

CONNECTING PATHS: INTEGRATING REPRODUCTIVE HEALTH AND HIV SERVICES IN KENYA

PRESENTATION GUIDE



AN **ENGAGE** PRESENTATION

ACKNOWLEDGEMENTS

Connecting Paths: Integrating Reproductive Health and HIV Services in Kenya is a multimedia advocacy tool developed in 2014 by the Kenya ENGAGE task force chaired by the National Council for Population and Development, Kenya National AIDS & STI Control Programme, Reproductive and Maternal Health Unit, and Population Reference Bureau. This tool was made possible by the support of the American people through the United States Agency for International Development (USAID) under the terms of the IDEA project (No. AID-OAA-A-10-00009). The contents are the responsibility of the Kenya ENGAGE task force and the Population Reference Bureau and do not necessarily reflect the views of USAID or the United States Government.

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Supplemental Materials

These supplemental materials are designed to help users make the most of *Connecting Paths: Integrating Reproductive Health and HIV Services in Kenya* in conjunction with the user guide for all PRB ENGAGE presentations. After reviewing these supplemental materials, you will know how to:

- Identify opportunities to use this ENGAGE presentation with various audiences.
- Foster dialogue with audiences about key messages in the presentation.
- Respond to frequently asked questions about the presentation.

Presentation Goals

The goal of *Connecting Paths: Integrating Reproductive Health and HIV Services in Kenya* is to improve the linkages between reproductive health and HIV services as a priority for improving the health and well-being of Kenyans and achieving Kenya's development goals. The presentation focuses on the importance of implementing the Minimum Package for Reproductive Health and HIV Integrated Services throughout the country to ensure that all Kenyans, regardless of their HIV status, are accessing reproductive health care.

The Minimum Package was developed by the Kenyan Ministry of Health to operationalize the National Reproductive Health and HIV and AIDS Integration Strategy which was created in 2009. The Minimum Package seeks to provide guidance to implementers or service providers on the minimum requirements in terms of infrastructure, human resources, skills set and training materials, equipment, commodities and supplies, and monitoring and evaluation that are necessary at any level of care for effective integrated services.¹

Connecting Paths: Integrating Reproductive Health and HIV Services in Kenya advocates for the full implementation of the Minimum Package for Reproductive Health and HIV Integrated Services. The presentation highlights the importance of integrated services and recommends specific actions to implement the Minimum Package. Examples of target policy audiences include national and county level government officials and policymakers; donors; health sector leaders; civic society groups working in gender, reproductive health, and HIV; program officials; and journalists.

Specific objectives of the presentation are to:

- Explain how integrated services contribute to improved health and well-being, reduce personal and healthcare costs, and achieve Kenya's development goals.
- Explain how integrated services increase access to both reproductive healthcare and HIV counseling, testing, and treatment, allowing Kenyans to live healthy and productive lives.
- Foster discussion among audience members about the need to implement the Minimum Package and move forward with a plan of action to roll out integrated services at all levels of healthcare throughout Kenya.

Opportunities to Give the Presentation

This ENGAGE presentation and supporting materials are tools for professionals involved in both HIV prevention, care and treatment, and reproductive health care at all levels—in academic, policy, and community settings. The target audiences for this presentation are:

- **Primary:** Members of Parliament and government officials at all levels who are in a position to allocate resources to implement the Minimum Package for Reproductive Health and HIV Integrated Services throughout Kenya.
- **Secondary:** All of those who influence policymakers—health sector leaders and service providers, civic society leaders, advocates for HIV rights and healthcare, advocates for reproductive healthcare, and journalists.

USING THE PRESENTATION WITH DIFFERENT AUDIENCES

The ENGAGE presentation is designed to be used in a variety of settings. The presentation can be delivered at advocacy conferences or meetings, used to enhance training and course curriculums, or delivered at press briefings for the media.

Some ideas to reach different audiences with the presentation are listed below.

Government Officials and Policymakers

- Inform government officials and policymakers on the current health situation in Kenya as it relates to the integration of HIV and reproductive health services.
- Educate government officials and policymakers about the benefits of providing integrated HIV and reproductive health services to improve health and well-being, save individual and healthcare costs, and achieve development goals.

Health and Civic Society Leaders

- Influence county health management teams to include costs for implementation of the Minimum Package in their annual budget requests.
- Educate health and civic society leaders about the benefits of integrating HIV and reproductive health services, and the role of both in achieving development goals, so they can better inform high-level policymakers.
- Reach individuals who attend community health days, conferences, or stakeholder meetings with information about the benefits of integration.
- Communicate to health officials the importance of monitoring and evaluating the implementation of the Minimum Package and holding government officials accountable to the plan of action.

Advocates for HIV and Reproductive Health Rights

- Educate advocates about the importance of increasing access to integrated services to produce beneficial health and development impacts in Kenya.
- Help advocates communicate effectively to civic and health leaders about the benefits of integrating HIV and reproductive health services.
- Provide an opportunity for advocates to facilitate and sustain dialogue with leaders at seminars and events about the need for the Minimum Package as a way to ensure the health and well-being of all Kenyans.

The Media

- Educate the media about access to reproductive health for people who are living with HIV, using the ENGAGE presentation as a teaching tool.
- Provide a basis for television and radio talk shows to increase public exposure and discussions about integrating reproductive health and HIV services.

ADDITIONAL CONSIDERATIONS

You can make this presentation more interesting to your audience by adding information about local experiences and practices, especially those that apply to your audience. Some areas to consider when analyzing your audience:

- **Size of the Audience.** With smaller groups, you can provide more in-depth analysis based on real-life stories or experiences because you usually know more about the individuals in the group. In larger groups, you may have to take more time during the scripted presentation to define general concepts and ensure the presentation is relevant to all viewers.
- **Knowledge Level.** It is always safest to assume that the audience does not understand any technical terms you might use in the presentation. If you are giving a live presentation, we advise following the script and providing definitions for terms that may be unfamiliar to some audience members.

Presentation Narrative

The presentation opens with a black screen with presentation title.

Press Control + F to enter full screen mode. (Use Escape to exit full screen). (Slide 1)

When ready to begin, press the forward keyboard arrow.

→ **Click Forward: Slide 2**

Since the height of the HIV epidemic in Kenya in the 1990's, we have witnessed improved health outcomes for men and women living with HIV.

The number of new HIV cases in Kenya has declined from around 330,000 in 1994 during the height of the epidemic to about 100,000 in 2013.²

In 2003, only 3 percent of people living with HIV and eligible for antiretroviral coverage received this life-saving medication. This number increased to 78 percent in 2013.³

This means fewer people are dying from HIV than in years past. And more people are living healthy, longer, and productive lives.

→ **Click Forward: Slide 3**

As people are living longer with HIV, their reproductive health needs are changing.

Many men and women living with HIV want to start families or have more children while others may want to prevent a pregnancy.⁴

→ **Click Forward: Slide 4**

At the same time, the government of Kenya recognizes the importance of all citizens, regardless of their HIV status, accessing reproductive health services. According to our constitution...

"Every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care."⁵

→ **Click Forward: Slide 5**

In line with Kenya's constitution, the government passed the latest Population Policy in 2012. This policy calls for full implementation of both reproductive health and HIV/AIDS policies and programs to manage population growth and well-being in order to achieve Kenya's Vision 2030.

→ **Click Forward: Slide 6**

The government developed the National Reproductive Health and HIV/AIDS Integration Strategy in 2009 to increase access to integrated services for all people of reproductive age.

So how can Kenya connect the dots and implement the wide array of health policies to achieve its development goals?

→ **Click Forward: Slide 7**

One way is to integrate reproductive health and HIV services.

But what do we mean by integrate?

→ **Click Forward: Slide 8**

The goal of integration is to provide more comprehensive, convenient, acceptable, and cost-effective reproductive health and HIV services within the same setting. The services would be available during the same hours and providers would encourage clients of one service to take up the other service within the same facility, through a community-based setting, or through a facilitated referral.⁶

→ **Click Forward: Slide 9**

Integration can be bidirectional, which means linking reproductive health with HIV programs and vice versa, depending on what is suitable for each level of care and facility.

What do we mean by HIV and reproductive healthcare?

→ **Click Forward: Slide 10**

When we mention HIV care and treatment, this includes services and information that prevent infection, and care for those who have become infected, by providing counseling, care and treatment, support services, prevention of sexually transmitted infections, and other co-infections such as tuberculosis.

→ **Click Forward: Slide 11**

Reproductive healthcare includes family planning; antenatal, safe delivery and post-natal care; treatment of infertility and reproductive tract infections; post-abortion care; information on human sexuality and reproductive health; prevention and care for those who have experienced violence, and appropriate referrals for further diagnosis and management.

→ **Click Forward: Slide 12**

Investments in integrated services are smart because...⁷

→ **Click Forward: Slide 13**

Integration increases access and use of both reproductive health and HIV services, which...

→ **Click Forward: Slide 14**

Reduces illness and saves the lives of men, women, and children...

→ **Click Forward: Slide 15**

Reduces personal as well as healthcare costs...

→ **Click Forward: Slide 16**

And accelerates progress on key economic targets helping to achieve Kenya's Vision 2030 and the Millennium Development Goals

→ **Click Forward: Slide 17**

How does integration increase access and use of both reproductive health and HIV services?

→ **Click Forward: Slide 18**

By offering both services at the same time and in the same place, women and men will no longer have to travel to different clinics on different days to receive the care they need. Integration eliminates the need to split services and expands access to comprehensive care regardless of the initial reason for seeking healthcare. When access is easier, use of services will also increase.⁸

→ **Click Forward: Slide 19**

In addition, access to reproductive health care allows Kenyans to prevent an unintended or high-risk pregnancy, which may end in an unsafely performed abortion, disability, or death for the mother.⁹

When couples want to delay or prevent pregnancy, having access to family planning services allows them to achieve their fertility intentions and plan a safe pregnancy and delivery.

→ **Click Forward: Slide 20**

Today in Kenya, two out of five women living with HIV have an unmet need for family planning, meaning they wish to delay childbearing, but are not using family planning, and are at risk for having an unintended pregnancy.¹⁰

→ **Click Forward: Slide 21**

Preventing unintended pregnancies among women living with HIV is a critical step toward reducing mother-to-child transmission of the disease.

→ **Click Forward: Slide 22**

Many infant HIV infections can be prevented by integrating family planning services with prevention of mother-to-child transmission programs, or PMTCT. Research shows that adding family planning to PMTCT programs in Kenya would avert an additional...

→ **Click Forward: Slide 23**

6,000 infant HIV infections than providing PMTCT services alone.¹¹

→ **Click Forward: Slide 24**

In 2003 about 13,000 babies in Kenya became infected with HIV through mother-to-child transmission. Adding family planning to PMTCT services would lower the number of newborn HIV infections.¹²

→ **Click Forward: Slide 25**

For women who are living with HIV and want to become pregnant or are already pregnant, use of antiretroviral medication can prevent the mother from infecting her child with HIV.¹³

Integrated services make it easier for women to access this medication for themselves and their infants.¹⁴

→ **Click Forward: Slide 26**

In Kenya, nine in 10 women who seek antenatal care are tested for HIV.¹⁵

→ **Click Forward: Slide 27**

Among women who have HIV, about 70 percent receive medication to prevent giving their child HIV.¹⁶

→ **Click Forward: Slide 28**

Although their mothers received medication to prevent HIV transmission, it is still important for these babies to be tested for HIV by their first immunization. Today, only 83 percent of infants born to women living with HIV are tested for HIV.¹⁷

Integration would allow for stronger continuation of care for both the mother and the infant, and increase the number of infants being tested for HIV who are at risk of infection.

→ **Click Forward: Slide 29**

Integration also increases access to a variety of contraceptive methods, including condoms, which offer dual protection against pregnancy and the sexual transmission of HIV and other infections.¹⁸

→ **Click Forward: Slide 30**

Young people are also at risk of unintended pregnancy and sexually transmitted infections, including HIV. Providing youth-friendly reproductive health and HIV services can help ensure that young people are getting the care they need to lead healthy and productive lives.

→ **Click Forward: Slide 31**

People living with HIV are more susceptible to additional reproductive health illnesses. Providing counseling, testing, and treatment for sexually transmitted infections, including HIV, and screening for cervical cancer, is key to maintaining a healthy population.

Integration would allow people to address all their reproductive health needs in one place, at one time.¹⁹

→ **Click Forward: Slide 32**

So how do integrated services lower personal and healthcare costs?

→ **Click Forward: Slide 33**

While there may be a high investment up front, integrated programs make better use of limited resources over time by allowing people to address all their needs in one setting.²⁰

→ **Click Forward: Slide 34**

We call this a one stop shop.

→ **Click Forward: Slide 35**

In fact, research shows that making family planning services available at HIV treatment centers could save the Kenyan government....

→ **Click Forward: Slide 36**

...about 400 million shillings each year.²¹

→ **Click Forward: Slide 37**

Cost-savings also happen for clients.

If a client can visit one health clinic instead of two or more to get the healthcare they need, they can spend more time at work or caring for their children.²²

→ **Click Forward: Slide 38**

How does integrating services help Kenya move forward economically?

→ **Click Forward: Slide 39**

A healthy population is key to economic growth and development.

About 1.6 million people are living with HIV in Kenya.²³

→ **Click Forward: Slide 40**

The majority of people living with HIV are between the ages of 25 and 54 years—when one is most productive and has the greatest need for reproductive healthcare.²⁴

→ **Click Forward: Slide 41**

Many people living with HIV who do not have access to treatment are not able to work or contribute to the economy.

Family members may have to stop working or leave school to take care of people living with HIV, or raise children who lost a parent to the disease.

→ **Click Forward: Slide 42**

Integrated services increase the number of people receiving HIV care while reducing the stigma associated with such services.

→ **Click Forward: Slide 43**

This contributes to fewer HIV infections.²⁵

→ **Click Forward: Slide 44**

And makes it easier for people who have HIV to receive treatment so they can live a productive life.

→ **Click Forward: Slide 45**

In addition, family planning services enable women and families to plan their births, and have more time and resources to invest in their children's health and education.²⁶

→ **Click Forward: Slide 46**

When a woman can plan childbearing, she has more time and resources for her education and employment.

By allowing people to access both reproductive health and HIV services, Kenya's workforce will be healthier and ready to contribute more to an already growing economy.

→ **Click Forward: Slide 47**

In Africa, Kenya was an early leader in family planning. Throughout the 1980s and 90's, Kenya's family planning program was broad, comprehensive, and reached both urban and rural areas.²⁷

During this time, many leaders spoke out in support of family planning.

→ **Click Forward: Slide 48**

With our bubble graph we can see the progress that Kenya made.

→ **Click Forward: Slide 49**

Here on the left axis, we have the lifetime number of births per woman ranging from zero to eight.

→ **Click Forward: Slide 50**

On the bottom axis we have the percentage of married women using any form of family planning, ranging from zero to about 60 percent.

→ **Click Forward: Slide 51**

Starting in 1978, the average woman in Kenya had nearly eight births during her lifetime, and about 7 percent of married women were using family planning.

→ **Click Forward: Slide 52**

When we put the graph in motion, we see that fertility drops as family planning use increases.

In 2009, we see that Kenya has made dramatic progress! About 46 percent of married women are using family planning and the average woman has between four and five births during her lifetime.

→ **Click Forward: Slide 53**

But if we zoom in and look carefully, we see that these trends were not always steady. In fact, from 1998 to 2003, the average number of births per woman actually increased from 4.7 to almost 5 and family planning use stalled.²⁸

During this time, Kenya's population size increased from 29 million people in 1998 to 33 million people in 2003, meaning the population grew by almost 1 million people per year for 5 years!²⁹

→ **Click Forward: Slide 54**

Why did this happen?

Well, we know there were many reasons for the stall with an increasing HIV epidemic being one of them.

→ **Click Forward: Slide 55**

As the HIV epidemic diverted everyone's attention, donor funding for reproductive health services declined.³⁰

→ **Click Forward: Slide 56**

And political leaders turned their attention toward addressing HIV.

→ **Click Forward: Slide 57**

To address these challenges and increase access to integrated services for all people of reproductive age, the government developed the National Reproductive Health and HIV/AIDS Integration Strategy.

→ **Click Forward: Slide 58**

To guide implementation of the strategy, the Ministry of Health developed the Minimum Package for Reproductive Health and HIV integration in 2011. The Minimum Package is a set of recommendations for different types of integrated services at every level of care.³¹

→ **Click Forward: Slide 59**

The National Reproductive Health and HIV/AIDS Integration Strategy outlines the framework for service delivery at the four tiers of healthcare.

The Minimum Package provides guidance to implementers and service providers for infrastructure; human resources; provider skills and training materials; equipment; commodities and supplies; and monitoring and evaluation that are necessary to provide effective integrated services.³²

→ **Click Forward: Slide 60**

The majority of Kenyans do not have access to integrated services supported by the Minimum Package. While the roadmap has been drawn, it is now time for us to act!

How can Kenya continue to build on the progress it has already made to integrate reproductive health and HIV services?

→ **Click Forward: Slide 61**

Governors should allocate sufficient funding to their counties to allow county health management teams to prioritize integrated reproductive health and HIV services, among other health priorities. Increased funding will help create a strong health system that can implement the Minimum Package.³³

→ **Click Forward: Slide 62**

County Assemblies should approve sufficient funding for county health management teams to integrate reproductive health and HIV services and implement the Minimum Package. Health management teams will need funding for infrastructure, human resources, provider skills and training materials, equipment, commodities and supplies, and monitoring and evaluation of the Minimum Package.³⁴

→ **Click Forward: Slide 63**

And finally, partners and civil society groups working in gender, reproductive health, and HIV must advocate and hold the government accountable for the implementation of the Minimum Package. This includes ensuring that populations at high risk of HIV, including women and young people, have a say in policy decisions and implementation.³⁵

→ **Click Forward: Slide 64**

Providing integrated services that support the reproductive health and rights of all people...

Increases access and use of reproductive health and HIV services...

Improves health and saves lives...

Reduces costs for individuals and the country...

And helps Kenya move forward as a healthy and productive nation.

Discussion Guide

After giving the ENGAGE presentation, you may have the opportunity to foster discussion among the audience members. We encourage you to share data specific to reproductive health and HIV integration in Kenya, and make the discussion specific to addressing these issues within the local context. Sample discussion questions are listed below:

DISCUSSION ABOUT THE PRESENTATION

1. Were you aware of the links between reproductive health and HIV? What did you learn today about these relationships?
2. How can an increased focus on integration lead to better development outcomes for Kenya?

DISCUSSION ABOUT INTEGRATED HIV AND REPRODUCTIVE HEALTH CARE

3. Many people have diverse views about access to reproductive healthcare for those who are living with HIV. Has this presentation affected the way that you think about the issue?
4. How will integrated services make a difference for: (a) individual and families, (b) communities, and (c) the country?
5. Why would some people not support integrating both HIV and reproductive health services?
6. Access to reproductive healthcare has improved in Kenya, but many Kenyans who are living with HIV do not have access to such services or are routinely discriminated against by healthcare providers when they do access services. What can Kenya do to address this issue?
7. What are some strategies that can increase access to reproductive health care for those who are living with HIV in Kenya? Consider both short and long term strategies.
8. This presentation focused on increasing access to reproductive health care as an important strategy for improving the health and well-being of all Kenyans. What are some other strategies for supporting the health of all Kenyans regardless of their HIV status?

DISCUSSION ABOUT RECOMMENDATIONS

9. The presentation made several recommendations at the end. Which of these recommendations do you believe is most critical given Kenya's context? What are additional, specific recommendations for Kenya?
10. What can be done to increase funding for integrated care?
11. What are some ways to increase public dialogue about the importance of providing comprehensive reproductive healthcare for all citizens, including those who are living with HIV?

Frequently Asked Questions

Often, audience members have questions about the presentation. Some of these questions may be specific to the actual presentation (data, pictures, figures, sources of information), while other questions may be related to the content of the presentation. If you are unsure about any of the terms used in the presentation, you can find definitions in PRB's online Glossary: <http://www.prb.org/Educators/Resources/Glossary.aspx>.

Below are some frequently asked questions and scripted answers:

QUESTIONS ABOUT THE PRESENTATION

Q. How accurate are your data?

A. The data that we have shared in this presentation are the most accurate data available about HIV and reproductive health in Kenya. The data come from the 2012 Kenya AIDS Indicator Survey, Kenya Demographic and Health Survey 2008-2009, UNAIDS Info 2011, the United States Census Bureau International Database, and other recent research studies and reports.

Q. Have the people in the photographs and videos in your presentation given their consent?

A. We have the legal right to use every photograph and video that was included in this presentation. The photographs and videos in this presentation are for illustrative purposes only. They do not

imply any particular health status, including HIV status, or behavior of the people featured in this presentation.

Q. Why do you focus so much on integrating reproductive health and HIV services when there are so many other, more important, issues to be addressed? Why do you focus on this topic when the real problems are education, poor governance, poverty, and food security?

A. Yes, there are many important issues that Kenyans face and most are just as important as access to HIV and reproductive healthcare. But that does not diminish the fact that integrated services are a cost-effective, proven strategy to improve the lives of all Kenyans. Ideally, we could address all of these issues together, but this presentation is about raising awareness of the importance of investing in integrated services to increase access to reproductive healthcare and HIV counseling, testing, and treatment.

QUESTIONS ABOUT HIV

Q. What is HIV?

A. HIV stands for Human Immunodeficiency Virus (HIV) which causes the Acquired Immunodeficiency Syndrome (AIDS). HIV attacks the immune system. Your immune system is a network of cells, tissues and organs that work together to defend the body against attacks by “foreign” viruses or bacteria. Once HIV is in your body, over time, it lowers the number of healthy immune cells, called CD4 cells, which help your body fight infections. As the number of CD4 cells decline in your body, you soon transition from having HIV to AIDS. When this happens, your body can get HIV-related infections, called opportunistic or co-infections, such as tuberculosis, kidney disease, diabetes, pneumonia, and cancer.³⁶

Q. What are AIDS-related causes of death during pregnancy and delivery?

A. AIDS-related causes of death during pregnancy and delivery include tuberculosis, pneumonia, pregnancy related sepsis, malaria, and other infections that are difficult to overcome due to a suppressed immune system.³⁷ During pregnancy, it is common for changes to happen to a woman’s immune system which make her more susceptible to infections and other serious complications. If she is also living with HIV, she is already at an even higher risk of suffering from an infection.

Q. Why are we promoting sexual and reproductive health for people living with HIV? People with HIV should stop having sex so they won’t spread the disease.

A. Sexual and reproductive health rights apply to all individuals, regardless of their HIV status. The ability to express oneself sexually and the desire to experience parenthood is a right of all human beings, regardless of HIV status.

While HIV is incurable, it has become a managed chronic disease for many who have consistent access to care and treatment. As people are living longer with the disease, many continue to have sexual relationships and need access to sexual and reproductive health information and services to not only protect themselves from spreading the disease but to continue to monitor their health and live healthy and productive lives.³⁸

Q. Why should we allow women or couples who are living with HIV to have children? Wouldn’t this increase the number of children born with HIV in Kenya?

A. Not necessarily. Providing antiretroviral medication to a pregnant woman who are living with HIV significantly reduces the likelihood that she will infect her infant with HIV. If the mother does not take medication, there is a 20 to 45 percent chance that she will infect her baby. Using

antiretroviral medicine in conjunction with a safe delivery and appropriate infant feeding practices, can reduce the risk of infection to less than two percent.³⁹

QUESTIONS ABOUT REPRODUCTIVE HEALTH

Q. In the presentation, you keep mentioning reproductive health but then you talk about family planning. What is the difference between the two?

A. Reproductive health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Access to reproductive healthcare grants men and women the ability to have a responsible, satisfying, and safe sex life; the capability to reproduce; and the freedom to decide if, when, and how often to do so. This includes the right of men and women to be informed of and to have access to safe, effective, affordable, and acceptable methods of fertility regulation of their choice, and the right to access appropriate health care services that will enable women to experience a safe pregnancy and childbirth and provide couples with the best chance of having a healthy infant.⁴⁰

Family planning is one component of reproductive healthcare. Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. This is achieved through the use of contraceptive methods and the treatment of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as the outcome of each pregnancy.⁴¹

Q. Can a person living with HIV use a contraceptive method? Will it affect their disease?

A. According to the World Health Organization's Medical Eligibility Criteria for Contraceptive Use, hormonal methods such as oral contraceptives, injectable implants, emergency contraception, and the vaginal ring are appropriate for women who are living with HIV, including those taking antiretroviral medication.⁴²

The intrauterine device, or IUD, can be used but insertion is not recommended for those who have developed AIDS and are not on medication. Permanent methods such as female sterilization and vasectomy are additional options, except when men and women who are living with HIV are experiencing an HIV-related illness. If this is the case, the procedure should be delayed until the condition is resolved. Spermicides, as well as diaphragms and cervical caps, which are used in conjunction with spermicides, are not recommended for women living with HIV based on their safety findings.⁴³

Q. In the presentation you suggest that adding family planning to prevention of mother-to-child transmission (PMTCT) programs would avert additional infant infections. How so?

A. Antiretroviral medications can lower the risk of HIV transmission between a pregnant mother living with HIV and her newborn child. Each year, about 13,000 babies in Kenya become infected with HIV through mother-to-child transmission.⁴⁴ Offering family planning counseling and methods within a PMTCT program can help the mother decide if she wants another child and if not, can be a great opportunity to discuss her family planning options. For women with HIV who do not wish to become pregnant, family planning is a proven, cost-effective strategy for preventing vertical transmission of HIV. Increasing access to family planning methods for women who are living with HIV also reduces the costs associated with treating an infant born with HIV, health consequences of an unintended pregnancy such as low birth weight, an unsafe abortion, and injuries sustained while giving birth or even death.⁴⁵

Q. We see messages all the time about HIV and AIDS—how the disease is destroying our families and nations. Will family planning limit our population in the face of the HIV/AIDS epidemic?

A. According to UNAIDS, in sub-Saharan Africa, where the majority of new HIV infections continue to occur, an estimated 1.8 million people became infected in 2011, considerably lower than the estimated 2.4 million in 2001.⁴⁶ This trend reflects a combination of factors, including prevention efforts and the natural course of HIV epidemics. While HIV/AIDS is still prevalent throughout much of sub-Saharan Africa, access to life-saving drugs has dramatically increased over the years and more people are now living with HIV for longer periods of time. In fact, there is a strong demand for family planning methods among women with HIV in many African countries as they are living healthy and productive lives and may wish to prevent future pregnancies. While there are still high levels of mortality in specific countries due to certain diseases, overall people in sub-Saharan Africa are living and surviving longer than ever before, including children under five years of age, which means access to family planning services is important to continue to build healthy families and communities.

QUESTIONS ABOUT INTEGRATING REPRODUCTIVE HEALTH AND HIV SERVICES

Q. Many health providers in Kenya are already overburdened with responsibilities. Wouldn't integrating services mean more work for them?

A. This depends on the availability of human resources to meet the increased demand of integrated services. If the Ministry of Health can plan ahead and train enough providers in both reproductive health and HIV services to guarantee an adequate number of health service providers who can provide integrated services, this can help off-set a large number of clients seeking care from a small number of community health workers, nurses, and doctors.⁴⁷

Motivation is another important factor in improving integrated services. Asking healthcare workers to take on more work with no increase in pay is a difficult thing to do but many healthcare workers are motivated by the simple fact that there is increased client-satisfaction when a client can get all their health needs addressed in one place, at the same time. There is also satisfaction in gaining new clinical skills, being recognized by the community and your supervisor as providing a needed health service, and having more follow-up with clients on a regular basis.⁴⁸

Q. Wouldn't integrating services be expensive and use the little resources we already allocated to our national health system?

A. Integration focuses on making a health system more effective and efficient. Setting up an integrated system will have an initial cost as the current health system will need to be slightly restructured. There will be costs related to human resource, infrastructure, commodities/supplies, equipment, and monitoring and evaluation. The good news is, once an integrated system is in place and it is functioning as it should, cost savings will happen, but it will take time to see the results.

In 2013, the Integra Initiative, a research study conducted in Kenya, Malawi, and Swaziland aimed at reducing HIV infection, HIV-related stigma, and unintended pregnancy, released the key findings from its five-year operations study that analyzed the benefits and costs of a range of models for delivering integrated HIV and reproductive health services. The results showed that integration has the potential to improve efficiencies within a health system, but it may not be as strong at the facility level versus the community level.

The Integra Initiative also analyzed data from a cost-efficiency study of 41 clinics. The study investigated whether integrated services resulted in a more optimal way of utilizing existing infrastructure and human resources; measured the costs of integrated HIV and reproductive

health services; and investigated whether these costs vary by type the of integration. The evidence showed that the costs of providing HIV services alone was more costly than using an integrated platform. It also showed that integration led to improved efficiency and use of the current health system. This finding was not as strong at the health facility level.⁴⁹

Additional Resources

HIV AND REPRODUCTIVE HEALTH SERVICES AND INTEGRATION

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