

INTEGRATION OF HIV AND OTHER HEALTH PROGRAMMES: IMPLICATIONS AND CHALLENGES

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ABSTRACT

This paper tries to assess possible benefits and challenges for integration of HIV with health programmes in Indian context. Integration of HIV with other health programmes and vice versa is very important to contain the HIV/AIDS pandemic and other diseases as well as providing sustainable HIV services. The National HIV/AIDS Policy and recently launched National AIDS Control Programme-IV (2012-2017) guidelines by the Ministry of Health and Family Welfare, Government of India have clearly stated the need for integration of HIV programme with other health programmes. The worldwide literatures and proven interventions in different settings describe that there are ample benefits for the health service integration at individual level, provider's level, policy and programme level. Further an integrated programme would explicitly address the combined outcomes, benefits and challenges and making these connections clear can help people to receive improved services for longer run.

Key Words: Challenges; HIV Prevention; Health Programme; Integration; Implications; India

Introduction

The emergence of ICPD (1994) and Millennium Development Goals (MDGs) in 2000 made it critical to continue to support integrated, comprehensive programmes that holistically address the health of population and delivery of services including integration of HIV with other health programmes and vice versa. To contain the HIV/AIDS pandemic and other diseases, and smooth delivery of health and other integrated services is largely advocated by many countries, policy makers and other stakeholders. Over the years the Donor financing has also been playing an important role, both as an obstacle and a driver, especially in countries dependent on overseas development aid on HIV/AIDS. The norm amongst many donors has been to finance separate and parallel programmes.^[1] Slowly after the mainstreaming of Glion Consultation (2006), the international policy and technical guidance have probably both influenced and reflected these trends on effectively converge HIV and other health programmes.

The Government of India has also accepted and highlighted the need for integration of HIV programmes with other health programmes in the National HIV/AIDS Policy and recently launched National AIDS Control Programme-IV (NACP-IV (2012-2017)). Among the five key priorities mentioned in the guideline of NACP-IV, integration of HIV with other health programmes is important one.^[2] However, it can be possible only through phase wise implementation to integrate HIV

programme with other existing health programmes (e.g. National Rural Health Mission (NRHM)) or to be initiated programmes (e.g. National Urban Health Mission (NUHM)) to accelerate reversal of HIV/AIDS pandemic. Further, the NACP-IV strategy guidelines document shared by planning commission of India describes that most of the strategies are the shadow of NACP-III and however more emphasis is now on the integration of HIV/AIDS with other health programmes and services. The NACP-IV has adopted the strategy of using various interventions with focus on integration of services and work towards sustainability of NACP activities. The Targeted Interventions (TIs), basic services and care, support and treatment have the potential of getting integrated with the general health system in a phased manner without compromising on quality and coverage. It is proposed to enhance integration of National Opioid Substitution (OST) interventions with Ministry of Health, and harm reduction and social protection strategies with Ministry of Social Justice and Empowerment, STI care of general population, counseling and testing services, and Care, Support and Treatment (CST) services with the general health care services as part of NACP-IV. Addressing the complex issues surrounding HIV/AIDS requires the cooperation of people from a range of disciplines and coordination between different health programmes and departments. Now, one of the critical challenges of the government is to move towards more effective and efficient approaches through convergence and integration of programme components such as basic HIV services, comprehensive care, support and treatment

with National Rural Health Mission (NRHM), Urban Health Mission (UHM) and general health systems to the extent possible with a proper coordination.^[2] However with the integrated approach benefits, many challenges will be piled up at the policy level, programme level and management level. Worldwide policies and programmes document review suggest that many African countries like South Africa, Kenya, Nigeria, Uganda, Ethiopia, Tanzania, Zambia, Swaziland and some other countries stressed upon integration of HIV prevention, care, and treatment; maternal, newborn, and child health (MNCH), including preventing mother to child transmission (PMTCT); and reproductive health/family planning (RH/FP); tuberculosis (TB); counseling and testing etc.

Need for the HIV and Other Programmes Integration

More than 17 million women worldwide are currently living with HIV; nearly 40 million people are battling with the epidemic and with more than a million new HIV infections in women of reproductive age each year.^[3] Globally, there are half a million pregnancy-related deaths each year and nearly 500 million people worldwide are affected by reproductive health morbidity and lack of contraceptive services.^[4] Research reveals that a majority of HIV infections are transmitted through unprotected sexual intercourse or are related to childbirth and unplanned pregnancies. There is an unambiguous connection between sexual and reproductive ill-health and HIV/AIDS. The common fundamental causes behind both include poverty, social marginalization of vulnerable populations, and gender discrimination.^[5]

Currently, India is also facing many challenges to provide an efficient HIV/AIDS, and sexual and reproductive health (SRH) services. As per the Government of India estimates, about 2.40 million Indians are living with HIV (1.93 - 3.04 million) with an adult prevalence of 0.31% in year 2009. Children (<15 years) account for 3.5% of all infections, while 83% are the in age group 15-49 years. Of all HIV infections, 39% are among women only.^[6] It has also been found that most of HIV transmissions (86 %) in the country are through the sexual route, so it is young people who face the greatest burden of unwanted pregnancies and the risk of contracting HIV/AIDS. According to the National Family Health Survey 2005-2006 (NFHS-3), nearly 44% women in India have never used any contraceptive method in India. So it is important that SRH services, including family planning,

are among the most important elements of the global effort to contain the HIV/AIDS pandemic.

The Glion Consultation on strengthening the linkages between reproductive health and HIV/AIDS^[7] and few other studies^[3,58-10] suggest a clear linkage between reproductive health and HIV care, prevention and treatment. These studies suggest that there is an urgent need to safeguard the reproductive options of women worldwide and to comprehend the importance of family planning as a method to avoid the spread of HIV amongst women and children.

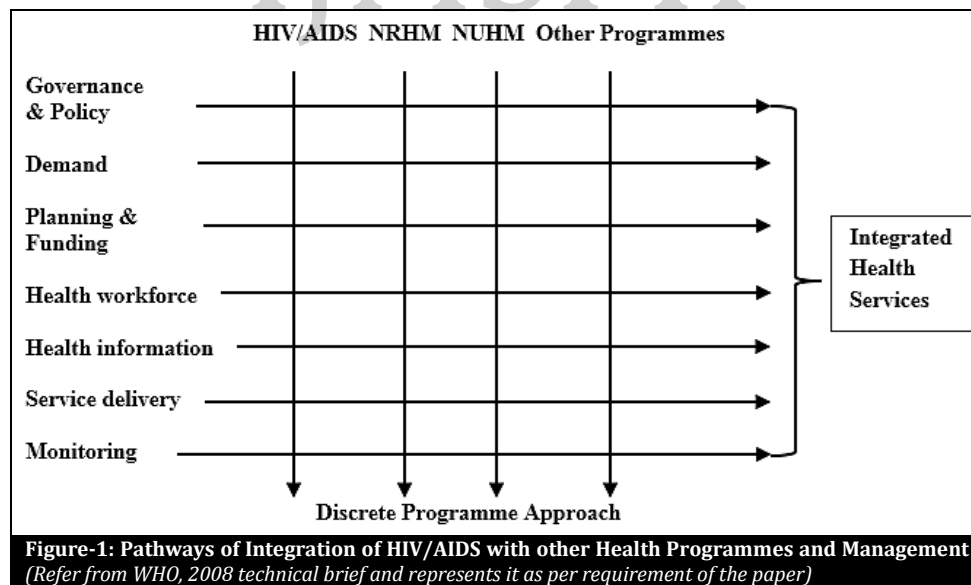
In the last few decades, HIV/AIDS has erased development gains of the past generation and continues to reverse life expectancy gains, erode productivity, reduce labor supply and negatively impact the private and public sectors. In addition, increased out-of-pocket expenditures on health care and related costs deplete household savings, decrease consumption, and reduce investment opportunities, contributing to the persistence of poverty. With reference to the private and public sectors, HIV/AIDS leads to decreases in productivity, increased absenteeism, and turnover, as HIV/AIDS primarily affects workers in their most productive years. As the HIV/AIDS epidemic unfolds, it increasingly poses complex development challenges for many countries. Integration of HIV/AIDS into other national programmes remains a key approach for addressing both the direct and indirect causes of the growing epidemic and to address the widespread stigma and discrimination faced by people most at risk of or living with HIV. By ensuring the integration of planning, resource and programming issues, mainstreaming enables a multi-sectoral and multi-stakeholder response. Many government agencies, stakeholders and UN urged to strengthen the integration of HIV/AIDS in to other health programmes. The national policy on HIV/AIDS and world of work in India has also given emphasis on strengthening the integration and mainstreaming of HIV/AIDS in the country. So there is an urgent need to review and strengthen integration of HIV/AIDS.

Lessons Learnt from Global Initiatives on Integration

Worldwide studies highlighted the lesson learnt from HIV integration with sexual and reproductive health (SRH), family planning, TB, maternal, newborn, and child health services integration in different study settings.^[10-15] Findings of these studies reveal that by integrating

sexual and reproductive health care with HIV programmes increases people's access to information and services that reduce sexually-transmitted infections, mother-to-child transmission (PMTCT) of HIV, unintended pregnancies, maternal and new-born deaths. Clients seeking HIV services and those seeking family planning services share many needs and concerns, as well as integration of services enable providers to address them efficiently and comprehensively. Integrating counselling and testing for HIV into family planning (FP) at health facilities, enhance Voluntary Counselling and Testing (VCT) uptake and improving the quality of care. Integrating family planning and HIV/AIDS services is a cost-effective approach to service and reducing the costs associated with treatment services. Integration also assures that the reproductive health and rights of people living with HIV/AIDS are addressed and respected. However other initiatives support and encourage integration of HIV with other health programme and services (such as TB, Malaria, Viral Hepatitis, food and nutrition and disability).^[16-21] However, some other initiatives and pilot studies^[22-25] across the world urged for necessity and urgency in effective integration of HIV programmes for better services, treatment, counselling and providing family planning.

recognition of this need, very few studies are available which focused on HIV/AIDS integration with other programmes and services. In fact, the studies are more concerned with HIV-SRH integration. In 2006, PATH worked with state governments and local communities in Bihar, Andhra Pradesh, Maharashtra, and Uttar Pradesh to identify the options for and challenges of HIV-SRH convergence and reveals that sex workers and person living with HIV (PLHIV) are preferred visiting HIV service providers because of stigma and discrimination experienced while accessing mainstream health services.^[1] Similarly, PATH's convergence project at a district-level approach in Andhra Pradesh and Bihar showed that to convergence of HIV and SRH services can increase access to SRH services for people living with HIV/AIDS or at high risk of HIV (HRH) if both demand-side and supply-side interventions are implemented simultaneously, at the same time using problem-solving interpersonal communication on SRH and family planning issues is an effective strategy for enhancing utilization of SRH services within a relatively short span of time. Project interventions led to substantial change in providers' attitudes and practices regarding PLHIV or at high risk groups (HRGs).^[26] As part of Avahan project, FHI run Astha project started providing integrated STI and family planning services at their project clinics in



Lessons Learnt from India on HIV Integration

While the policy environment is encouraging, the voice of the client, demand for different convergence options and research in India is still lacking, and government lacks the evidence necessary to make informed decisions on what options will work best in diverse settings. In

few urban districts of Maharashtra. It was found that service uptake has increased after services were integrated.^[5] Similarly, RISHTA Project also demonstrates a community level intervention program on integration of HIV and SRH services at urban slums of Mumbai.^[27] Maharashtra AIDS Control Society (MSACS) in Satara district has rolled out the PPTCT programme

under NRHM through the integrated testing and counselling centres (ICTCs) located at tertiary/secondary level government hospitals, facility-based ICTCs and public-private partnership facilities and shown a dramatic intake of services and counselling. Maharashtra state looks rich in HIV integration services, however the learning and experiences should be shared and adopted by other states for integration of services to combat HIV and other diseases.

Opportunities and Challenges of Integration

It has been highlighted very strongly in the planning commission strategy plan document in NACP- IV that India is committed to achieve the target on HIV/AIDS in Millennium Development Goals (MDGs) and keeping this in view, the primary goal of NACP-IV is to accelerate the process of reversal and further strengthen the HIV/AIDS epidemic response in India through a cautious and well-defined integration process over the next 5 years (2012-2017). However, the process of integration of HIV/AIDS with other health programmes, show many opportunities from policy and programme point of view, where as it will also be affected by many challenges by large.

The simultaneous focus on child and maternal health, HIV/AIDS and malaria in the MDGs, have highlighted the fact that some constraints to effective scaled-up service

delivery are common to several programmes. For example, all the health-related MDGs rely on the existence in a country of a well-functioning workforce of health workers, an established infrastructure and an efficient pharmaceutical distribution system – it thus makes no sense to tackle the three relevant goals separately.^[28,29] Under the Ministry of Health and Family Welfare, there are many parallel programme (e.g. NRHM, NACP, National Tobacco Control Programme (NTCP), Universal Immunization Programme (UIP), National Vector Borne Disease Control Programme (NVBDCP), National Leprosy Eradication Programme (NLEP), National Programme for Health Care of the Elderly (NPHCE), National Cancer Control Programme (NCCP) etc.) existing to eradicate/control the spread of different diseases and providing services at different level and some are at the implementation stage (e.g. NUHM). Each and every unit has its own objectives and priority agenda. The NACO was established to coordinate multi-sectoral response to HIV/AIDS in India under the Ministry of Health and Family Welfare. The NACP-IV under NACO is strongly in favour of HIV/AIDS programme integration with other health programmes of the nation for a multidimensional service approach as shown in Figure 1. The literatures and proven interventions in different settings say that there are ample benefits for the health service integration at individual level, provider's level, policy and programme level, followed by certain challenges which were clearly

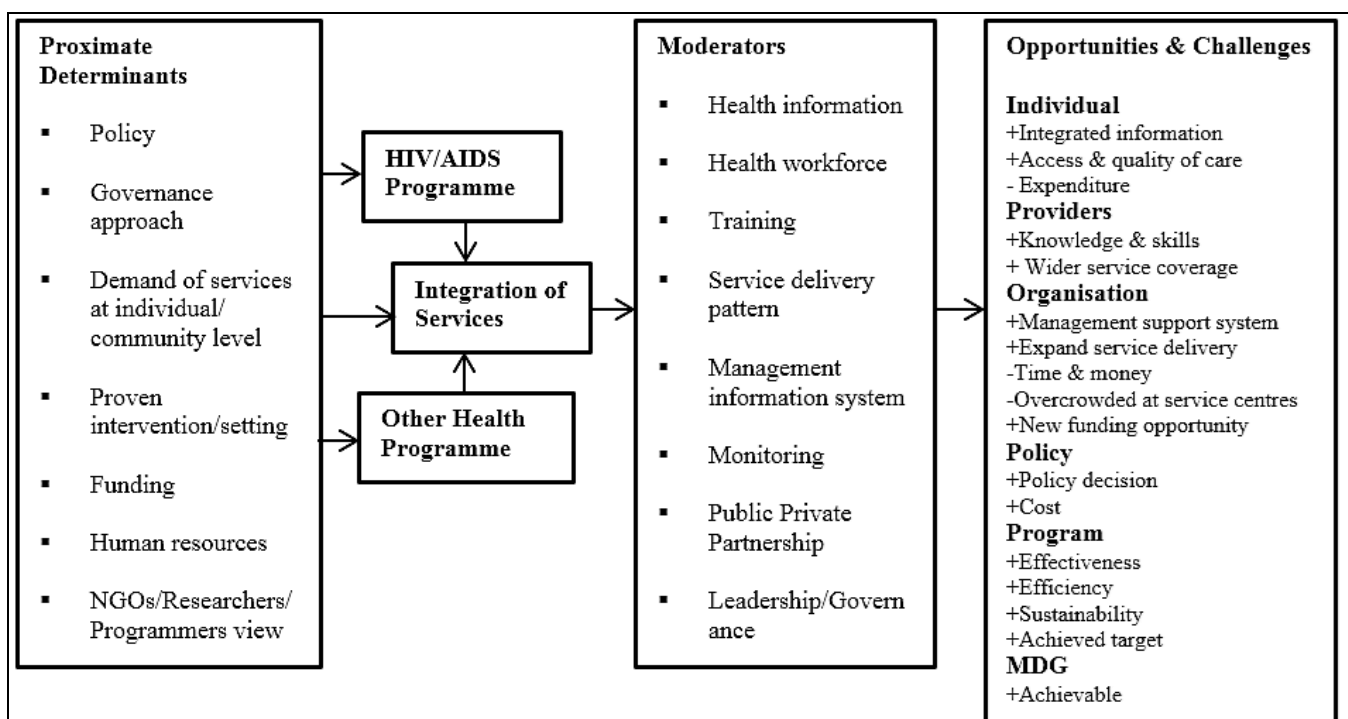


Figure-2: Process for HIV and other Health Programmes Integration

mentioned in Figure 2. At the same time the success of integration depends on different factors as well.

Health Service Delivery: Along with HIV/AIDS programme, other parallel health programmes have to streamline priority of the integrated health services and should be agree on one point service at any health centre. This will bring many potential advantages: more efficient system for HIV/AIDS with other integrated services and better quality of care, reduction in repetitive registration, reduction in duplications of services, reduce in stigma and discrimination etc. Integrating services enables providers to access the integrated services and address them efficiently and comprehensively. However the biggest challenges will be to coordination and management of all the programmes and services under the same umbrella. There will be requirement of strong guidelines for service delivery which should be adhered strongly by different health department (including AYUSH), National AIDS control Organization, State AIDS Control Organization and health facilities. With that strengthen linkages with other services and assess strengths and weakness of different delivery models will key to continuum of services for long.

Health Workforce: A major challenge to scaling up HIV/AIDS integration and strengthening the health system is the shortage of trained health workers at different levels having multidimensional skills and expertise. However by providing better incentive and proper skill building training for integrated service approach will benefit. It will further strengthen the client-provider relationship by sharing information and reduce discrimination and increase service intake.

Health Information: Establishing and maintaining a better Health Information Management System (HMIS) will another challenge for HIV with other programmes integration. Data collection, entering the information, editing, quality assurance and sustainability of the integrated health information will be very important for a successful integrated service.

Besides these three key priorities which are necessary for integration of HIV with other health programmes, a stable and supportive governance, fund availability and a strong managerial leadership are highly required for success of integrated service approach. A public private partnership and proper monitoring mechanism will enhance further the integrated programme approach in a big way. The other main challenges of integrating

HIV/AIDS with other health programmes are lack of understanding among health managers and policymakers about how to operationalize HIV and other programmes convergence at local and facility level; varying levels of governance in state structures; the difficulty in motivating health care providers to attend capacity-building sessions consistently; reducing stigma and discrimination practiced by some healthcare providers; a lack of practice and culture within NGOs/CBOs and HIV-positive networks of discussing other health needs and services beyond HIV with people living with or most at risk of HIV; maintaining quality of counselling and testing; addressing sex workers' misconceptions about family planning; sometimes providers rarely discussed family planning with clients; increasing the low number of referrals from targeted intervention sites; continuing low numbers of clients accessing ICTCs from the most at-risk populations; marginal involvement of civil society and shortage of staff, lack of incentive and ensuring adequate supply of medical products (e.g. HIV kits) etc.

Conclusion

The study clearly highlighted the urgent need to provide integrated service approach for HIV and other diseases. The plethora of study literatures evident that integrated service approach can benefits at individual level, provider's level, policy and programme level with minimum challenges. An integrated programme would explicitly address the combined outcomes, benefits and challenges and these clear connections can help people for an improved and sustainable service. Based on the evidence few recommendations for policies and programmes can be suggested as follows:

- Funding agencies/donors should promote policies that support integrated HIV and other health programmes, and should provide vigorous and flexible funding for HIV/AIDS and other health issues.
- Strengthen coordination and policy planning between in-country health and HIV/AIDS agencies. Engaging and strategically allocating funding and implementing policies can help create an enabling environment for integration.
- Involving civil society and engaging key government departments (such as the state health society, state AIDS control society, the department of health and family welfare), donors and research organisations is essential to sustain and scale up integration process.
- Sensitize and train on various health issues including

family planning/reproductive health and HIV/AIDS service providers for improved and integrated services, and to reduce stigma and discrimination attached to PLHIV.

- Integrate the supply chain system for efficient procurement and expand method mix approach for contraception.
- Establish better monitoring and evaluation indicators.
- Dissemination of findings and lesson learned to key stakeholders are very important for ensuring sustainability of integration of programmes.

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