A Perfect Match

Evaluating the Effectiveness of Integrating Sexual and Reproductive Health (SRH) and HIV services

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What is the Integra Initiative?

- Flagship operations research initiative
- Over five years (2008 - 2012)
- Implemented in three countries in Africa:
  - Kenya
  - Malawi
  - Swaziland
- Supported by the Bill & Melinda Gates Foundation
- Managed by the International Planned Parenthood Federation (IPPF) in partnership with the London School of Hygiene and Tropical Medicine and Population Council
- Included research, interventions, mentoring, capacity development and a “real life” approach to better understanding and evaluating service provision and client experiences
What gap did Integra seek to fill?

Linkages: pre-Integra scenario

- Real commitment at global level to *intensifying linkages* between SRH & HIV at programmatic and policy levels.

- The rationale for doing so is clear but we need to gather evidence on *how to link* HIV and SRH.

- The Cochrane Systematic Review conducted in 2007 showed a *lack of evaluative studies* on the benefits of linking HIV & SRH.

- **Integra goal:** To strengthen the evidence of the benefits and costs of a range of models for delivering integrated HIV and SRH services in high and medium HIV prevalence settings for reducing HIV (and associated stigma) and unintended pregnancies.
Complex Context of Service Integration

How integrated do services become?

Clinic & policy factors

Physical infrastructure, supplies, client load etc.

Relationships between clients and providers

Client factors & provider factors

Institutions

Infrastructure & systems

Interpersonal relations

Individual

Intervention (Integrated care)
Research questions

1) What are the relative benefits of different models of integrated SRH and HIV services over separately provided services? Does integration lead to:
   - increases in the numbers of clients using services;
   - changes in the profile of clients attending services;
   - increases in the range of services accessed by clients;
   - improvements in the quality of services?

2) In the target populations, what is the impact of integrated services on:
   - HIV related risk behavior;
   - HIV related stigma;
   - unintended pregnancy?

3) What is the cost, feasibility and cost-effectiveness of providing selected integrated services:
   - What is the cost of integrating HIV and/or SRH services with existing services?
   - How do costs vary by model of integration?
   - Does integration result in a more optimal utilization of existing infrastructure and human resources?
Integra evaluated 4 models of SRH and HIV integration

**Model 1:** Integrating HIV services into family planning (Kenya)
- HIV counselling and testing
- STI screening and management
- HIV care and treatment (ART provision and/or referrals) for HIV-positive clients
- Cervical cancer screening

**Model 2:** Integrating HIV services into post-natal care and family planning (Kenya and Swaziland)
- HIV counselling and testing (including repeat testing for mother and infants)
- HIV care and treatment (ART provision and/or referrals) for HIV-positive clients

**Model 3:** Integrated HIV and SRH services (IPPF clinics: FHOK in Kenya, FPAM in Malawi and FLAS in Swaziland)
- HIV counselling and testing
- STI screening and management
- HIV care and treatment (ART provision and/or referrals) for HIV-positive clients
- Cervical cancer screening

**Model 4:** Comparison of integrated and stand-alone HIV services models (Swaziland)
- **Integrated SRH/HIV services**
  - Clinic A: fully integrated SRH/HIV service (one provider offers all in one room)
  - Clinic B: partially integrated SRH/HIV service (different providers offer SRH and HIV services in separate rooms)
- **Stand-alone HIV services**
  - Clinic C: stand-alone HIV clinic located on hospital campus
  - Clinic D: stand-alone HIV clinic
An example from IPPF: Effect of Intervention (model 3)

- Traditional ‘family planning’ organisations
- Scaled up and/or increased range of services provided, and innovated in outreach to new potential clients
- From 2008 - 2011:
  - FHOK: 20 fold increase HIV services
  - FPAM: 7 fold increase HIV services
  - FLAS: 6 fold increase HIV services
Today’s event

Integration - like life - is complicated!

Thank you for joining us today to:

- Listen to the headline findings from the research, grouped under two key areas:
  - Saving lives: the first 2 presentations look at potential benefits for clients and improved quality of services provided
  - Value for money: the 3rd presentation will review the findings from the economic research.
- Debate practical and policy implications
- Celebrate the contribution and potential impact of this operations research initiative.
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