

Strategic Leadership

The UNAIDS 2006 Report on the Global AIDS Epidemic estimated that in 2005 there were 38.6 million people worldwide living with HIV. The number of new infections rose to 4.3 million and 2.8 million lost their lives to AIDS. The number of people living with HIV continues to rise, due to population growth and, more recently, the life-prolonging effects of antiretroviral therapy.

“Strong linkages between HIV and AIDS, and SRH programmes and services, and special effort to reach those excluded from access to health and other services, will result in more relevant and cost-effective programmes with greater impact”

Source: Intensifying HIV Prevention. UNAIDS Policy Position Paper, 2005

Implemented by
International Council On Management
Of Population Programmes (ICOMP)
No 534 Jalan Lima
Taman Ampang Utama
68000 Ampang, Selangor, Malaysia
tel: 603 42573234
fax: 603 42560029
www.icomp.org.my

In collaboration with
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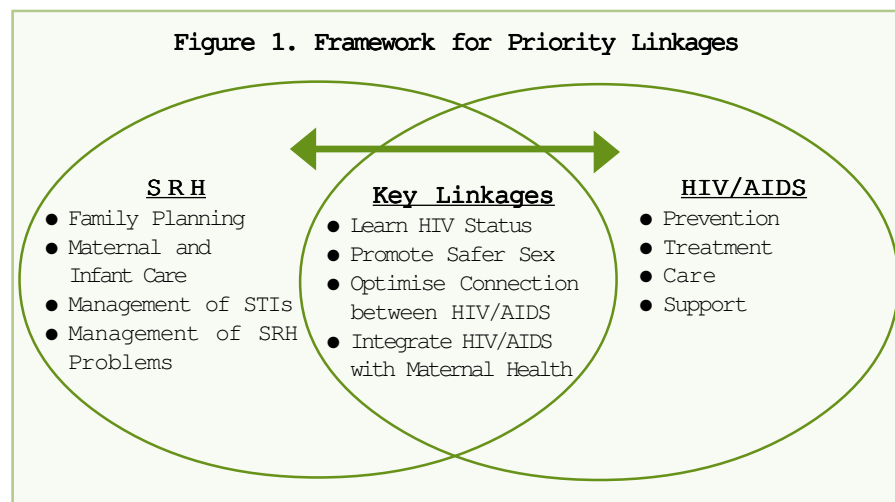
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Linked Response to Reproductive Health and HIV/AIDS

Linking reproductive health (RH) and HIV/AIDS has the potential to significantly curtail the AIDS epidemic, as the majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding. Closer collaboration between RH and HIV/AIDS services can address some missed opportunities in HIV prevention and care as well as in improving RH. Voluntary testing and counselling (VCT) is the key entry point for individuals and their families to access HIV/AIDS prevention, treatment and care services. More people need to know their HIV status if universal access is to be achieved (WHO, 2006).

Linked response is how RH and HIV/AIDS programmes could work effectively together to encompass notions of integration, collaboration, coordination and independent but informed action. (ICOMP, 2006) Neither RH nor HIV/AIDS aims can be achieved through the current separation of HIV/STI and maternal and child health/family planning (MCH/FP) services. Considering the urgency of the AIDS epidemic, the issue of linked response needs to be addressed with a greater sense of clarity and consensus.

A framework for priority RH and HIV/AIDS linkages was developed by WHO, UNFPA, UNAIDS and IPPF, proposing a set of key policy and programme actions (see Figure 1).

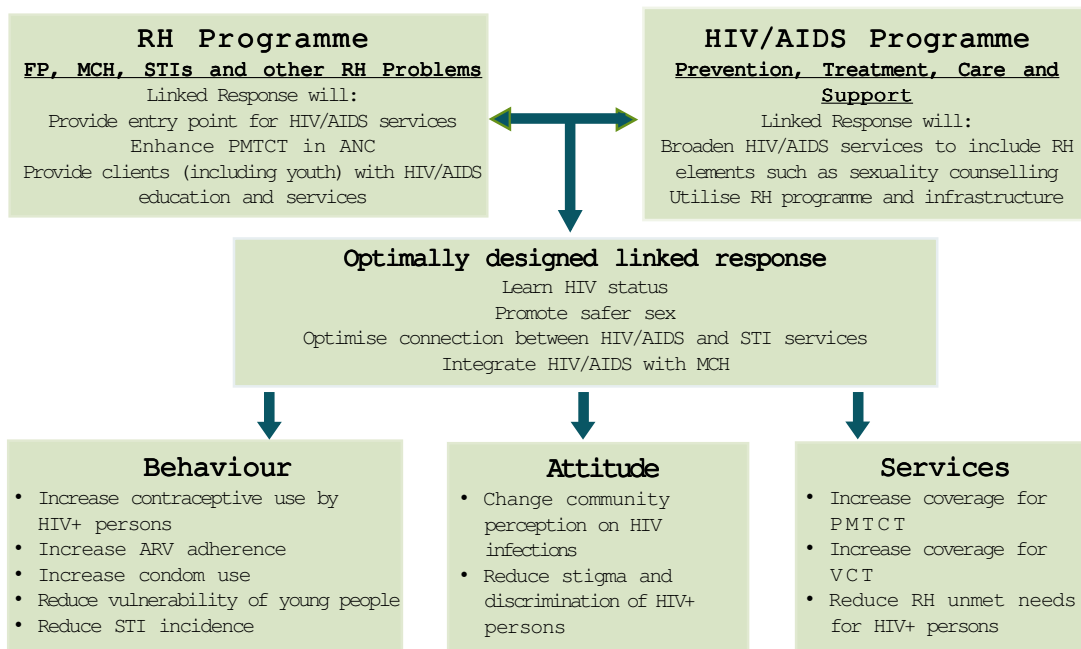


Source: WHO, UNFPA, UNAIDS and IPPF. Sexual and Reproductive Health: A Framework for Priority Linkages. 2005

Advantages of Linked Response

Linking HIV/AIDS with RH provides the opportunity to promote RH, prevent HIV infection, and provide and promote access to comprehensive RH care to those infected with HIV. For example, RH/FP/MCH services can provide referral to VCT and prevention of mother to child transmission (PMTCT) interventions in MCH service so that clients can obtain HIV/AIDS education and services. On the other hand, HIV/AIDS services can provide referral to FP and MCH services to address the unmet RH needs including sexuality counselling as well as reaching other high-risk groups who do not typically use FP/MCH services such as high transmitters (including sex workers and their clients), adolescents, men and HIV-positive women.

Figure 2. ICOMP Framework for Linked Response



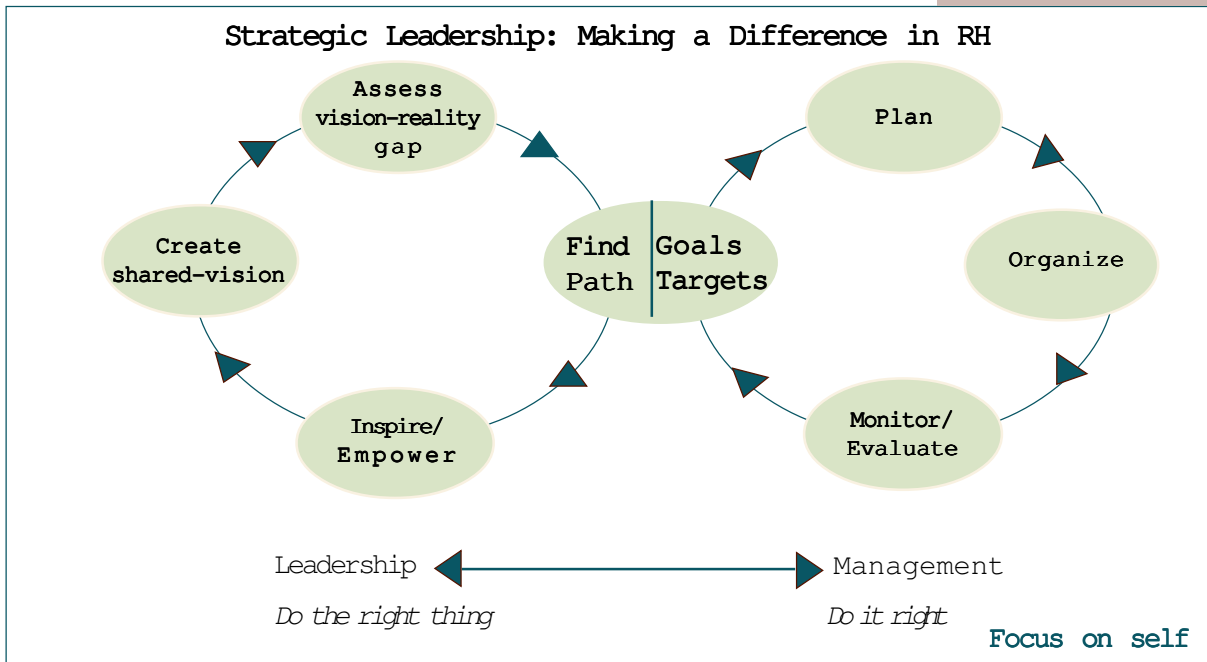
Challenges of Linked Response

While many advantages of a linked response have been identified, there are key challenges that need to be addressed. *One*, RH/FP, STI and HIV/AIDS programmes operate vertically, often with little overlap at the national and local levels. The organisational complexities increase even more when adequate legislative framework that makes linking feasible is lacking.

Second, donor policies have contributed to fragmentation as accountability relationships have shifted to donors supporting vertical programmes. Often, funding channels are separate, both from donors and national agencies. Donor orientation and priorities often encourage such vertical structures, and thus discourage programme managers from considering opportunities to link when it makes sense (Lule, 2002).

Third, Sector-Wide Approaches (SWAs) and decentralisation also have a potentially detrimental effect on RH because they do not feature (in their entirety) in the Millennium Development Goals (MDGs), which drive the reforms supported by donors. Therefore RH is not well reflected in reform structures and indicators.

Finally, a weak health system makes linking difficult.



Creating a Shared Vision

Creating a shared vision among stakeholders and service providers for linked response is essential to address missed opportunities in HIV prevention and care as well as in RH services. It is imperative for both RH and HIV/AIDS programmes to participate in coordinated planning and management strategies that will institutionalize the linkage of the two services. Thus, leadership needs to be developed for bringing about this transformation.

A deficiency in implementing linked response is the failure to acknowledge the need for collaboration between RH/FP/MCH and HIV/AIDS departments (Strachan, et al, 2004). Closer collaboration between them promotes effective referral mechanisms.

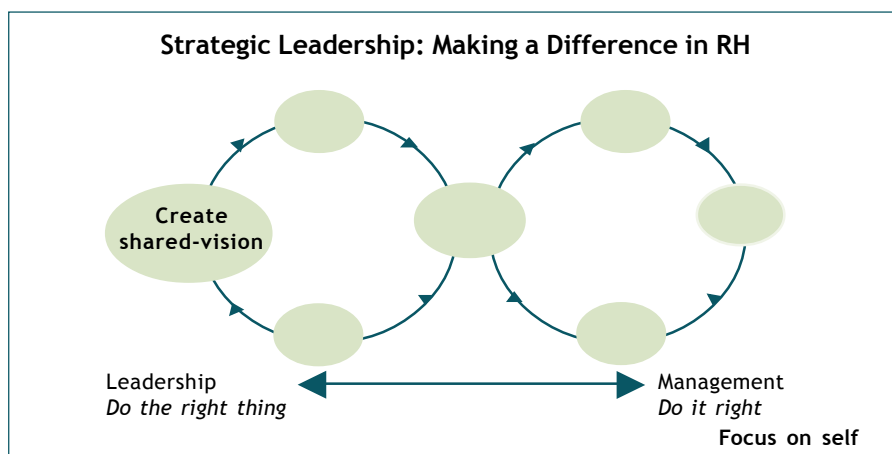
Countries often set up FP/MCH and HIV/STI programmes with separate funding, budgets, personnel, and administrative structures. Donor orientation and priorities often encourage such vertical structures, and thus discourage programme managers from considering opportunities to link when it makes sense (Lule, 2002) However, some countries have established linkages between vertical programmes through technical committees, task forces and other coordination mechanisms.

“Prior to integration, NCHADS, NCMCH, civil society, local authorities, donor partners were not communicating with each other and operated independently of each other, even though they were working in a common direction and faced similar obstacles. With linked response and collaboration, the obstacles still exist but have become more manageable”.

Dr Mean Chhi Vun, Director, National Centre for HIV/AIDS, Dermatology and STI Control, Cambodia

Leadership Checklist

- Analyse RH and HIV/AIDS linkages in the national policies and service/operation protocols.
- Is there a shared vision among key stakeholders – policy makers, programme managers, service providers, donors? If no, then carry out evidence-based advocacy.
- Identify and share RH and HIV/AIDS issues that can benefit from linked response with key stakeholders.

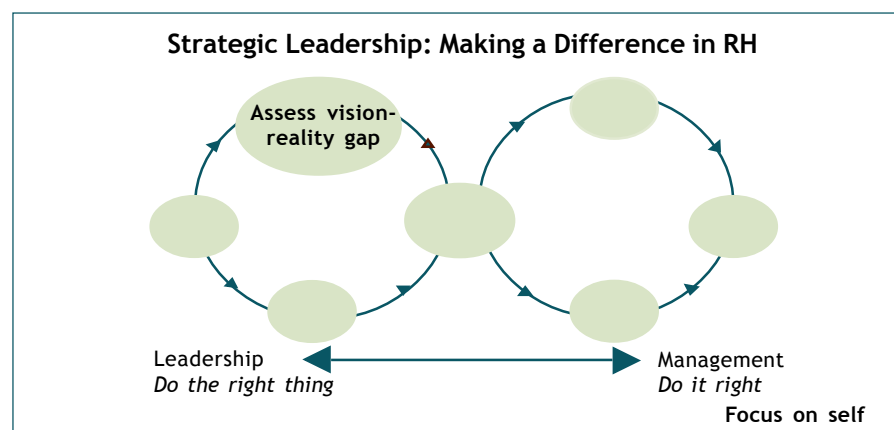


“Integrating HIV prevention into Maternal and Child Health and Family Planning programmes address missed opportunities to curb the HIV epidemic”

The World Bank, 2002

Assess the Vision-Reality Gap

Strategic leaders need to assess the vision-reality gaps at various levels - policy, programme and service delivery. There are gaps to the implementation of linked response - inadequate policy and operational guideline frameworks, separation of RH and HIV/AIDS programmes as well as limited number of skilled health workers to provide the services.



Gaps in the policy and operational guidelines

Policies and conceptual framework for closer collaboration are lacking in many countries (Strachan, et al, 2004) Successful linked response, however, can only be achieved when supported by genuine political commitment to institutional collaboration rather than attempts to simply expand and link vertical programmes. National policies are an important first step in ensuring that operational guidelines (such as ART, VCT and PMTCT guidelines) sufficiently address FP in the context of HIV/AIDS prevention. If the policy fails to address FP as a major intervention, it will likely remain inadequately addressed in VCT or PMTCT guidelines.

Table 1. SRH Linkages in the National HIV/AIDS Policies in Selected Asian and African Countries

Country	National HIV/AIDS Policy	SRH Linkages		
		IEC	STI	PMTCT / ANC
Bangladesh	National Policy on HIV/AIDS and STD Related Issues (1996)	✓	✓	✓
Cambodia	Cambodia HIV/AIDS Strategic Plan 2002-2005	✓	✓	✓
China	National Medium-and-Long Term Strategic Plan for HIV/AIDS Prevention and Control	✓	✓	No
India	National AIDS Policy (1998)	No	✓	No
Indonesia	National HIV/AIDS Strategy 2003-2007	No	✓	✓
Lao PDR	National Strategic and Action Plan on HIV/AIDS/STI	✓	✓	✓
Nepal	National HIV/AIDS Strategy	✓	✓	✓
Pakistan	National HIV/AIDS Strategic Framework	No	✓	✓
Philippines	Philippines AIDS Prevention and Control Act of 1998	No	✓	No
Thailand	National Plan for the Prevention and Alleviation of HIV/AIDS 2002-2006	✓	No	No
Ethiopia	Policy on HIV/AIDS	✓	✓	✓
Tanzania	National Policy on HIV/AIDS (2001)	✓	✓	✓
Uganda	The National Strategic Framework for HIV/AIDS Activities 2000/1 - 2005/6	No	No	No
Zambia	Strategic Framework 2001 - 2003	No	✓	✓

Source: ICOMP, 2006.

Leadership Checklist

- Map health facilities and services
- Identify additional linked services that can be offered

Table 1 shows the findings of a review by ICOMP on which national HIV/AIDS policies and strategies specifically provide linkages to SRH components such as IEC, STI, PMTCT/ANC.

Gaps at the service delivery points

People seeking RH services and HIV/AIDS treatment and care may face numerous obstacles, especially in resource-poor countries. These include a lack of trained health workers, stigmatization, inappropriate treatment, lack of referral service and little or no follow-up of sexual partners. High-risk groups such as sex workers, men who have sex with men (MSM), injecting drug users (IDUs), prison inmates, mobile populations and adolescents, often are marginalized and do not have access to adequate health care services.

The current vertical programmes, however, do not justify the need for health workers to have a mix of knowledge and skills on RH and HIV/AIDS. The implementation of linked response interventions, therefore, requires the development of necessary knowledge and skills of the health workers to duly refer their clients to the appropriate linked response services. Thus, the capacity of health workers needs to be strengthened in this respect.

Reproductive health services for HIV+ people Women are now at the centre of the HIV pandemic, accounting for nearly half of all adults living with HIV worldwide, and almost six in 10 in sub-Saharan Africa. RH providers are an important resource as millions of women come into contact with them for FP/RH services, creating opportunities to reach women with HIV prevention and services. However, the International Community of Women Living with HIV (ICW) reported that HIV-positive pregnant women in many countries face pressure by health workers to have abortions or to be sterilized, rather than getting advice about their rights and options. RH services for HIV-infected people have not been prioritized until now because of the belief that they should not be having children.

Counselling In Africa, more women are being infected than men, and in the other regions the number of women infected with HIV is increasing. Thus, good pre- and post-test counselling is important for prevention and for identifying those who need treatment. Although attempts to maintain confidentiality should be institutionalized and respected, it is misleading to suggest that confidentiality can be guaranteed. In reality, confidentiality may be violated in many ways, which may result in falling off of the number of clients.

PMTCT Preventing unintended pregnancy among HIV-positive women is an effective approach to reducing paediatric HIV infection and vital to meeting these women's needs (WHO 2002; UNFPA 2004). Providing FP services for HIV+ women and their partners is one of the four strategies for PMTCT. However, attendance at antenatal clinics and FP clinics is low in many African and Asian countries, which can make reaching women for testing and counselling very challenging.



An outreach programme by Kyetume CBHC, Uganda.

“Women with HIV have the right to decide freely and responsibly the number, spacing and timing of their children. However, often the rights of women are neglected, particularly women with HIV.”

Excerpt from WHO statement on the Sexual and Reproductive Health Rights of HIV+ Women, (2005).

Linking VCT with FP/MCH/ANC

Potential Benefits

- Increase access to and use of VCT service
- Reduced stigma associated with HIV
- Increase awareness of safe sexual behaviour
- More targeted FP counselling based on HIV sero status
- Reduce unintended pregnancy
- Increase referral to ART among HIV pregnant women

Potential Challenges

- May not be cost-effective if most clients are not at risk of HIV
- Possible provider reluctance to offer HIV services due to stigma associated with HIV and fears of occupational exposure to the virus
- For VCT, special skills and equipment plus strong systems for supervision, monitoring, logistics management, and referrals for follow up care are needed

Source: Family Health International, 2004.

Having systematically diagnosed the gaps, a strategic leader would need to identify which gaps should be improved. The following questions need to be answered:

- Will the proposed solution actually solve the problem?
- Will the proposed solution provide the best results with the least resources?
- Is the proposed solution feasible?
- Is the proposed solution acceptable to policy makers, clients, communities and staff members who will be affected?
- Is the proposed solution sustainable?

A study on the coverage of selected services for HIV/AIDS prevention, care and support in low- and middle-income countries found that PMTCT coverage in thirty African countries was only five percent and only eight percent in five countries in the South-East Asia region.

Table 2. PMTCT Coverage

Region	PMTCT Coverage	Number offered PMTCT
African Region	5 %	1,110,000
Eastern Mediterranean Region	2 %	40,000
Eastern European Region	3.7 %	610,000
Region of the Americas	3.4 %	3,200,000
South-East Asian Region	8 %	1,200,000
Western Pacific Region	3 %	500,000
Total	8 %	6,700,000

Source: USAID, UNAIDS, WHO, UNICEF and the Policy Project. Coverage of selected services for HIV/AIDS prevention, care and support in low- and middle-income countries in 2003

Syndromic STI Management

It is estimated that each year some 340 million new cases of syphilis, gonorrhoea, chlamydia and trichomoniasis occur in men and women aged 15-49. Overall, STI prevalence rates continue to rise in most countries, including developed countries (WHO, 2006). Unfortunately, at this moment, the primary curative approach for women in the general FP/MCH context is difficult to implement (Shelton, 1999), as there are continuing technical and programming challenges for delivering syndromic STI management. Thus, it may not bring significant impact on reducing HIV and STI epidemic. Although, in many countries, the RH programme has made deliberate attempts to move beyond a narrow focus on fertility control by adding STI management to their existing services under the SRH rubric, reorienting services and programming approaches remains a challenge.

Linking STI Care with FP/MCH/ANC

Potential Benefits

- Reduce risk of HIV infection through STI prevention, diagnosis and treatment
- Fewer cases of secondary infertility, pelvic inflammatory disease, and negative pregnancy outcomes arising from untreated reproductive tract infections/STIs in pregnant women

Potential Challenges

- Misdiagnosis more likely since FP clients may not be at high STI risk
- Current lack of simple, effective technologies to diagnose and treat STI in women with vaginal discharge

Source: Family Health International, 2004.

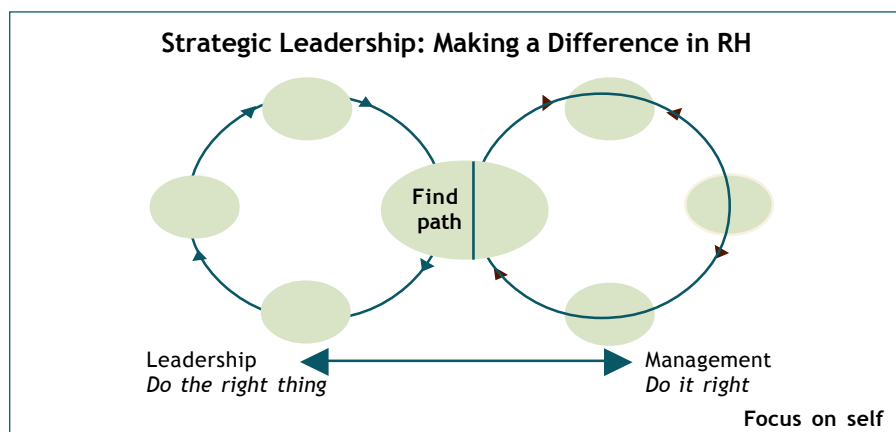


Workshop to identify prospects for HIV/AIDS and RH linkages in Laos.

Finding the Path

The idea of linked response has gained some level of acceptance among the governments, civil society organizations, and international agencies. The stakeholders realized that linking RH programmes and services with HIV/AIDS prevention, treatment, care and support can mitigate HIV infection, especially among the high-risk groups. Linked response depends on the HIV prevalence and availability and accessibility of health service delivery. In a low-prevalence country and where accessibility to health care services is limited, community outreach programmes can provide a strategic opportunity for introducing HIV prevention into RH and community development approaches.

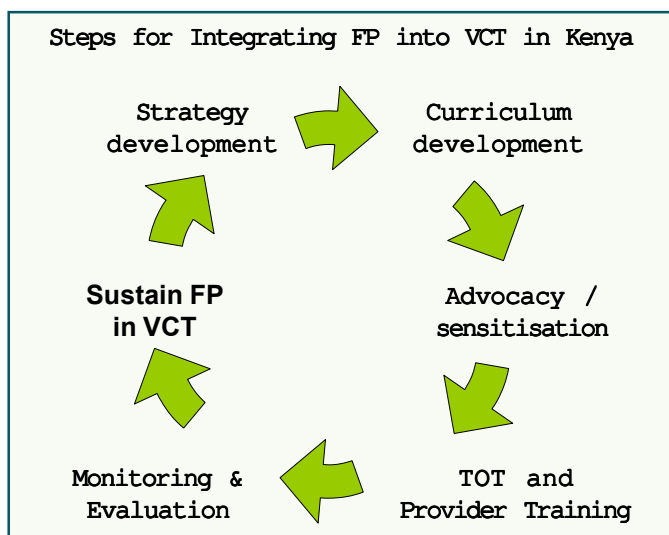
In a situation with high rates of HIV infection and high utilisation rate of FP/MCH services such as ANC, linking HIV prevention interventions into existing services is a cost-effective method to reach women.



Family Planning into VCT

National AIDS and STD Control Programme, Kenya

Sex is the common route of HIV transmission in Kenya. Integrating FP into VCT targets sexually active individuals of reproductive age, providing them with information and services for behaviour change and safer sexual practices. VCT clients, particularly youth and male clients, are unlikely to access traditional FP services. Providing related FP services to VCT clients in a single visit helps ensure that there are no missed opportunities.



Finding the Path – Collaboration between NACO and DHFW, India

India has been taken an initiative to provide linkages between the National AIDS Control Programme (NACP), implemented by the National AIDS Control Organisation (NACO) and the Department of Health and Family Welfare (DHFW). NACO and the DHFW set up a Joint Committee Working Group (JCWG), which identified areas of convergence and developed an operational framework.

NACO and the State AIDS Control Societies (SACS) support STI management, VCT, PMTCT, blood safety, and several other interventions. DHFW supports a range of services for improving primary health care, including reproductive health at community, primary, secondary and tertiary levels. DHFW also supports NGOs (through the Mother NGO scheme) to implement a range of RH interventions such as safe motherhood, family planning, adolescent health, RTI/STI management, child health, and male involvement.

Linkages between NACP that has experience and technical competence in HIV/AIDS prevention and care interventions and DHFW that has infrastructure, human resources and capacity reach to every village and community is critical to ensure scaling up and effective service delivery.

Leadership Checklist

- Prioritise additional services that should be offered using criteria of potential impact, feasibility of implementation, community's perceived needs, urgency and magnitude of the problem addressed
- Select services from prioritised list – based upon organisational fit with vision and mission, capacity and ability to sustain
- Finalise list of services to be provided based upon considerations of ease of implementation



Reaching men with HIV prevention information in Uganda.

BCC with Combined Messages Uganda Youth Development Link (UYDEL)

UYDEL is a NGO that has been operating since 1993, targeting vulnerable young people (10-24 years) living on the streets and slums, including sex workers, drug users, and teenage mothers. Through implementation of linked response, equal information is now given with investment in RH information for young people.

HIV/AIDS prevention activities are used as an entry point for RH, highlighting the links between RH, FP, HIV, RTI and STI to the young people and community at large. At both the drop-in and outreach centres, the staff and peer educators provide comprehensive information, services and referrals for HIV/AIDS and RH.

Linked Response Framework for PMTCT, Paediatric AIDS Care, and Early Diagnostic Services for the HIV-Exposed Infant NCHADS, NMCHC and the Ministry of Health, Cambodia

Since 2004, the National Centre for HIV/AIDS, Dermatology and STIs (NCHADS) and the National Mother and Child Health Centre (NMCHC) have been working together to link VCT with ANC for PMTCT and HIV/AIDS/STI education/information into ANC and outreach programmes.

The health system in Cambodia, as in many countries, operates vertically. NCHADS provides VCT and ART at stand-alone VCT/ART sites and referral hospitals. NMCHC provides primary health care services such as ANC, FP, immunization and RTI/STI management through health centres, referral hospitals and community outreach.

To link their services, NCHADS and NCMCH have had to harmonize management of their programmes through:

- Framework for integration (PMTCT, Pediatric AIDS Care, and Early Diagnostic Services for the HIV-Exposed Infant, which was adopted in 2006)
- Joint statement between NCHADS and NCMCH on (i) roles and responsibilities on providing a service package and (ii) logistic management for HIV test kit.
- Joint policy and strategic intervention and work plan for common activities and monitoring and evaluation

With the elements for integration - e.g. joint policymaking and planning, resource sharing, quality assurance, supplies management, capacity building, financial incentives - in place by 2007, Cambodia aims to achieve universal access to HIV care and support by 2010 and universal access to HIV prevention and RH by 2015.

Linking FP with VCT

Potential Benefits

- Expand access to FP for all VCT clients, including men and youth
- Increase knowledge of dual protection strategies to prevent both unintended pregnancy and HIV infection
- Greater opportunity for clients, regardless of HIV serostatus, to avoid initial or subsequent unintended pregnancy
- Contribute to averting HIV-infected births among HIV-infected women

Potential Challenges

- For FP, special skills and equipment plus strong systems for supervision, monitoring, logistics management, and referrals for follow-up care are needed
- Unique contraceptive considerations for HIV-infected women

Source: Family Health International, 2004.

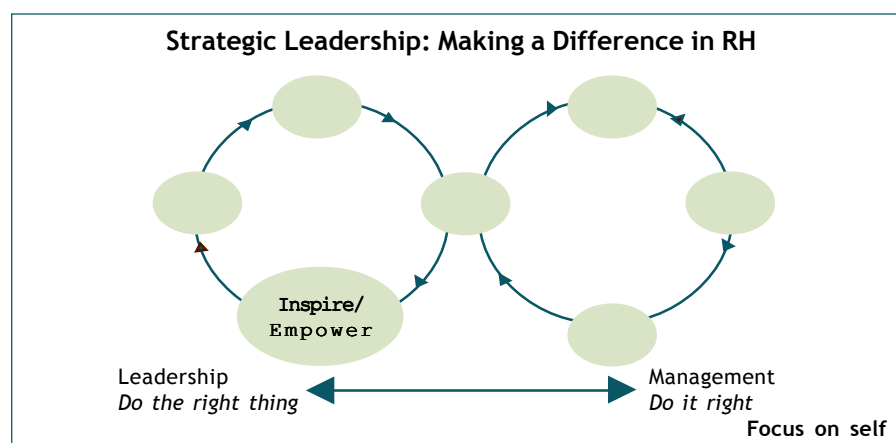
Meeting RH Needs of HIV+ People

Network of Zambian People Living with HIV/AIDS (NZIP+), Zambia

NZIP+ was established to improve the quality of life for PLWHAs by actively pursuing three issues: communication, support, and representation of PLWHA at forums affecting them, including human rights. Prior to linked response, a situational analysis was conducted. It was found that the health facilities had condoms in stock but people were not accessing them; there were stand-alone services of STIs, MCH and PMTCT; condoms were distributed through MCH programmes only; most PLWHAs did not access STI clinics. Due to stigmatization, HIV+ people would rather buy medicine from the pharmacy. Linked response has broadened NZIP+ HIV prevention activities to include families and other community members. It is noted that FP practice among PLWHAs is increasing.

Inspiring/Empowering Stakeholders

Linked response to RH and HIV/AIDS requires strategic leadership competencies at several levels: political, policy, service delivery and community. A strategic leader needs to have skills to inspire and empower a diverse mix of stakeholders.



Creating top level commitment

Ensuring that the different services will provide linkages or referral to one another, coordinated actions for linked response begins with commitment and leadership, particularly from governments, program planners, and key leaders. There is a need for a clear articulated policy commitment to broaden the existing RH services to include HIV/AIDS services, and vice versa. Political and government leaders as well as the international donors must demonstrate this commitment through budget/funding, policy improvements, leadership of coordination, and linked response strategies that are to be implemented. This requires that both RH/FP and HIV/AIDS programmes carry out advocacy activities to influence attitudes, policies and practices in their wider community.

Service providers participation

Linkages between RH and HIV/AIDS services at the clinic level can best be sustained if there is coordination between the two services. These can be addressed through coordination between RH and HIV/AIDS programmes.

Leadership Checklist

- Strengthen capacity of service providers and programme managers to provide selected services
- Carry out community orientation for selected services
- Implement community participation mechanism for selected services

Linking HIV Prevention with FP/MCH/ANC

Potential Benefits

- Improve provider's counseling skills and greater client satisfaction
- Increase knowledge of HIV prevention strategies
- Many HIV-infected births averted by preventing HIV infection among women

Potential Challenges

- May not reach those at high risk
- Inability of many female clients to act on prevention without partner's support
- Need to train FP providers to assume new task
- Difficult to implement in resource constraint setting and weak system

Source: Family Health International, 2004.

Capacity of the service providers Staff need retraining to incorporate and implement integrated programmes. Training and ongoing supervision are essential for linked response to maintain the same level of coverage and quality as vertical or problem-specific programmes.

Technical guidelines Lack of clear technical guideline for linking RH and HIV/AIDS is apparent. Thus, there is a need to develop and disseminate such technical guidelines to accelerate linkages between RH/FP and HIV/AIDS.

Community participation Necessary for changing social norms, supporting behavior change, addressing stigma and gender inequality, and providing home-based care and support. Community's acceptance to the provision of condoms for both fertility and infection control and to consistent promotion of the dual protection message is crucial. Furthermore, acknowledging that not only married women but also men and young, single people need both FP services and HIV and STI services would make it possible for the expansion of linked response services.

Planning for Implementation

As linked services will be new for facilities and service providers, careful planning for implementation is needed. For each service, the strategic leader needs to identify ways to (a) create demand (b) organise delivery; and (c) mobilise necessary financial, physical and human resource.

A detailed activity plan needs to be prepared: (a) what will be done; (b) when it will be done; (c) who is responsible for getting it done; and (d) what resources would be needed for doing it.

A careful monitoring plan should also be developed to ensure that services are provided with requisite quality of care.

An evaluation will need to be conducted once adequate time has elapsed for outcomes of these services to be realised.

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