

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

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

Article 43, Constitution of Kenya

The government of Kenya recognizes the importance of all citizens, regardless of their HIV status, accessing reproductive health services.⁴

Integrate reproductive health and HIV services

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.

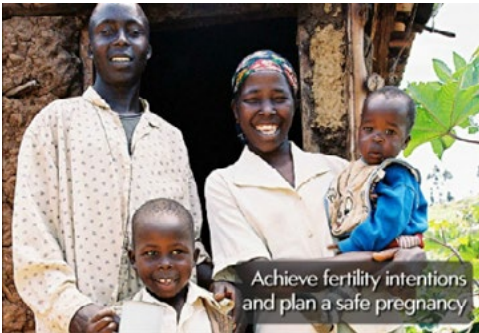
The goal of integration is to provide more comprehensive, convenient, acceptable, and cost-effective reproductive health and HIV services within the same setting. Services are then available during the same hours and providers can encourage clients of one service to take up the other service within the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

Integration is a smart investment because

- Increases access and use of both reproductive health and HIV services
- Reduces illness and saves lives
- Reduces personal and healthcare costs
- Accelerates progress on key economic targets

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

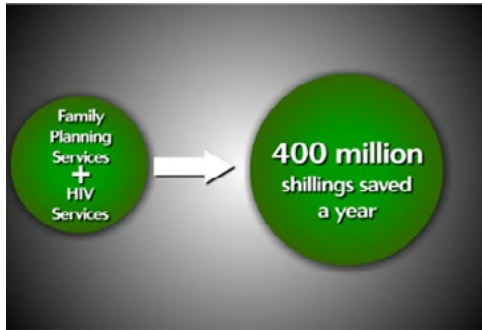


People living with HIV are more susceptible to additional reproductive health illnesses. Providing counseling, testing, and treatment for sexually transmitted infections, including HIV, and screening for cervical cancer, is key to maintaining a healthy population. Integration would allow people to address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



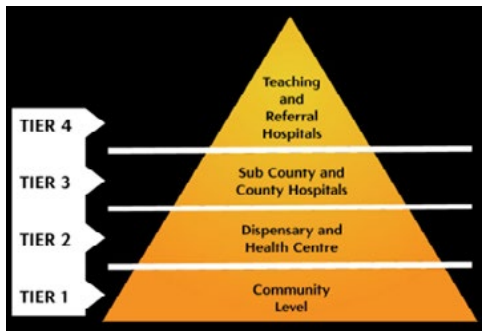
In addition, family planning services enable women and families to plan their births, and have more time and resources to invest in their children's health and education.¹⁶



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

1. National AIDS Control Council (NACC) and National AIDS STI Control Program (NASCOPI), Kenya Ministry of Health, *Kenya HIV Estimates* (Nairobi: NACC and NASCOPI, 2014).
2. NACC and NASCOPI, Kenya Ministry of Health, *Kenya HIV Estimates*.
3. Therese Delvaux and Christiana Nostlinger, "Reproductive Choice for Women and Men Living with HIV: Contraception, Abortion and Fertility," *Reproductive Health Matters* 15, No. 29 (2007): 46-66.
4. Kenya Law Reports, *Laws of Kenya: The Constitution of Kenya, 2010* (Nairobi: National Council for Law Reporting, 2010).
5. Kenya Ministry of Health, *Minimum Package for Reproductive Health and HIV Integrated Services* (Nairobi: Ministry of Public Health and Sanitation and Ministry of Medical Services, 2012).
6. Karin Ringheim et al., *Supporting the Integration of Family Planning and HIV Services* (Washington, DC Population Reference Bureau, 2009); and National Council for Population and Development (NCPD), *Family Planning Opportunities at County Governments Under the New Kenyan Constitution*, Policy Brief No. 27 (Nairobi: NCPD, 2012).
7. Ringheim et al., *Supporting the Integration of Family Planning and HIV Services*.
8. Rhonda Smith et al., *Family Planning Saves Lives, 4th ed.* (Washington, DC: Population Reference Bureau, 2009).
9. National AIDS and STI Control Programme (NASCOPI), Kenya Ministry of Health, *Kenya AIDS Indicator Survey 2012: Final Report* (Nairobi: NASCOPI, 2014).
10. Jill Gay et al., *What Works for Women and Girls: Evidence for HIV/AIDS Interventions* (New York: Open Society Institute, 2010).
11. Delvaux and Nostlinger, "Reproductive Choice for Women and Men Living with HIV."
12. United Nations Population Fund and World Health Organization, *Sexual and Reproductive Health of Women Living With HIV/AIDS: Guidelines on Care, Treatment, and Support for Women Living With HIV/AIDS and Their Children in Resource-Constrained Settings* (Geneva: World Health Organization, 2006).
13. Ringheim et al., *Supporting the Integration of Family Planning and HIV Services*.
14. Population Action International (PAI), *Promoting FP/RH-HIV/AIDS Integration: A Summary of Global Health Initiative Strategies in Ethiopia, Kenya, Tanzania, and Zambia* (Washington, DC: PAI, 2012).
15. Population Action International, *The Benefits of Integrating HIV and Family Planning Programs* (Washington, DC: PAI, 2012).
16. Smith et al., *Family Planning Saves Lives, 4th ed.*
17. Republic of Kenya, *National Reproductive Health and HIV and AIDS Integration Strategy* (Nairobi: Ministry of Public Health and Sanitation and Ministry of Medical Services, 2009); and Kenya Ministry of Health, *Minimum Package for Reproductive Health and HIV Integrated Services* (Nairobi: Ministry of Public Health and Sanitation and Ministry of Medical Services, 2012).
18. Kenya Ministry of Health, *Minimum Package for Reproductive Health and HIV Integrated Services*.
19. Kenya Ministry of Health, *Minimum Package for Reproductive Health and HIV Integrated Services*.
20. Kenya Ministry of Health, *Minimum Package for Reproductive Health and HIV Integrated Services*.
21. Kenya Ministry of Health, *Minimum Package for Reproductive Health and HIV Integrated Services*.

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.

Narrator: Ndungi Githuku

Photo, video, and music credits:

© 2004 Alfredo L. Fort, Courtesy of Photoshare
© 2007 Siyoka Elliot Simasiku, Courtesy of Photoshare
© 2009 David Snyder, Courtesy of Photoshare
© Alissa Everett/Alamy
© American Spirit/Shutterstock
© Andrew Aitchison/Alamy
© Emjay Smith/Shutterstock
© fivepointsix/Shutterstock
© John Warburton-Lee Photography/Alamy
© Jon Rawlinson/Flickr
© MacNeil Lehrer-2010/10 MR ED/E/Getty Images
© Marianonietta Peru
© Office of the U.S. Global AIDS Coordinator/PEPFAR
© Protasov AN/Shutterstock
© Richard Lord
© Rick Ray/Shutterstock
© Rob Marmion/Shutterstock
© Stock4KVideo/Shutterstock
© World Health Organization Department of Reproductive Health and Research (WHO/RHR) and Johns Hopkins Center for Communication Programs (CCP), Knowledge for Health Project
iStock by Getty Images
Pond5
© Above Envy/Pump Audio/Getty Images

Photos and videos are used for illustrative purposes only and do not imply any particular health status, attitude, behavior, or action on the part of the people appearing in the photos.

Multimedia design elements provided by The Artful Presentation, Washington, D.C., USA.

© 2015 Population Reference Bureau. All rights reserved.



