs

The Way Forward (Sideways or Backward?)

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Examples of successful integration

- Sensations condoms left in the women's bathrooms (men's, too?)
- 493+ individuals from 25 African nations sharing research and program experience from 15
- Timely response to the Africa Union's Maputo Plan of Action adopted by the Ministers of Health in September 2006
- International stature meeting organized by academia with co-sponsorship from ≥ 14 international and national RH and HIV organizations
- On Day 1, 9 research presentations re FP/RH added to HIV, 2 on HIV added to FP/RH, 4 on site-based outreach to adolescents, 2 on FP and HIV HAART, and 1 literature review
- Finally RH incorporating men's roles and health needs

Some recurring patterns of findings

- Fertility intentions are complex social phenomena and vary by
 - HIV infection status
 - ART status
 - Life cycle stage
- Little variation in fertility intentions and HIV status by study country setting
- Sexual behavior exposes women and men to risk of STD/HIV infection and unwanted pregnancy
 - Outcomes studied include pregnancy intentions, pregnancy rates, contraceptive use, condom use, unmet need
 - Studied outcomes also vary by HIV status
- Major gender differences in studied determinants and outcomes

Some recurring patterns of findings-2

- Health systems and providers in most African countries are overburdened and stretched (and thus weakened by demand exceeding capacity)
 - Demands of single-provider service integration may reduce client load, lead to staff turnover
 - Staff attitudes critical to quality care
 - Integration may not affect quality of base service (either FP or VCT)
- Policymaker commitment critical for successful linkage/integration/cooperation/implementation
 - Resources from and shared vision by donor agencies critical too

Study design variations

- Varying definitions of linkages, integration, etc.
- Samples are population or clinic based, policy-based
- Cross-sectional and cohort studies
- Qualitative and/or quantitative
- Self-reported and biological measures (CD4, viral load) of health status
- For more, see Lule and Rutenberg et al presentations

Cautionary considerations

- Disease prevention and treatment focus is different from a holistic reproductive health construct
 - Epidemiology of HIV incidence and pregnancy incidence very different
 - Implications for a population (mass)-based approach to screening for STD/HIV and unwanted pregnancy risks versus focusing on known cases and subsequent RH and HIV care needs

Cautionary considerations-2

- Disproportionate presence of RH rather than HIV practitioners, and researchers, donors
 - Minimal overlap in professional networks
 - How many studies addressed outcomes of interest to HIV researchers?
 - Reduction of HIV transmission (male circumcision?)
 - Increase in consistent condom use
 - Reduction in number of multiple sex partners

Advancing with continuous learning

- Conceptual clarification of “integration”
 - Hardee et al. profile of supply side
 - National policy
 - Strategy/planning
 - **Program/services**
 - Add to this, demand side
 - Community action
 - Household/family support systems
 - Individual efficacy
 - All entry points where combined inputs are possible and may or may not be effective or efficient
 - Dimensions of integration: physical, financial, administrative and service

Advancing with continuous learning-2

- More balanced dialogue needed between HIV and RH sectors
 - Donors play key roles in enabling national pursuit of shared vision
 - RH sector needs to increase familiarity and adeptness with HIV field's core interests
- Nationally defined and driven strategies, implementation, evaluation systems

Advancing with continuous learning-3

- Strengthen capacity building at service delivery level to equip providers with knowledge about both types of needs (HIV and FP/RH)
 - Pre-service and in-service training
- More research findings needed before recommending how services combined into packages, linked, integrated...

Advancing with continuous learning-4

- Defining and expanding research agenda on how to optimally deliver care to individuals with STD/HIV and FP/RH needs over time
- Strengthening rigor of research through a competitive and nimbly administered research program
 - Seek equal participation of HIV and RH researchers
- Increase research focus on cost, cost-effectiveness and cost-efficiency aspects of service combinations
- Replication of action research meetings for timely dissemination of and feedback on findings

Much accomplished here

- Convened as a group moved by:
 - A moral imperative to respond quickly to critical needs in FP/RH/HIV
 - A financial imperative given constrained and highly vertically organized resources
 - An intellectual imperative to act informedly
- Shared much practical and research wisdom
- Hope this momentum of efforts can be sustained

Dissemination plans

- Publication of proceedings
- Summary piece to major journal
- Available in one month:
 - Conference presentations, any contributed papers and weblinks
 - Participant list with contact information
 - www.jhsph.edu/gatesinstitute
- All meeting materials to be available from above website and from
 - AAU Dept of Community Health on CD
 - Email requests to dchmfaau@yahoo.com