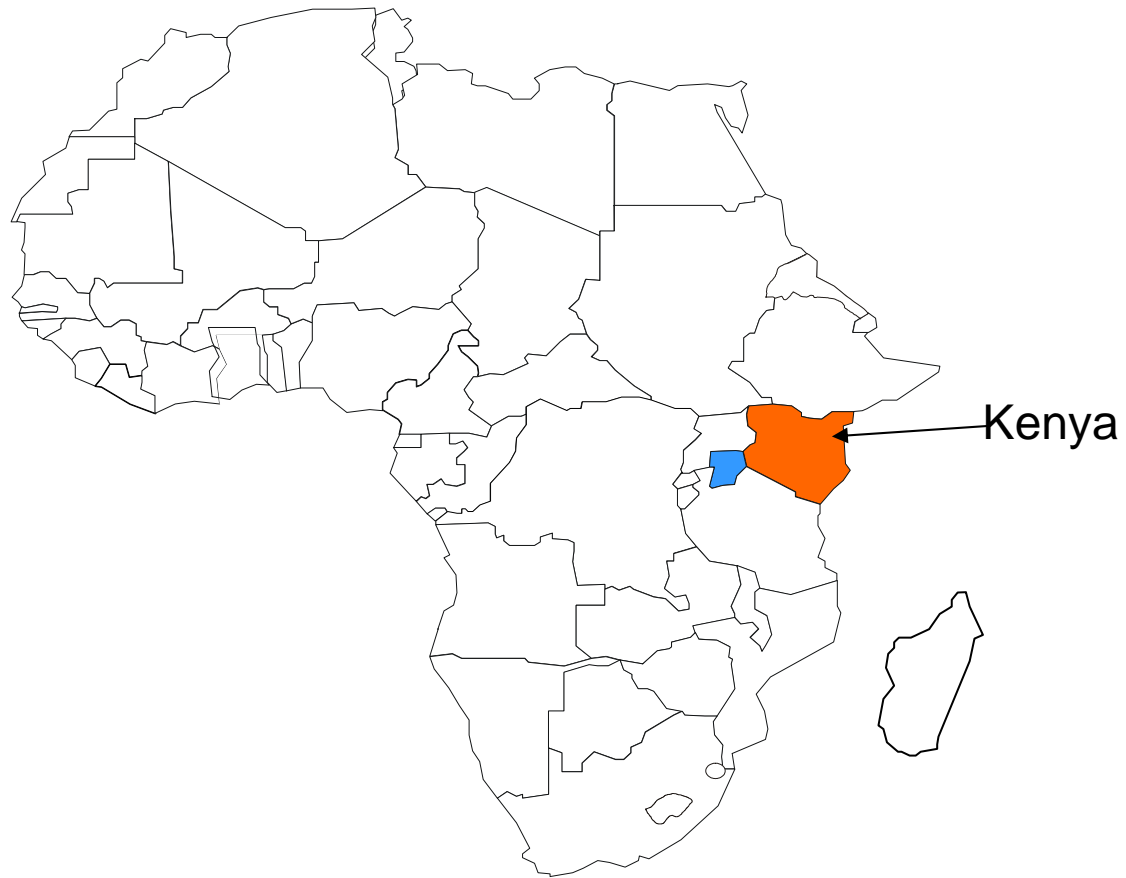


INTEGRATING REPRODUCTIVE HEALTH AND HIV/AIDS SERVICES IN KENYA

**Marsden Solomon
Regional Medical Advisor
FHI - Nairobi**

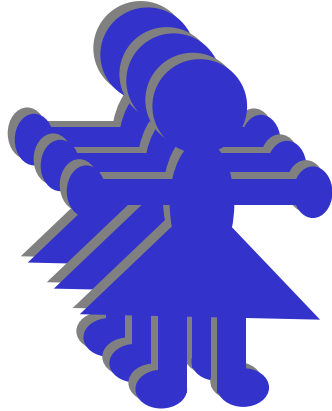
KENYA



OUTLINE

- **Why integration?**
- **Kenya's experience on integration**
- **How has PEPFAR contributed to integration?**

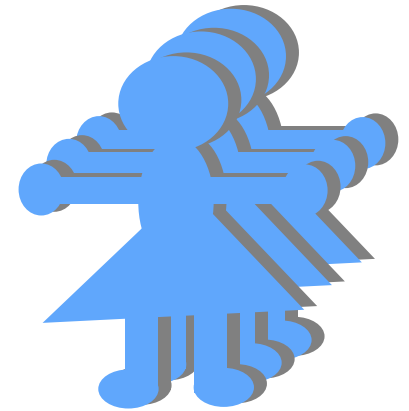
Why Integrate HIV and RH Services



**Clients Seeking
HIV-related Services**

AND

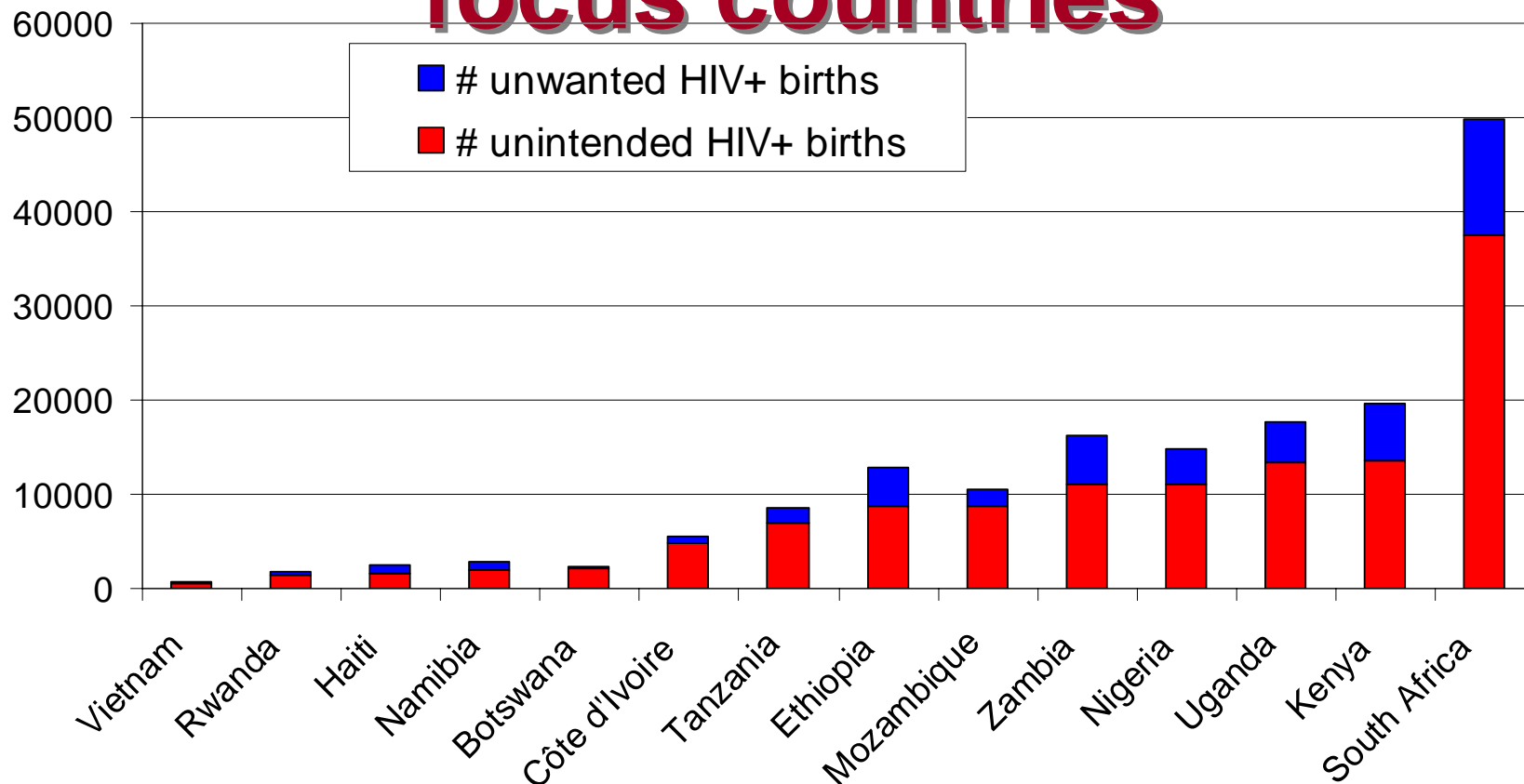
**Clients Seeking
RH Services**



Share common needs and concerns:

- are often both sexually active and fertile
- are at risk of HIV infection or might be infected
- need access to contraceptives
- need to know how HIV affects contraceptive options

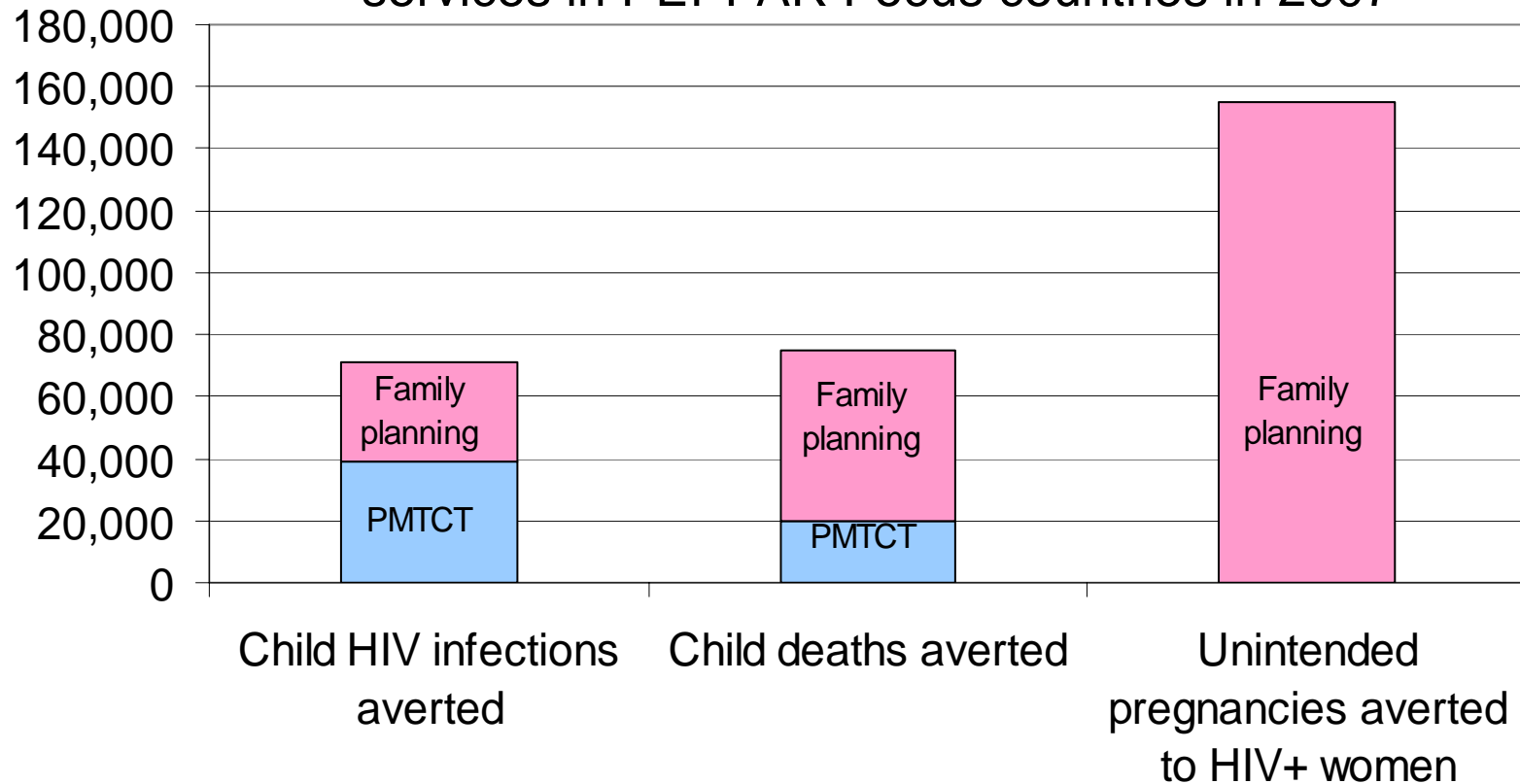
Annual no. unintended & unwanted births in PEPFAR focus countries



Total = 412,000

Benefits of FP in PMTCT Programs

Benefits of PMTCT services alone and with family planning services in PEPFAR Focus countries in 2007



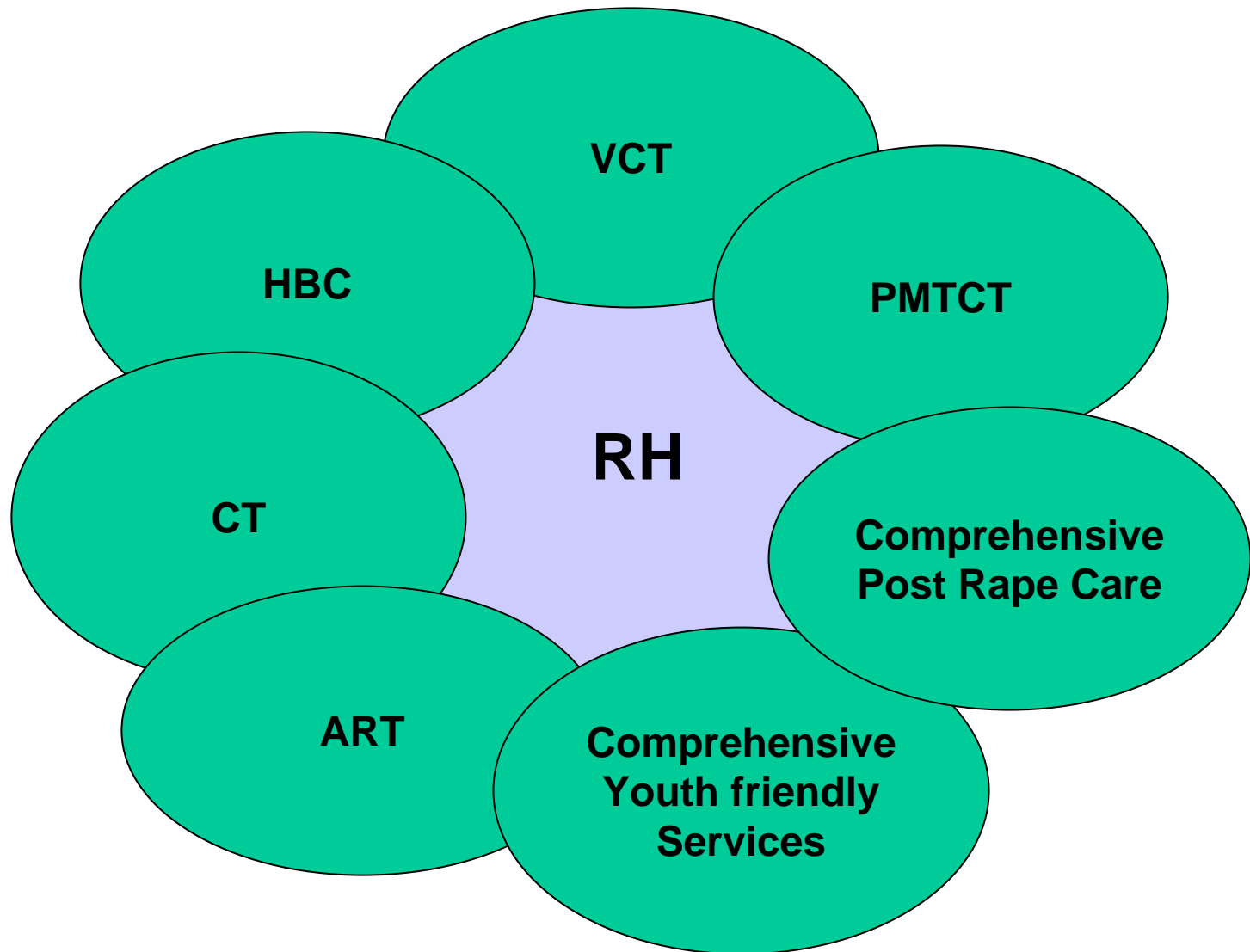
Source: Stover et al. 2004:

Preventing Unintended Pregnancies Will Help Achieve HIV Goals

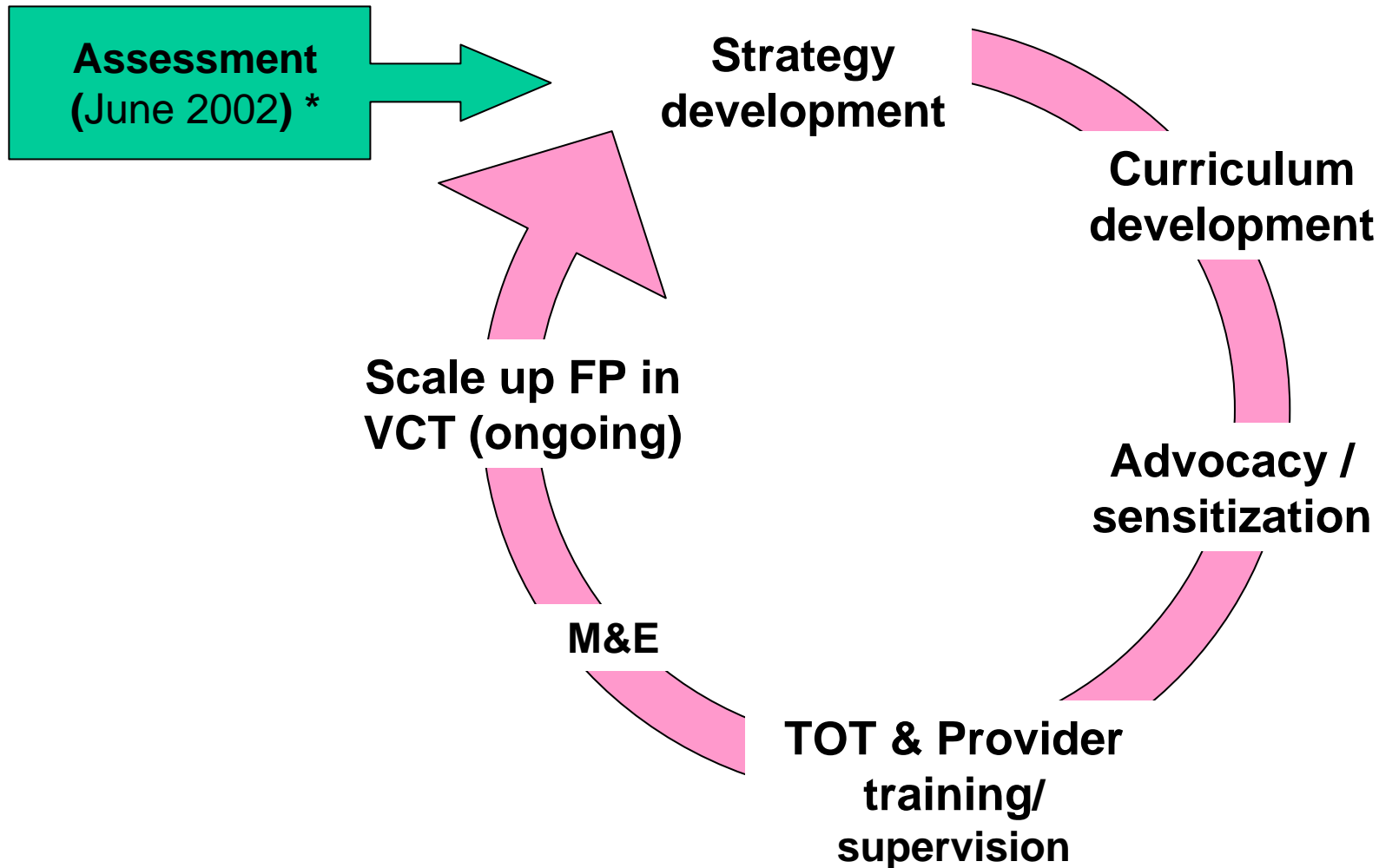
- **UNGASS goals cannot be met without preventing unintended pregnancy**
- **Even moderate decreases in unintended pregnancies to HIV+ women will reduce same number of HIV+ births as current PMTCT programs**

KENYA EXPERIENCES IN INTEGRATING RH/HIV

RH/HIV INTEGRATED SERVICES



Steps in Integrating FP into VCT in Kenya



Enabling Factors for Integration

- **Supportive policy environment**
- **Existence of the relevant technical committees**
- **Existence of service provision guidelines that have both RH and HIV components**
- **PEPFAR support**

Challenges

- **Lack of ownership by Provincial and District Managers**
- **Human resource shortage**
- **Shortage of commodities, e.g contraceptives**
- **No FP indicators to report on under the VCT program area**
- **Inadequate co-ordination between RH and HIV programmes**
- **Inadequate funding for scale-up**

Lessons Learned

- **Advocacy at various levels necessary**
 - Build consensus among stakeholders
 - Time-consuming exercise
- **Supportive service delivery guidelines and MOH leadership are major advantages**
- **Limited co-ordination between RH and HIV programmes – a deterrent**
- **Ensuring commodity security**

HOW PEPFAR HAS CONTRIBUTED TO INTEGRATION

How PEPFAR Has Contributed to Integration

- **Supported the intervention activities for FP/VCT integration**
- **Supported OR to understand service delivery issues of FP/VCT integration**
- **Piloting of key integration strategies**
- **Scaling up integration within the APHIA11 program**

Challenges in the Use of PEPFAR Funds for Integration

- **Lack of clear guidelines on how PEPFAR funds can support RH programs**
- **PEPFAR funds could not be used to procure RH commodities and supplies**
- **Inadequate knowledge of policy makers, program managers and service providers in the HIV program on RH issues**

Opportunities for PEPFAR to Support Integration Work

- **Heavy investments have been made in infrastructure that can be showed by HIV/RH services**
- **PEPFAR programs reaching out to hard to reach audiences for RH programs**
- **Improved understanding and perceptions of RH among HIV service providers**
- **Emerging favourable PEPFAR guidelines that support integration of RH/HIV services**

What Should PEPFAR Do?

- **Encourage and support funding recipients to make prevention of unintended pregnancies in HIV+ women central to their HIV prevention efforts**
- **Support scale up of effective FP/HIV models with HIV \$**
- **Include family planning indicators as measures of programmatic success**
 - “What gets measured gets done”

Take Home Messages

- **Contraception should be a core part of HIV prevention, care, and treatment programs**
- **Preventing unintended pregnancy among women with HIV:**
 - Is cost-effective
 - Contributes to HIV prevention goals
- **It's feasible to integrate RH/FP into HIV programs**
- **PEPFAR should make greater investments in RH/HIV integration to enhance the public health impact of its HIV programs**