STEPS TO INTEGRATION • ISSUE 1

Integra

Strengthening the evidence base and good practice for integrating HIV and SRH services



Integration of sexual and reproductive health and HIV services

This **Steps to Integration** series provides a guide on how to integrate HIV and sexual and reproductive health (SRH) services based on findings from the Integra Initiative.

The **Integra Initiative** was a research project on the benefits and costs of a range of models for delivering integrated HIV and SRH services in high and medium HIV prevalence settings, to reduce HIV infection (and associated stigma) and unintended pregnancies. It was managed by the International Planned Parenthood Federation (IPPF) in partnership with the London School of Hygiene & Tropical Medicine (LSHTM) and the Population Council.

Findings from the project show that integrating HIV and SRH services has the potential to:

- ✔ **Increase uptake of health services**
- ✔ **Increase range of services available**
- ✔ **Improve quality of services and efficient use of resources**
- ✔ **Enable health systems to respond to client needs and improve overall client satisfaction**

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Introduction

In Sub-Saharan Africa, there is a high rate of unintended pregnancy, particularly among HIV-positive women. What is more, the majority of HIV infections in this region are sexually transmitted or transmitted as a result of pregnancy, childbirth and breastfeeding.

Yet, despite the fact that unintended pregnancy and HIV are deeply co-relevant SRH issues, many health facilities do not provide health services that simultaneously address both sets of issues in meaningfully integrated ways. Often, women must seek services in facility environments with staff shortages, inadequate supplies, in an environment of non-confidentiality or stigma, or must seek services at entirely separate facilities.[i]

Providing adequate SRH services to all women requires that HIV services be available to treat women living with HIV, and to prevent its transmission in women who are HIV-negative. To better meet these needs, many have argued for the integration of SRH and HIV services by integrating human resources and enabling providers to offer multiple services. Integration is a promising avenue to improve sexual and reproductive health for a number of reasons. It has the potential to increase access and uptake of health services, increase job satisfaction among providers, more efficiently and more effectively distribute facility workloads, and reduce facility costs by taking advantage of 'economies of scope' (joint production of goods/services) and 'economies of scale' (cost savings through an increase in the number of services delivered with the same level of staff).[i, iii] However, there is a relative lack of evidence on the benefits and costs of integration and which models could be most effective.

The Integra Initiative represents an effort to respond to this need for high quality evidence on the feasibility, effectiveness, cost, and impact of different models for delivering integrated HIV and SRH services in settings with high and medium HIV prevalence in sub-Saharan Africa. The entry points for SRH services included postnatal care and family planning consultations.

DEFINING INTEGRATION

Integration is different kinds of SRH and HIV services or operational programmes that can be joined together to ensure and perhaps maximize collective outcomes. This can include referrals from one service to another. It is based on the need to offer comprehensive and integrated services.[ii]

Steps to integrating SRH and HIV services in your facility



Based on the high-quality evidence gained through the Integra Initiative, if a health facility is considering integrating SRH and HIV services, it is important to think through the following in order to design an effective, realistic integration model:

1. **Advocate and build consensus among policymakers or programme managers at the regional or district level:** Advocacy and consensus building on the level and content of integrated services at each level of healthcare is important for the success of service integration. National reproductive health and HIV integration policies, strategies, and packages can also provide the contextual background for offering the integrated services.
2. **Conduct capacity assessments of the individual facility:** This is essential to determining the unique gaps that require support both before and during integration (including infrastructure and supply-chain issues, provider skill levels, and existing service dynamics). Pay particular attention to whether units have staffing shortages or surpluses, and to how services are allocated across staff within a facility, so that reallocation of service duties can efficiently and appropriately make use of existing and new human resources. Where feasible, additional staff should be planned for, or training and mentorship planned to transfer some skills to new staff (e.g. lay counsellor conducting HIV counselling and testing).
3. **Invest in physical infrastructure and drug availability/ supply:** Ensuring a baseline of sufficient supplies and physical assets will help the entire facility function more effectively, especially when introducing a service integration scheme. Explore the possibility of re-organizing the available rooms to improve strategic (and where necessary, discrete) client-flow from one room to another.
4. **Include the experiences and opinions of providers throughout the integration process, including at the design stage:** Since providers will be the ones to carry out the service-level elements of integration, it is essential that their voices be brought into the design process and continually heeded throughout implementation. Successful integration requires a health system-wide commitment at both planning and implementation stages, and including providers throughout the process will help provider motivation as well as ensure that management of the integration process reflects the on-the-ground needs of the facility.
5. **Use a well-designed mentorship process as a capacity-building tool:** Mentorship programmes have been demonstrated to improve provider skills and improve the success of integration efforts.[iv] Challenges of this approach can be addressed by ensuring that the mentorship programme promotes flexibility and cooperation. If thoughtfully designed and implemented, mentoring has the potential to meaningfully combat problems of staff shortages by increasing the skills for existing staff, by existing staff, in a matter that is sustainable and cost-effective.
6. **Maintain flexibility in integration design:** As the integration process is carried out, it is important to constantly re-assess the value and realism of the model, and recalibrate it as needed to ensure the integration model is appropriate for the facilities' needs and abilities and sustainable in the long run.
7. **Ensure the integration process continues:** Integration is not a strategy that is implemented only once. The dividends of integration will not simply self-deliver after a single change; integration is instead an ongoing process that must be consistently supported and recalibrated as needed.
8. **Remain vigilant at the health systems level:** After the initial change to an integrated model, the health system itself continues to flux as it had previously: staff get transferred or change careers, resource allocation changes with national or regional budget priorities, new health problems emerge that threaten status-quo of existing service delivery set-up, global guidelines circulate that sometimes challenge the existing system's focus, etc. Therefore, a health programme (especially one that has newly integrated its services) must be constantly vigilant about effectively monitoring and responding to these 'weather' changes and make the necessary adjustments to the integration model.

References

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