

PROMOTING WOMEN'S & CHILDREN'S HEALTH INTEGRATING HIV, TB, MALARIA AND RMNCH PROGRAMMES

Photo: The World Bank/Arne Hoel



In many countries, RMNCH services represent the primary point of women's and children's access to the health system. The stakeholders, messages and services for HIV, tuberculosis (TB) and malaria and for reproductive, maternal, newborn and child health (RMNCH) are closely interconnected. When integrated with prevention, care and treatment for other health concerns, coverage for these three priority diseases can be greatly enhanced. There are multiple entry points along the RMNCH continuum of care to integrate HIV, TB and malaria strategies, and opportunities exist to strengthen health systems and community structures. An appropriate approach will avoid duplication and maximise effectiveness, efficiency and quality. It will also promote human rights and accountability for shared indicators and results. Several initiatives currently support the integration of HIV, TB and malaria services with RMNCH services. Further expansion of these efforts could significantly improve the health of women and children.

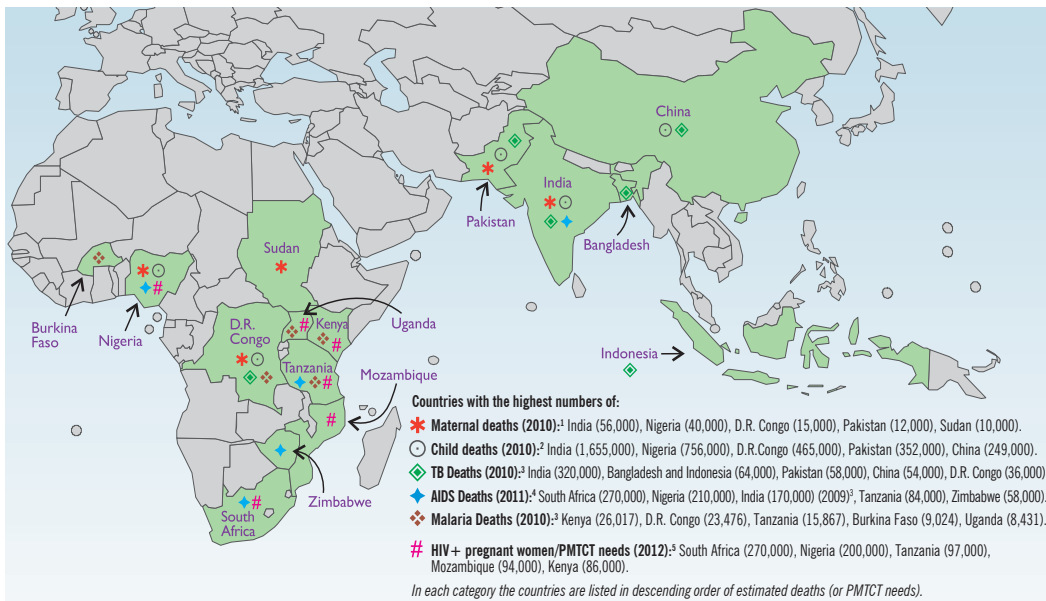
a. The "Continuum of Care" for reproductive, maternal, newborn and child health (RMNCH) includes integrated service delivery for women of reproductive age and children from adolescence and/or pre-pregnancy to delivery, the immediate postnatal period, and childhood. Such care is provided by families and communities, through outpatient services, clinics and other health facilities.

THE CONTEXT

Women and children bear a heavy burden of HIV, TB and malaria, which interact with and exacerbate other reproductive, maternal, newborn and child health (RMNCH) problems (see Figure 1). Over two million women and children die every year from AIDS, TB and malaria.¹ AIDS and malaria combined contribute to 10% of all deaths in children under the age of five and are associated with around 20% of maternal deaths worldwide.² In 2011, an estimated 330,000 children were newly infected with HIV, more than 90% of them through vertical transmission from their mothers and there were an

estimated 0.5 million cases and 64 000 deaths among children due to TB.^{3,4} It is not known how many stillbirths (2.7 million per annum) or preterm births might be directly linked to HIV, TB or malaria, particularly. Malaria in pregnancy also has a negative impact, contributing to maternal anaemia, low birth weight and infant mortality and coverage of IPTp is very low.⁵ Inequities relating to gender and poverty in accessing health services, early and forced marriage, as well as stigma, discrimination and denial of legal rights exacerbate the vulnerability of women and girls to these diseases and to other RMNCH problems.⁶

FIGURE 1. Countries with the highest number of deaths - MDGs 4, 5 & 6 - and PMTCT needs



Data sources: 1. Trends in maternal mortality: 1990 to 2010. WHO, UNICEF, UNFPA and The World Bank estimates (2012); 2. http://www.unicef.org/videoaudio/PDFs/APR_Progress_Report_2012; 3. Global Health Facts www.globalhealthfacts.org; 4. UNAIDS. UNAIDS Report on the Global AIDS epidemic (2012); 5. UNAIDS. 2013 progress report on the Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive (2013).

Integrating HIV, TB and malaria and RMNCH interventions together across the continuum of care can address critical gaps in service delivery and greatly extend coverage. Integrated packages of care save lives and are cost-effective.⁷⁻⁹ Programme evaluations show that antenatal care (ANC), provider-initiated HIV testing and counselling (PITC), prevention of mother-to-child transmission (PMTCT)^b and antiretroviral therapy (ART) adherence all improve when an integrated approach is adopted into routine reproductive, maternal and neonatal health care.¹⁰

KEY STRATEGIES

Box 1. Global Fund support for strengthening RMNCH linkages

The Global Fund 2012-2016 Strategy: Investing for Impact states:

“A targeted initiative, focused on selected synergistic MNCH interventions in a limited number of high-burden countries where the Global Fund already has substantial investment could have a major impact on saving lives at a relatively modest incremental cost. This represents a very cost-effective outcome, reflecting the leveraging effect of building on the platform already established to deliver aligned services.”

Source: The Global Fund. The Global Fund strategy 2012-2016: Investing for Impact. 2012.

The Global Fund Board encourages:

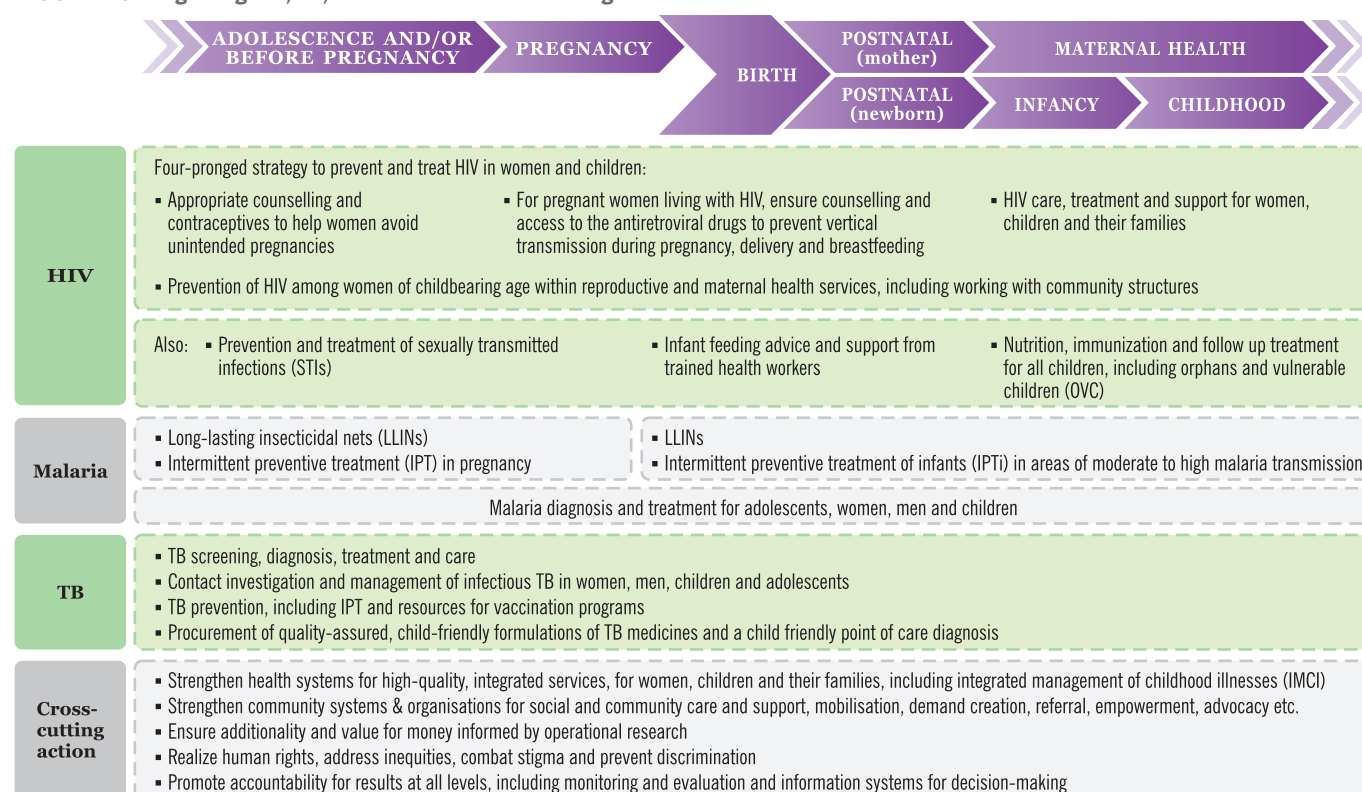
“...countries, where applicable, to strengthen the MNCH content of their Global Fund-supported investments, maximizing existing flexibilities for integrated programming.”

Source: The Global Fund. Twenty Second Board Meeting (December 2010).

Recognising the need to capitalise on lessons learned in this area, several initiatives support strategic integration and linkages with RMNCH (see Box 1).^c Integrating HIV, TB and malaria strategies with RMNCH shows immense promise for making progress on universal access to prevention, treatment, care and support. Interventions that are based on national health priorities, strengthen health and community systems and integrate the continuum of care with HIV, TB and malaria strategies allow for the best use of limited human and material resources and can improve health service delivery. To be as effective as possible, integrated interventions must also promote gender and human rights, give attention to creative and innovative approaches and strengthen accountability for results. The inclusion of RMNCH linkages in the Global Fund's mandate and funding model requires attention to each of these areas.¹¹

b. The prevention of mother-to-child transmission of HIV (PMTCT) is a comprehensive intervention comprising of services to prevent vertical transmission of HIV while at the same time strengthening maternal and child wellbeing. The 'Global Plan towards the elimination of new HIV infections among children by 2015, and keeping their mothers alive' has a goal to eliminate mother-to-child transmission of HIV (EMTCT) and to reach pregnant women living with HIV and their children, from the time of pregnancy until the mother stops breastfeeding.

c. These include the The Global Fund to Fight AIDS, Tuberculosis and Malaria; the UN Secretary General's Global Strategy on Women's and Children's Health; the H4+ initiative; the International Health Partnership (IHP+); the Global Elimination of Congenital Syphilis and The Elimination of Neonatal Tetanus; the Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive, and the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA).

FIGURE 2. Integrating HIV, TB, Malaria and RMNCH Strategies*


Adapted from: The Partnership for Maternal, Newborn and Child Health (PMNCH) (2011). A global review of the key interventions related to reproductive, maternal, newborn and child health (RMNCH). Geneva, Switzerland: PMNCH; The Global Fund (2010). Scaling up Investments in Women and Children to Accelerate Progress towards MDGs 4, 5 and 6.

*Further details and technical guidance available from sources in Box 2.

Integrate across the continuum of care

There are multiple points across the continuum of care where essential interventions can be integrated with HIV, TB and malaria strategies (see Figure 2). There are evidence-based and well-documented successes in countries. Key entry points across the continuum of care to consider include sexual and reproductive health services, antenatal and post-natal care, and providing nutritional, psychosocial and socioeconomic support for women and children who are especially vulnerable (see Box 2 for details and technical resources). It is estimated that more than 50% of development assistance for reproductive health activities in 2009 and 2010 was directed towards HIV prevention, treatment and care for women of reproductive age.^{12, 13}

Strengthen health systems

Inadequate health systems are a primary obstacle to scaling up interventions to improve women's and children's health and to support HIV, TB and malaria control programmes.¹⁴ For health systems, having sufficient numbers of trained, qualified and motivated health workers in the right place, at the right time and with the right resources is crucial to the provision of essential services.¹⁵ Strengthening health systems, such as in areas of procurement/regulation of drugs and commodities and competencies and innovative profiles of human resources, not only improves key disease-priority areas, but also ensures the system can provide the volume and quality of services needed for successful integration across the continuum of care.¹⁶

Box 2. Resources to guide integration of HIV, TB and malaria and RMNCH services

- WHO Technical Guidance Note: Strengthening inclusion of maternal, newborn and child health in proposals to the Global Fund and other Partners. 2011. http://tip.populationaction.org/files/2012/08/WHO_RH_MNCHGuidance_July2011.pdf
- Integrating HIV/AIDS and RMNCH programmes: Best Practices. 2012. <http://www.who.int/pmnch/knowledge/publications/strategybriefs>
- Integrating Malaria in Pregnancy (MiP) and RMNCH Programs: Best Practices. <http://www.rollbackmalaria.org/mechanisms/mpwg.html>
- No more crying, no more dying. Towards zero TB deaths in children. http://www.stoptb.org/assets/documents/resources/publications/acsm/ChildhoodTB_report_singles.pdf

Promote community systems

The promotion of community systems involves developing the role and capacity of a broad range of community actors in the design, delivery, monitoring and evaluation of health services and other interventions at the community level. Many synergies and overlaps within and between community and health systems can be reinforced. Robust community systems interact with the health system directly and improve RMNCH outcomes through building demand for appropriate services and providing interventions related to prevention, treatment, care and support. Community systems also address issues that impact on health, such as sanitation, safe drinking water, malnutrition, gender equality and women's empowerment. The combined strengthening of health and community systems and integrated service delivery is increasingly prioritized in order to reach MDGs 4, 5 and 6.¹⁷

Emphasize effectiveness, efficiency, and quality

Synergising RMNCH with strategies for the three diseases by using innovative, cost-effective and evidence-based approaches, can improve the targeting of funds, increase efficiency and improve the quality of women's and children's health interventions.¹⁵ Efforts towards quality improvement in maternal and health services also increase the likelihood of timely and appropriate treatment that is both equitable and consistent with current professional knowledge. RMNCH services which are clinically effective, safe and a good experience for the patient not only strengthen the continuum of care but also facilitate action and enhance coverage for the three priority diseases. For example, when HIV, TB and malaria interventions are linked with RMNCH initiatives across the continuum of care model and consideration is given to cross-cutting issues such as gender-based violence prevention (GBV) and youth empowerment, they can demonstrate greater effectiveness than when implemented alone.

Realize human rights, address inequities, combat stigma and prevent discrimination

Promoting awareness of rights, advocating for equality of access to essential services, ensuring legal entitlements and mitigating stigma and gender inequity are essential elements of a human rights approach to promoting women's and children's health.¹⁸

Successful integration of RMNCH interventions with HIV, TB and malaria strategies requires preventing discrimination across all dimensions of access to quality healthcare: accessibility, affordability, acceptability, appropriateness and quality of services. It also requires efforts to address the underlying risk factors and determinants of disease in vulnerable groups and to improve coverage and outcomes in underserved populations, such as reduced new infection rates and improvements in survival and health status.

Promote accountability for results at all levels

Shared indicators for monitoring and evaluating will help track progress towards MDGs 4, 5 and 6. The Commission on Information and Accountability for Women's and Children's Health (CoIA) provides a framework for strengthening health information systems and includes consensus on tracking 11 core RMNCH indicators, which include antiretroviral prophylaxis among HIV-positive pregnant women, antenatal care coverage, children under five who are stunted, maternal mortality ratio and under five child mortality.¹⁹ Integrating monitoring and evaluation (M&E) for RMNCH and for HIV, TB and malaria programs will help ensure accountability for results at all levels, inform programme management and promote learning across contexts on addressing constraints and building on successes to promote women's and children's health.

CONCLUSION

An opportunity to accelerate progress towards MDGs 4, 5 and 6

An integrated approach to the health MDGs is consistent with the UN Secretary-General's Global Strategy for Women's and Children's Health,¹⁴ which builds on the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) and other initiatives. Better integration and coordination of RMNCH interventions with HIV, TB and malaria strategies offers a significant opportunity to accelerate

progress towards MDGs 4, 5 and 6. The strategies for prevention are similar and the areas where systems require strengthening are also interconnected. There are less than 1000 days left to reach the MDG targets, but the effort will not stop in 2015. It is critical to expand the impact of global investments by integrating RMNCH interventions across diseases and sectors, and promoting equity and accountability within existing frameworks, such as the CoIA, to ensure women and their children can access sustainable, quality care when and where they need it.^{6, 15}

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