

# INTEGRATING HIV/AIDS AND RMNCH PROGRAMMES: BEST PRACTICES

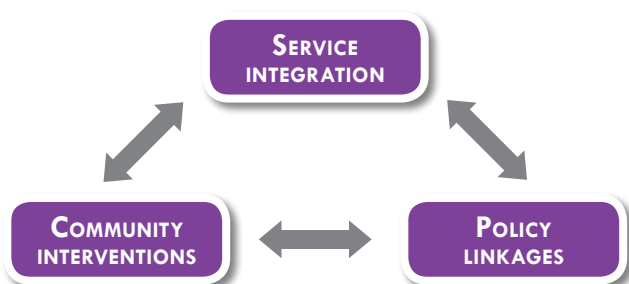
## RATIONALE

The populations, messages and services for HIV/AIDS and RMNCH often overlap. In many countries, RMNCH services represent the primary point of women's and children's access to the health system and - when integrated with HIV/AIDS prevention, care and treatment - greatly extend the coverage across all sets of interventions. When HIV/AIDS activities are linked with other initiatives (e.g. family planning, sexual health, ante- and post-natal care, gender-based violence prevention and services (GBV), prevention and control of sexually transmitted infection (STI), or youth empowerment), they can demonstrate greater effectiveness and value for money than when implemented alone. UNAIDS has documented how governments, donors, technical agencies and civil society recognise the potential of integrated HIV/AIDS and RMNCH services to accelerate delivery, expand service coverage and improve health outcomes for women and children living with HIV. Many countries have integrated their HIV/AIDS and RMNCH programmes and a clear, evidence-based set of best practices exist as highlighted in this summary. This summary outlines common steps and approaches that countries have used to integrate and link policies, programs and services. It highlights processes, interventions and priorities either already undertaken, or under consideration, that have been demonstrated both effective and cost-effective.

## GETTING STARTED

A rapid assessment tool has been created to assist countries wishing to create linkages between sexual and reproductive health and HIV policies, programs, services and advocacy activities ([www.srhivlinkages.org/en/rapid\\_assessment\\_tool.html](http://www.srhivlinkages.org/en/rapid_assessment_tool.html)). This guide takes stakeholders through the establishment of an assessment team, the assessment of both existing and potential linkages and points of integration, the analyses of data, and next steps. Assessment activities should include an analysis of potential costs and savings of integration, and seek to identify funding sources. Many funders now support integration so links between HIV/AIDS and RMNCH should be specified in proposals with cost- and time-estimates for commodities.

## APPROACHES



### 1. INTEGRATE DELIVERY OF HIV/AIDS AND RMNCH SERVICES

- Women living with HIV and their children should have access to a comprehensive integrated package of RMNCH services (e.g. family planning, antenatal, postpartum care, nutritional support, well baby care) either via direct provision or through referrals to community- or faith-based organizations (CBOs/FBOs). Include harm reduction for drug users.
- Comprehensive prevention of mother-to-child transmission (PMTCT), provider initiated testing and counseling (PITC), and voluntary counseling and testing (VCT) should be integrated into family planning and/or antenatal clinic services (that include antiretroviral prophylaxis and treatment, including during the breastfeeding period, safe delivery protocols, infant feeding counseling support, provision of family planning services to prevent unintended pregnancies, counseling on birth spacing, early infant diagnosis and referral of children into care and treatment). This approach requires that RMNCH workers are trained to work with women living with HIV and their families.
- Ensure that Community and Faith Based Organisations (CBOs/FBOs) work in close partnership with the public sector to create demand for services and provide adherence support both for medicines and clinic visits. Provision of care for all family members should be embedded within the continuum of care.
- Link RMNCH and HIV counseling/messaging/service referral to broader initiatives targeting the most vulnerable (e.g. addressing the needs of drug users, female sex workers, those subject to gender based violence (GBV), orphans and vulnerable children (OVC), and those for whom sustainable livelihoods are at risk).
- Develop and implement pre- and in-service training packages for health care workers on the RMNCH-needs of people living with HIV and at-risk women and children. Include a rights-based approach to training packages. Budget for funding to roll out training to health cadres.

### 2. LINKING HIV/AIDS AND RMNCH IN POLICY AND PROGRAMMING

- Implement national policies, guidelines and standards that promote integrated delivery of services.
- Expand delivery of ARVs in MNCH clinics by putting in place task shifting policies, guidance and training.
- Encourage cross-sectoral stakeholder collaboration and coordination to ensure that HIV/AIDS and RMNCH activities are aligned and add value to one another.
- Strengthen the evidence base on the benefits of integration. Improve monitoring and evaluation of integrated programming and use findings to refine programmes and policy.

3. SUPPORT COMMUNITY-LEVEL INTERVENTIONS

- Invest in community advocacy, information, education and communication interventions to raise awareness of HIV/AIDS and RMNCH linkages. Empower communities to demand integrated services. Leverage experience and strengthen community systems. Reach out to vulnerable groups (e.g. drug users, commercial sex workers).
- Build community-based counseling networks (such as support groups targeting women living with HIV and youth). Establish teams of counselors/patient advocates to accompany women and children needing to access HIV/AIDS, RMNCH and other services (e.g. PMTCT, VCT, contraception, harm reduction).

ROLE OF ACTORS

This summary may be of use to members of local and national governments, policy-makers, health professionals and CBOs/ FBOs. HIV/AIDS and RMNCH integration involves actors across two programmatic streams, and may involve engagement with other social services such as GBV, OVC and livelihood support. It may also require cross-sectoral collaboration and alignment between different government ministries, as well as between public and private partners.

TOOLKIT

APPROACH	RESOURCES
Integrated Services	<ul style="list-style-type: none"> <li>IPPF &amp; UNFPA. 2004. Integrating HIV voluntary counseling and testing services in reproductive health settings: stepwise guidelines for programme planners, managers and service providers. <a href="http://www.unfpa.org/public/home/publications/pid/2047">www.unfpa.org/public/home/publications/pid/2047</a></li> <li>FHI. 2008. Increasing access to contraception for clients with HIV: a toolkit (plus CD). <a href="http://www.fhi360.org/training/en/modules/FPHIV_toolkit/interface.pdf">www.fhi360.org/training/en/modules/FPHIV_toolkit/interface.pdf</a></li> </ul>
Bi-directional Linkages	<ul style="list-style-type: none"> <li>IPPF et al. 2009. Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages: a generic guide. <a href="http://www.srhivlinkages.org/en/rapid_assessment_tool.html">www.srhivlinkages.org/en/rapid_assessment_tool.html</a></li> <li>International HIV/AIDS Alliance. 2010. Good practice HIV programming standards: for use in the design implementation and evaluation of Alliance programmes. <a href="http://www.aidsallianceimpact.org/capacity-building/resources/good-practice-hiv-programming-standards">www.aidsallianceimpact.org/capacity-building/resources/good-practice-hiv-programming-standards</a></li> <li>GNP+. 2009. Advancing the sexual and reproductive health and human rights of people living with HIV: a guidance package. <a href="http://www.who.int/reproductivehealth/publications/linkages/9789490241018/en/index.html">www.who.int/reproductivehealth/publications/linkages/9789490241018/en/index.html</a></li> </ul>
Community-level interventions	<ul style="list-style-type: none"> <li>UNFPA &amp; IPPF. 2004. Sexual and reproductive health of women living with HIV/AIDS: guidelines on care, treatment and support for women living with HIV/AIDS and their children in resource-constrained settings. <a href="http://www.who.int/hiv/pub/guidelines/sexualreproductivehealth.pdf">www.who.int/hiv/pub/guidelines/sexualreproductivehealth.pdf</a></li> <li>Guidance on couples HIV testing and counseling: recommendations for a public health approach. <a href="http://www.who.int/hiv/pub/guidelines/9789241501972/en/">www.who.int/hiv/pub/guidelines/9789241501972/en/</a></li> </ul>

CASE STUDY

HIV prevalence in Indonesia represents 0.2% of the adult population and is concentrated mainly among the country's three million drug users and their sexual partners. Prevalence rates among male and female drug users are over 50%, with only 35% regularly using condoms. The epidemic is projected to almost

double by 2014. Puskesmas Gambir is one of five public primary health care clinics integrating MCH/FP, VCT, STI, ART and harm reduction interventions in a single "one stop shop." By operating as a primary health center, Puskesmas Gambir is able to offer those who are drug-users or HIV-positive comprehensive RMNCH care alongside specialised harm reduction and HIV services. Staff are trained in building trust, minimizing stigma and providing support and referral for vulnerable clients. Separate rooms are provided for testing and counseling and methadone maintenance to ensure patient privacy. Opening hours are set so working people can receive services during their free time. Partnerships have been established with harm reduction organizations to improve service provision. Puskesmas Gambir's innovative delivery model and strong leadership has encouraged scale up to other facilities.

Source: McManus, J, Chowdhury AMR, et al. (2012). [http://www.srhivlinkages.org/uploads/docs/articles/web\\_whatworks\\_indonesia\\_en.pdf](http://www.srhivlinkages.org/uploads/docs/articles/web_whatworks_indonesia_en.pdf)

OPPORTUNITIES TO ENGAGE

- The Interagency Working Group (IAWG) on SRH and HIV Linkages includes members from UN Agencies, donors, and technical and advocacy organizations. IAWG's goals are to provide advocacy for global, regional and national SRH/HIV linkages, promote and disseminate research and evidence, provide coherent messaging in support of policy and program development, and support resource mobilization. The IAWG has created a resources pack with links to over 100 documents, toolkits, guidelines, frameworks and training packages to assist national- and global-level policy makers, advocates and programme managers.

RESOURCES

- Integration: Strengthening the evidence base and good practices for linking HIV and SRHR. SRH & HIV Linkages Resource Pack. [www.srhivlinkages.org/en/srh\\_and\\_hiv\\_linkages.html](http://www.srhivlinkages.org/en/srh_and_hiv_linkages.html)
- International HIV/AIDS Alliance. Integration of HIV and sexual and reproductive rights: good practice guide. [www.aidsallianceimpact.org/capacity-building/resources/integration-of-hiv-and-sexual-and-reproductive-health-and-rights](http://www.aidsallianceimpact.org/capacity-building/resources/integration-of-hiv-and-sexual-and-reproductive-health-and-rights)
- WHO (2005). Sexual and reproductive health and HIV/AIDS: a framework for priority linkages. [www.who.int/reproductivehealth/publications/linkages/HIV\\_05\\_5/en/index.html](http://www.who.int/reproductivehealth/publications/linkages/HIV_05_5/en/index.html)
- WHO Bulletin (2009). Special Theme: Strengthening the linkages between sexual and reproductive health and HIV. 87(11). [www.who.int/bulletin/volumes/87/11/en/index.html](http://www.who.int/bulletin/volumes/87/11/en/index.html)
- WHO et al. Gateways to integration: Case studies of country level experiences on how to link and integrate services.

