Connecting Paths: Integrating Reproductive Health and HIV Services in Kenya

Since the height of the HIV epidemic in Kenya in the 1990’s, the number of new HIV cases in Kenya has declined from 330,000 a year in 1994 to about 100,000 in 2013.¹

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. This means fewer people are dying from HIV than in years past. And more people are living healthier, longer, and more productive lives.²

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.³

The government of Kenya recognizes the importance of all citizens, regardless of their HIV status, accessing reproductive health services.⁴
One way to increase access to reproductive health services, especially for those who are living with HIV, is to integrate reproductive health and HIV services.

The goal of integration is to provide more comprehensive, convenient, acceptable, and cost-effective reproductive health and HIV services within the same setting. Services are then available during the same hours and providers can encourage clients of one service to take up the other service within the same facility, through a community-based setting or a facilitated referral.\(^5\)

Investments in integrated services are smart because integration improves the health and well-being of the population and helps Kenya achieve its Vision 2030 and Millennium Development Goals.\(^6\)

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.\(^7\)

In addition, access to reproductive health care allows Kenyans to prevent unintended or high-risk pregnancies, which may end in unsafely performed abortion, disability, or death for the mother.\(^8\)

In Kenya, there is a high rate of unmet need for family planning among women who are living with HIV, meaning they wish to delay childbearing, but are not using family planning, and are at risk of having an unintended pregnancy.

Two out of five women of reproductive age living with HIV have an unmet need for family planning.\(^9\)
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. Integrated services make it easier for women to access this medication for themselves and their infants.10

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.11

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.12

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. We call this a "one stop shop."

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.13
If family planning services were available at all HIV treatment centers, the Kenyan government could save 400 Million KES each year!\(^{14}\)

Integrated services increase the number of people receiving HIV care while reducing the stigma associated with such services. This contributes to fewer HIV infections and makes it easier for people who have HIV to receive treatment so they can live a productive life.\(^{15}\)

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.\(^{16}\)

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.
To increase access to integrated services for all people of reproductive age, the government developed the National Reproductive Health and HIV/AIDS Integration Strategy. The Ministry of Health also developed the Minimum Package for Reproductive Health and HIV Integrated Services to guide the implementation of the strategy.17

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.18

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

Kenya must make a series of investments and increase efforts to implement the Minimum Package. What can be done now?

- 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.19

- County Assemblies should approve sufficient funding for county health management teams to integrate reproductive health and HIV services and implement the Minimum Package.20

- 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.21
References

7. Ringheim et al., Supporting the Integration of Family Planning and HIV Services.
11. Delvaux and Nostlinger, “Reproductive Choice for Women and Men Living with HIV.”
13. Ringheim et al., Supporting the Integration of Family Planning and HIV Services.
Acknowledgements

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Narrator: Ndungi Githuku

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