THE CHALLENGE:
Swaziland has the highest HIV prevalence in the world, with an estimated 1 in 4 adults aged 15-49 years living with HIV. Women have been disproportionately affected by the epidemic. HIV prevalence among pregnant women aged 15-49 years is estimated at 41 per cent and the maternal mortality ratio (MMR) is estimated at 310 deaths per 100,000 live births, with HIV cited as the main contributor. The country’s challenges in the area of sexual and reproductive health (SRH) include high unmet need for family planning services among women living with HIV on ART, high adolescent fertility rates, and poor pregnancy outcomes. The impact of HIV on maternal health coupled with limited human resources in the health sector and poor reproductive health outcomes—especially among the poorest—has prompted the Government of Swaziland to accelerate efforts to increase access to and uptake of integrated SRH and HIV services.

THE CATALYST:
With support from the SRHR (Sexual and Reproductive Health and Rights) and HIV Linkages Project funded by the European Union, and the Governments of Sweden and Norway (2011-2015), Swaziland has taken several important steps to catalyze change and develop promising models of integrated service delivery through the Phila Uphepha Project.

In 2013, the country’s first-ever National SRH Policy was developed and operationalized. The national policy has positioned Swaziland’s strategic work on linkages and supported the development of additional strategic plans and protocols.

The project has also increased demand for integrated SRH and HIV services through five Centres of Excellence (CoEs) created as models for integrated service delivery. With support from the project, the capacity of all centres was enhanced to provide a comprehensive package of quality, stigma-free, integrated SRH and HIV services to community clients. The centres were also supported to develop operational standards and procedures to train and mentor staff.

The peer mentorship component implemented by the project has generated positive results in improving the quality of client care and enhancing service provision at all levels. Specifically, it has provided a valuable opportunity for mentors to observe the clinical skills of health care workers, identify knowledge gaps, and review service registers and reporting tools. This has led to improvements in the quality of health care provided by facilities and the overall health outcomes of clients.

A Patient and Provider Satisfaction Survey conducted in 2013 has shown positive results and provided the project with valuable feedback on the quality of care received by clients. Findings from the study revealed that the vast majority of clients preferred a ‘one-stop-shop’ model of integration, in which SRH and HIV services are received at the same time, by the same provider, in the same facility. Clients reported that the SRH and HIV integration model yielded several benefits, including reduced number of trips to health facilities, increased service efficiency, and reduced overall expenditures on health services. The survey also revealed that while providers believed that the integrated model was beneficial for the client, longer queues, staff shortages, and an increased workload made staff less effective. These findings emphasize the need to address staffing levels, staff incentives, and the availability of medical supplies in the CoEs. The results of the study will be instrumental in informing infrastructure development and training of health workers while scaling up this model to other facilities in the country.

REFERENCES:
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Rationale and Benefits of SRH and HIV Integration
Given that most HIV infections are sexually transmitted—or are associated with pregnancy, childbirth, and breastfeeding—and the presence of certain sexually transmitted infections (STIs) further increases the risk of HIV transmission, linking SRH and HIV services simply makes sense.

The benefits of integrated services are manifold. SRH services can provide a platform for reaching clients with crucial HIV prevention, care, and treatment interventions—helping them to understand their risks for HIV and make informed decisions about their sexual and reproductive health. At the same time, HIV services can provide an effective entry point for addressing the unmet family planning needs of female clients living with HIV and can increase access to and uptake of key SRH services, such as cervical cancer screening and antenatal care.

The Phila Uphepha Project has proven successful in reaching communities and increasing uptake of critical SRH and HIV services. The following results were observed in the CoE site at Mankayane Government Hospital.

The number of women tested for HIV at the ANC increased from 87 per cent in 2011 (Jan-Mar) to 100 per cent in 2013 (Jan-Mar).

The number of family planning clients (women) tested for HIV increased from 0 per cent in 2011 (Jan-Mar) to 20 per cent in 2013 (Jan-Mar).

The number of HIV-exposed infants tested for HIV at 6-8 weeks increased from 92 per cent in 2011 (Jan-Mar) to 100 per cent in 2013 (Jan-Mar).