Scaling up the linking of sexual and reproductive health (SRH) and HIV provides an unparalleled opportunity to expand access to a wide range of SRH, including family planning and HIV services. The rationale, laid out since 2004, is indisputable – the majority of cases of HIV transmission are sexually transmitted or are associated with pregnancy, childbirth and breastfeeding; and the risk of HIV transmission and acquisition can be further increased due to the presence of certain sexually transmitted infections (STIs).

The Integra initiative began in 2008 to try to better document, understand and evaluate the benefits, challenges and opportunities of different models of integration SRH and HIV services. Integra is a five-year research project (2008–2012) that aims at gathering evidence to determine the costs and benefits of using different models for delivering integrated HIV and sexual and reproductive health services in high and medium HIV prevalence settings, to reduce HIV infection (and associated stigma) and unintended pregnancy.

Four different models of integrated SRH and HIV services are being evaluated in ‘real world’ settings in Kenya, Malawi and Swaziland. A ‘programme science’ approach has been adopted, which means that the research is embedded within the day-to-day activities of the health facilities being studied. This issue of the quarterly newsletter highlights the innovative aspects of Integra and presents early results relating to costs, savings, possible efficiency gains from, and new measurement tools for, integrating SRH and HIV services. It also outlines the history, rationale and team behind the initiative. Future issues will review the findings relating to meeting client needs, integration as a modality for reducing stigma and expanding access to comprehensive HIV and SRH services.
International Planned Parenthood Federation (IPPF)

2012 is the culmination of over four years of planning, research, implementation and evaluation, and it is an exciting year for Integra. The early results show clearly that effective integration needs to be context-specific and that there are valuable ways to better structure and provide resources to save costs and improve efficiency of services. Our challenge is to ensure we make the most of the robust and comprehensive research to distil key learning that can be applied in other settings.

Drawing on the experience of researchers, implementers, managers, clients, service users and young people – it is research that can make a difference. It both generates knowledge and enhances services in the process.” LUCY STACKPOOL-MOORE, IPPF

London School of Hygiene and Tropical Medicine (LSHTM)

As the analysis is underway, there is much excitement about the breadth and nuances of the emerging results. The research draws on a range of quantitative survey data, qualitative interviews, and a large variety of service statistics and economic cost data from clinics, clients, providers and the general population. The comprehensiveness of our approach is unique in the integration research field.

This ‘programme science’ approach means that our research recognizes and works with the complexities of service-delivery in the ‘real world’ rather than being a theoretical academic exercise.” DR SUSANNAH MAYHEW, LSHTM

Population Council

From 2009 the Population Council led the Integra interventions in Kenya and Swaziland with a new toolkit ‘The Balanced Counselling Strategy Plus’ (BCS+), that aimed to enable providers to address clients’ needs related to STIs, HIV and family planning in the same consultation. BCS+ was further developed to include components related to postnatal care and cervical cancer screening (see Resources page 3). Innovative capacity development and mentoring was a critical part of the operations and research, building knowledge and skills of health care providers in two of Integra’s integration models.

Integration is the new primary health care: it provides opportunities for women and men to receive a more comprehensive service.” CHARLOTTE WARREN, POPULATION COUNCIL

Integra index: an innovative method

Why do we need an index?

Despite widespread activity on integrating HIV services with sexual and reproductive health services, there are no standard measures of efficiency and effectiveness of integration.1 Only a few studies have attempted to measure and rank integrated care2, describe the relative importance (weight) of complex interventions3 or describe the relationship between integrated services and a particular service or health outcome4. No such measures have been developed or applied to HIV/STI integration.

What did Integra do?

As part of a complex evaluation of different models of integration in Kenya and Swaziland, Integra has developed an ‘index’ to measure the precise degree of integration across all 40 clinics in the study, describing their relative efficiency and effectiveness in terms of integrated services provided.

The index models data describing eight attributes which measure four dimensions of HIV and SRH service integration:

• Physical integration (service location based on the actual physical space, such as the layout of a building or clinic);
• Temporal integration (proportion of integrated services available per day, by days of the week);
• Provider integration (proportion of integrated services provided per provider); and
• Functional integration (proportion of clients who received integrated services with one provider).

The attributes were validated by a group of experts including service providers and researchers and weighted accordingly. For the statisticians: we employed a Bayesian approach, incorporating expert knowledge in the derivation of the Index. We used multidimensional latent variable measurement models, suitable for the nature of the data and derived latent dimensions of integration. All models were estimated with the Mplus 6.12 software.

What will the index be used for?

The index has several important uses. It allows researchers engaged in evaluating complex integration scenarios to robustly control for the different ‘actual’ level of integration in the intervention and comparison clinics – making the results more valid. The index also allows us to better understand efficient and effective integration by describing the key factors that influence integration through identifying what factors are most closely associated with integrated clinic functioning.

The development of this type of index for integration is innovative and important for policy and programme decision-makers who need to know how/where investment should be targeted in facilities to enhance the level of integrated service provision and expand access to HIV services.

DR SUSANNAH MAYHEW, DR ANNA VASSALL, LSHTM

Resource pack developed by the Inter-agency Working Group on SRH and HIV linkages, to help build a common understanding of SRH/HIV linkages and to provide an overview of the current status of these linkages among key partners.

Available at: www.srhhivlinkages.org


Available at: www.popcouncil.org/pdfs/2011RH_BCSPlusTrainersGuide.pdf


Available at: www.ippf.org/en/Resources/Guides-toolkits/Preventing+HIV+and+unintended+pregnancies.htm

One of the themes emerging from Integra is: SRH and HIV integration can provide an effective way to more efficiently use scarce resources, both human and economic.

Costs and savings

The preliminary findings emerging from Integra show some of the potential for economic gains, but also some of the challenges in achieving these, for example:

Integrated HIV and SRH services for specific clients – such as young people – in Malawi: The costs of integrated services for different clients can vary. The uptake of integrated services by adolescents was observed to vary widely over time. This was in part related to variations in supplies. Having stable supplies is an important component of ensuring that efficiency gains are achieved. When supplies are low, so is patient load and the average cost per client increases. Staff can be under-utilized, as a consequence of the poor or unreliable availability of commodities.

Integrating family planning and HIV services in Kenya: There is a wide variation in the current costs of providing both SRH and HIV services. Various factors drive these costs, such as the availability of supplies, physical space of the facility and capacity of staff, and key is the use of human resources. While most providers are concerned about the potential increased workload that integration brings – in fact there is a wide difference across facilities in the number of clients being seen. Programme managers need to carefully assess which facilities can adapt to the increased workload to avoid over-stretching services.

Integrated HIV counselling and testing services in Swaziland: Early signs show that integrated HIV counselling and testing within SRH services are much lower in cost than some HIV stand-alone facilities, but the picture is not uniform. Some stand-alone facilities are extremely efficient, but where demand for counselling and testing services is low, then services are often of a high cost.

There is no blueprint for integration – costs and savings are context specific.

Integra has several academic papers in the pipeline. Some of the Integra research published so far includes:


Thematic segment: SRH services with HIV interventions in practice. A background paper at the 26th Meeting of the UNAIDS Programme Coordinating Board, 22–24 June 2010, Geneva, Switzerland.

3
Dr James Kimani is a Senior Analyst at the Population Council, Nairobi, Kenya. I am involved in providing technical assistance for systematic evaluation of the Integra initiative. This involves analyzing operations research data to generate robust evidence on the relative benefits of different models of integrating SRH and HIV services. In addition, I am involved in developing various dissemination materials targeted at different audiences to communicate and enhance utilization of project findings. Improving efficiency and quality of healthcare delivery can be achieved through integration of services.

Carol Dayo Obure is a research fellow at LSHTM. As part of the economics team, my contribution to Integra has been collection and analysis of service utilisation and resource use data for select HIV and SRH services at the facility level in Kenya and Swaziland to determine the costs and cost effectiveness of providing these services. While integration of HIV and SRH services seems like a logical step, so far little is known about the cost implications of providing such integrated services. Integra is the first multi-country study seeking to strengthen the evidence around integration and its potential to achieve health system efficiency particularly in high and medium HIV prevalence and low-resource settings.

Mathias Ghatsha Chatuluka is the Executive Director of Programmes for Family Planning Association of Malawi (FPAM). The Integra initiative motivated me to think of increasing access to sexual and reproductive health and HIV services in rural and hard to reach communities through the ‘Mobile Van’ increasing the community-based coverage in rural communities. We have also introduced the ‘Household Approach’ where provision of information and services are linked at every point from a household (primary) to the tertiary levels. As a result of the Integra initiative, FPAM has been transformed and is much stronger and more sustainable than it was before. I also developed a data collection and management system and helped the Monitoring and Evaluation Officer introduce and institutionalize the system in all the clinics. This system has been admired by other member associations involved in the research initiative, who have since adopted the practice.

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CAROL DAYO OBURE

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PAST EVENTS

Integra partners meeting, Kenya 6–8 February 2012

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UNFPA training
March 2012

Kevin Osborne, Senior HIV Advisor at IPPF, shared lessons learnt from Integra at a workshop hosted by UNFPA in South Africa in support of efforts in seven southern African countries advocating to scale up integrated services.

UPCOMING EVENTS


Integra research and integration indicators meeting, London 11–15 June 2012

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MEET THE TEAM

There are 29 key individuals in the Integra team. You will be meeting a few of them in each issue of this newsletter.

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