Step by Step Approach to Development of SRH and HIV Linkages Service Guidelines in Zimbabwe
Zimbabwe

Population: 2,97 million
Background: HIV Situation

- 1.3 mil Adults and Children living with HIV
- Adult (15-49 years) HIV prevalence 14.67%
- Prevalence among children 0-14 years 3.14% (2012)
- Prevalence slightly higher in urban than rural areas
- Prevalence among ANC women 15.3%
- 64,245 women require PMTCT
- General decline in the number of new HIV infections
- 86,707 new HIV infections in 2012
- 10,983 of these were in children 0-14 years of age.

Source: National HIV Estimates 2012*
Estimated total number of adults and Children living with HIV (Source: Nat. Estimates 2012)
Trends in new HIV infections among adults (15-49 years) (Source: Nat. Estimates 2012)
Background: SRH Context

- Fertility rate among 15 – 19yr olds rose from 99/1000 women in 1994 to 112/1000 in 1999, and then declined to 99/1000 women in 2005/6 (ZDHS 2005/6)
- CPR increased from 38% in 1984 to 60% in 2006 (ZDHS 1988, 2005/6) and 59% DHS 2010-11
- Unmet need for contraception is 13% and has been stagnant for past 20yrs
- Institutional Delivery declined from 72% in 1999 to 68% in 2006 (ZDHS 1999, 2005/6) and currently stands at 61% (MIMS 2009)
- ANC coverage increased from 81% in 1999 to 94% in 2006 (ZDHS 1999, 2005/6) and 93% (MIMS 2009)
- Skilled Attendance at Birth declined from 73% in 1999 to 69% in 2006 (ZDHS 1999, 2005/6), currently 60% (MIMS 2009).
Background: SRH Context

- An estimated 1,855 women are diagnosed with Ca Cervix, and 1,286 die from Cancer of the Cervix annually.
- MMR rose from 283/100,000 in 1994 to 960/100,000 live births in 2010 (ZDHS 2010/2011).
- AIDS Defining conditions - single highest indirect cause of maternal mortality (ZMPMS 2007).
Background: Evidence Generation

• Rapid Assessment done in 2010
• Findings show that SRH and HIV integrated service delivery occurring by default
  • Without the required policy guidance
  • Without the required capacity building of service providers
• Stakeholders agreed on need for service guidelines
Purpose

• Develop a framework that provides guidance on standardised delivery of integrated SRH and HIV services
Implementation Process

- National consensus building to agree key decision makers including Parliamentarians meeting

- Multi-sectoral sensitisation meetings with provincial and district heads

- Development of an advocacy package
  - Parliamentarians
  - Health workers
  - Media
  - CSOs
  - Community based workers
Implementation Process

• Consultancy on Development of service Guidelines
  – Interview key informants at national, provincial and service delivery levels with GVT, NAC, UN Agencies (UNFPA, UNICEF and WHO) Family Planning Council, Network of People Living with HIV etc
  – Desk Review

• Development of Minimum Package of Services at community, Primary, Secondary, Tertiary and Quaternary levels of care

• Review of draft Guidelines by MOHCW Permanent Secretary and relevant Directors and UNFPA
Implementation Process

• Validation of Service Guidelines by broad stakeholders (over 95) from GVT, Parastatals, Parliament, UNFPA CO and other UN Agencies, Development Partners, Uniformed Forces, Civil Society including Network of PLWHA.

• Technical support from UNFPA Regional Office

• Field Testing of Service Guidelines at Primary, secondary, tertiary and Quaternary levels (in 2 Provinces and a Central Hospital)

• Finalisation of Service Guidelines
Progress and Results

• Minimum packages of integrated services include:
  – Community level
  – Primary Care level (Rural/Urban Clinics)
  – Secondary level (District Hospital)
  – Tertiary level (provincial Hospital)
  – Referral level (Central Hospital)

• Service Guidelines now awaiting Development of front pages and printing
Way Forward

• Printing and distribution of service guidelines and cue cards
• Development of training modules for managers, service providers at facility and community levels
• Training of Trainers
• Training of Service provides
Lessons Learnt

• Consensus Building was protracted, but beneficial in ensuring ownership by all stakeholders
• Strong evidence based critical as basis for development of guidelines
• Continuous advocacy with relevant stakeholders key in maintaining momentum and keeping stakeholders on board
Partners and Contact Persons

- MOHCW
- NAC
- ZNFPC
- UNFPA
- UNICEF
- WHO
- USAID
- FHI
- SAfAIDS
- ZNNP+
- ZAN
- WAG
- HOME BASED CARE
- SAYWHAT
- UNAIDS
LINKING HIV AND SEXUAL AND REPRODUCTIVE HEALTH (SRH) POLICIES, PROGRAMMES AND SERVICES

This is a joint initiative being implemented by the Ministry of Health and Child Welfare in partnership with the European Union, UNFPA and UNAIDS.

**Aim**
To promote integration of HIV/AIDS and SRH, in national health and broader development strategies, plans and budgets as part of health systems strengthening to achieve goals of universal access to reproductive health (MDGs 3, 4 and 5) and HIV prevention treatment, care and support (MDG6).

**Why Integration?**
Linking SRH and HIV is cost effective and has significant public health benefits, including:

- Improved access to and uptake of key HIV and SRH services by having everything in the same facility
- Better access to services tailored to the needs of people living with HIV
- Reduction in HIV related stigma and discrimination
- Improved coverage of services to underserved and marginalized populations
- Improved health and behavioural outcomes, including increased condom use
- Improved quality of care
- Decreased duplication of efforts and competition for scarce resources
- Better understanding and protection of individual’s rights
- Increased synergy in legal and policy frameworks

Together, we can make it

Thank You
Tatenda
Siyabonga
Merci