The state of Sexual Reproductive Health Integration in Zambia

SUMMARY
Why Reproductive Health and HIV integration is important

- **Creation of one stop centre:** Integrating HIV and reproductive health (RH) services will assist people particularly those in rural communities to access services at one centre. This will enable people that go for family planning, for instance, to also access other services such as HIV testing and prevention of mother to child transmission in one place, instead of being sent away to come back later for another service or being referred to another centre altogether.

- **Increasing opportunities for PLHIV to access RH services:** People living with HIV (PLHIV) have special needs that intersect between HIV and RH services. These include decisions on fertility, family planning, abortion, cervical cancer screening and treatment etc. Integrating such services in ART services for instance would provide PLHIV an opportunity not only to learn about their RH rights, but also to actually access and utilise those services.

- **Maximising health care staff time use:** In Zambia there is a significant shortage of health personnel. Of the approved establishment of 51,414, the health workforce in 2009 was 29,533, representing 57% of the approved establishment. In some rural health centres a health facility is managed only by two or three health care workers with a workload of 70 clinical Health Care Workers per 100,000 population as compared to 159 per 100,000 in urban areas. Integrating RH and HIV services enables health care workers to provide all the services to those who need them at once.
Potential to increase uptake and use of RH and HIV services: Integrating RH and HIV services has the potential to increase service access and utilisation by the public. When a client visits a health facility they will also be assisted to access other services even if they initially did not plan to do so. Using the opt-out strategy for HIV testing in family planning for instance enables clients to access HIV testing services which are also a starting point for other services such as PMTCT and ART for people with HIV.

CURRENT STATS - MATERNAL MORTALITY

Source: Zambia DHS, 2007, Zambia Roadmap

ZAMBIA SITUATION

Zambia is a landlocked country in Sub-Saharan Africa with a population of 13 million (51% female and 49% male). Its average population growth rate is 2.8%. Total fertility rate is high at an average rates of 6.2 children per woman. Although infant and maternal mortality rate have been declining over the years from 168 per 1000 live births in 2002, to 119 in 2007 and 729 per 100,000 live births in 2002 to 591 per 100,000 live births in 2007 respectively, it is still one of the highest rates in the world. HIV prevalence in the reproductive age group of 15 to 49 has reduced from 15.6% in 2005 to 14% in 2007; nonetheless it is estimated that new infections will increase from 67,602 adults in 2006 to 72,019 in 2015. There are more women (16%) living with HIV than there are
men (12%). The high HIV prevalence, high fertility and maternal and child mortality rates requires that, RH and HIV services should be integrated in order to increase access to and use of these services at community level to accelerate the gains that the country is positively scoring.

There is no overarching policy for HIV and RH integration in Zambia. However significant effort have been made to integrate RH and HIV services at service delivery level particularly in public health facilities. Currently, voluntary counselling and testing, Prevention of Mother-to-Child transmission, STI treatment and initiation of antiretroviral treatment have, to a limited extent, been integrated in antenatal and post-natal care services. Similarly, sexually transmitted illnesses (STI) treatment, voluntary counselling and testing (VCT) and ART have been integrated in male circumcision services at service delivery centres. VCT, STI and other maternal health related services are being integrated in family planning services.

In spite of these efforts, there are challenges. The major ones relate to coordination of HIV and RH integration services. There is limited interaction between the National AIDS Council in charge of HIV multisectoral response and the Sexual and Reproductive Health Unit of the Ministry of Health in charge of reproductive Health policy implementation. There is a need for enhanced collaboration between the two bodies in order to have a coordinated approach to integration of program both at policy and service delivery levels.

Secondly, integrating services has presented some challenges. There is a perceived increase in the workload on the few health workers available and this has led to long waiting time for clients at health facilities. The other challenge relates to stockout of some RH supplies particularly for family planning. While HIV supplies seem to be consistently supplied, it is not the case for family planning supplies. There are many occasions when there are significant stockouts that affect access to services. If not properly addressed, these challenges may lead to reduction in the number of people accessing services particularly in rural communities where people have to walk long distances to access services. In cases where people have to wait for long hours and they find that the supplies for the services they need are not available, they may not return to seek the service again.
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<tr>
<th>POLICIES &amp; STRATEGIES</th>
<th>DATE</th>
<th>RELEVANCE</th>
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<td>National Reproductive Health Policy</td>
<td>2008</td>
<td>The overall goal of the policy is to achieve the highest possible level of integrated reproductive health of all Zambians, as close to the family as possible so as to promote quality of life. The key programmes that the policy aims to address include, safe motherhood, male Reproductive Health, Family Planning, Adolescent Health and Development, STIs, HIV and AIDS, Abortion, infertility and other RH issues including cervical cancer. It is therefore a very relevant policy. However, it has not yet been disseminated and fully implemented.</td>
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<td>HIV policy</td>
<td>2005</td>
<td>This policy outlines Zambia’s commitment to halt and begin reversing the HIV epidemic. Based on this policy the National AIDS Council has been developing National Strategic Framework. The most current one is the 2011 to 2015 in which a lot of commitments have been made to provide integrated services of RH and HIV.</td>
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<td>National AIDS Strategic Framework</td>
<td>2011</td>
<td>The 2011 to 2015 NASF has declared a the intention to integrate RH and HIV programmes. Although it is not very clear how the integration will happen, it is however an opportunity to advance the advocacy for integration of various HIV and RH services in service delivery, policy and community engagement.</td>
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<td>Draft National Health Strategic Plan 2011 - 2015</td>
<td>2011</td>
<td>The Ministry of Health is working on their strategic plan for the period 2011 – 2015. This provides an opportunity for civil society to participate in articulating how RH and HIV integration can be successfully coordinated, organised and implemented. In the draft document, the government intends to have an integrated approach to RH and HIV services but it is not clearly articulated on how they are going to do so.</td>
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<td>Population Policy</td>
<td>2010</td>
<td>The Ministry of Finance worked on the population policy in which they have outlined the link between development and population growth. However, they do not make a link between HIV and RH. Their focus is on how to limit population growth through family planning and other RH services so that Zambia can have the right population size that the economy can sustain.</td>
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• **National Policy Framework**: There is a need to develop a national integrated RH and HIV framework around which systematic integration processes will be discussed, clear guidelines developed and training programmes implemented. The National Strategic Framework by NAC and the Reproductive Health Policy by the Ministry of Health aim to facilitate integrated services, but they do not have a dedicated unit that would link up with other stakeholders in order to develop a comprehensive strategy and policy on RH and HIV integration. Creating a technical working group at the National AIDS Council that could work with the SRH unit at Ministry of Health could be a starting point.

• **Health Workforce Shortages**: Although the nation is making significant efforts to integrate HIV and RH services at service delivery level, the lack of sufficient health workforce is hindering the full fledged implementation of integrated service provision particularly in rural areas. The current workforce is at 57% of the approved establishment. There are an estimated 70 clinical Health Care Workers per 100,000 population in rural areas relative to 159 per 100,000 in urban areas.

• **Global Fund Round 8 Proposals**: The call for proposals did highlight the integration of RH and HIV services. 2NAN which is the principle recipient for Civil Society does not have an RH and HIV integration policy and most of its funding to civil society were for specific stand-alone projects. CHAZ however through its health centres and the Ministry of Health through the health care delivery system have contributed to integrating RH and HIV at service delivery level.

• **Limited Civil Society Engagement in Country Coordinating Mechanism (CCM)**: Although the current CCM involves civil society in Zambia, they are only five NGO representatives out of 24 members. Two of the CSO representatives are Principle Recipients and none of the other CSO representatives have demonstrable expertise in RH and HIV integration. This poses a challenge in influencing the proposal development for Global funds that would include RH and HIV integration with clear guidelines.

**OPPORTUNITIES**

• **The existence of a Reproductive Health Unit and the National AIDS Council** in Zambia provides an opportunity to bring the two institutions together in creating a national RH and HIV integration programme. The two institutions can create an overall national policy, develop guidelines and training materials for civil society, health care workers and communities on how to implement RH and HIV integrated programmes.

• **International commitment to RH and HIV integration**: At global level there is significant commitment to integrating RH and HIV. Both the Glion call to action on family planning and HIV/AIDS in women and children in 2004 and the 2006 UN Political Declaration on HIV/AIDS, which challenged the global health community to forge closer linkages between sexual and reproductive health and HIV through better policy and programme coordination are landmark global events that provide civil society an opportunity to increase advocacy for better policy and programme implementation for RH and HIV integration.
Global Fund Round 11 and PEPFAR Country Operations Plan: Zambia has indicated it would like to apply for Round 11. This is an opportunity for civil society to work very closely with NAC and MoH to craft a strategic programme that will ensure effective integration of RH and HIV. PEPFAR has also declared intention to support integrated programmes. It is an opportunity for civil society and other stakeholders to participate in the PEPFAR country operations plans to influence full integration over time.

Formation of the Civil Society Framework: with support from Global Fund through ZNAN, the Southern Africa AIDS Trust is spearheading the formation of a civil society framework. This is an opportunity through which the advocacy agenda for RH and HIV integration can be channelled. SADAIDS in collaboration with other partners have also launched a national Sexual Reproductive Health (SRH) Consortium.

Dissemination of the results of the EU-funded UNFPA/MOH Rapid assessment and using the recommendations to kick-start national level dialogue on RH/HIV integration.

RECOMMENDATIONS

Creation of Civil Society Coalition for RH and HIV integration: There is a need to bring civil society together – possibly under the Civil Society Framework – to do two things; first to sensitise and create awareness on the need and importance of RH and HIV integration and second; to build a buy-in coalition of NGOs that would begin to reflect on, discuss and advocate on the issues of RH and HIV integration. This effort will not only make the RH and HIV integration agenda prominent in CSOs but also will begin to influence possible allocation of resources in a manner that programme become more horizontal in nature rather than so vertical and independent from each other.

Coordination between NAC and MoH: Enhance coordination between NAC and the Reproductive Health Unit at MoH, by first working with NAC to develop their RH capacity and create a theme group on RH that will liaise with the RH Unit at MoH. This coordination will assist in clarifying various perspectives of integration and provide a framework through which civil society, private sector and public sector could work to ensure effective HIV and RH integration.