Opportunities and Challenges of Integrating Reproductive Health in HIV Programs in India

Dr Bitra George
Deputy Country Director
Family Health International, India
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Why SRH-HIV Linkages Critical for India?

- 1.1 Billion population with high rate of population growth
- 2-3.1 million PLHA with adult prevalence 0.36% (*NACO, 2007*)
- 86% HIV infections are through sexual route of transmission
- Dual burden of unwanted pregnancies and STI/HIV among young persons
- Lack of awareness among married women about HIV/AIDS and STIs (*NFHS-3*)
- 44% of women have not used any contraceptive method and the unmet need for FP services is around 13% (*NFHS-3*)
- People at high risk of HIV (e.g., sex workers and youth) lack access to FP services (*PATH study, June 07*)
- SRH needs of PLHA not being met currently (*INP+ study, April 07 and PATH study, June 07*)
- Linkages between PPTCT and RH services are limited especially for HIV positive pregnant women (*Pop Council study, 2007*)
- Most Indians do not access Government hospitals for health care services including FP services (exception female sterilization) – *NFHS-3*
<table>
<thead>
<tr>
<th>Year of launch</th>
<th>Vertical/Integrated</th>
<th>Objectives</th>
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<tbody>
<tr>
<td>Phase 1 - 1997  Phase 2 - 2002</td>
<td>Vertically started, integrated with basic health services at the lower levels</td>
<td>Broadening the umbrella of family welfare  Introduce a new system of service delivery through decentralized planning</td>
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<td>Phase 1 - 1992  Phase 2 - 1999  Phase 3 - 2007</td>
<td>Vertically started but now integrated with NRHM district and below</td>
<td>Phase 3 – Halt &amp; reverse the epidemic through HIV prevention among HRG/general population and provision of care, support and treatment to PLHA</td>
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USAID/PHN Key Activities

Geographic Focus
- HIV in the South high prevalence states
- RH and CS in the North, population 200 m

Partners
- National, State and local Government, Over 200 NGOs, WHO, UNICEF, etc, other donors

Integration activities
- No activities in HIV Division
- FP Division (future plans)
  - Integrated youth
  - Communication
  - Prevention of unplanned preg. In HIV positive women
‘Convergence’ of FP/HIV in India

- **Definition of “Convergence”**
- **Development of National Guidelines and implementation guide for RTI/STI Management**
- **Joint working group set up by NACO and Dept of Health and Family Welfare (2005) for convergence.**

**Recommended areas of convergence identified included:**
- RTI/STI management
- Condom promotion
- Voluntary Counseling and Testing (now renamed ICTC)
- Prevention of Parent to Child Transmission (PPTCT)
- Behavior Change Communication (BCC)
- Blood Safety
- Training and MIS

- **Policy environment for convergence/integration in India is conducive with lot of Government support but implementation is still an issue**
# FHI in India

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<tr>
<th>Public Health Programs</th>
<th>RESEARCH</th>
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<td><strong>Bill &amp; Melinda Gate Foundation (BMGF)</strong></td>
<td><strong>USAID</strong></td>
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<td>Aastha project 2004-2009</td>
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<td>STI Capacity Raising 2004-2009</td>
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<tr>
<td>M&amp;E 2004-2009</td>
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<tr>
<td>INP+ 2004-2009</td>
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<tr>
<td>2 small grants</td>
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<tr>
<td><strong>USAID</strong></td>
<td><strong>CRTU</strong></td>
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<tr>
<td>IMPACT 1997-2007</td>
<td>Revitalization of IUD</td>
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<td>Youth Net 2005-2006</td>
<td>No Scalpel Vasectomy</td>
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<td>SAMARTH 2006-2011</td>
<td>Acceptability of Vasectomy</td>
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<tr>
<td><strong>The Children Investment Fund Foundation with Elton John AIDS Foundation</strong></td>
<td>Acceptability of Depo Provera</td>
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<tr>
<td>Balasahyoga 2007-2012</td>
<td>Acceptability of Tenofovir Gel</td>
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<td><strong>DFID</strong></td>
<td>Identification and preparedness for HIV prevention trials</td>
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<td>Nepali Migrants 2006-2008</td>
<td><strong>MMV</strong></td>
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<td>Malaria</td>
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<td><strong>NIH</strong></td>
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<td>HTPN</td>
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<td>Research training workshops</td>
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## Integration Approaches of FP & HIV in FHI/India Programs

<table>
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<th>Project</th>
<th>Description</th>
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<tr>
<td>Aastha project</td>
<td>STI clinic as hubs for provision of FP and HIV services to 56,000 sex workers</td>
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<tr>
<td>STI Capacity Raising</td>
<td>Provide tools (eg. COGS, STI/HIV counseling guidelines) for better integration; training, mentoring and supportive supervision of Avahan STI clinics; and monitoring of integration</td>
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<tr>
<td>Balasahyoga Programme &amp; Nepali Migrant Project</td>
<td>Provide counseling on FP and refer for various FP methods – young couples; pregnant women and HIV positive couples. Training of project staff on various FP choices.</td>
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<tr>
<td>SAMARTH project</td>
<td>Provide counseling and referral services on FP in HIV prevention and OVC projects</td>
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The Context – Integrated FP/HIV services for sex workers
Aastha and STI Capacity Building projects- part of India AIDS Initiative (Avahan) of the Bill & Melinda Gates Foundation

Aastha Project
• Focus on reducing incidence of HIV and STIs among sex workers and their partners in Mumbai and Thane Districts of Maharashtra
• Services include Strategic Behavior Communication, condom provision and STI services
• STI services are provided through 17 static clinics, 38 satellite clinics and 300 monthly health camps

STI Capacity Building project
• Capacity building and mentoring of staff in 398 STI clinics in six Avahan states and NH
• COGS developed; HIV counseling and OI management guidelines on the anvil
• Operation Research on STI treatment protocol
• TA to NACO on national guidelines on STI management
Avahan STI Clinic

Family Planning Services
- FP counseling for sex workers
- Sexual history
- Menstrual hygiene
- Promote FP methods
- Assess need and counsel on basket of FP choices
- Pregnancy test
- Treatment of RTI
- Referral for various FP methods in Govt./private facilities

Clinic Operational Guidelines and Standards
Primary HIV Care and Support Guidelines
HIV/STI Counseling Guidelines

Avahan STI Clinic

STI Services
- Syndromic Case Mgt.
- Routine STI screening including Syphilis Screening
- Presumptive treatment for STI
- STI/HIV counseling & Psychosocial support
- Condom promotion
- Link to treatment and care
  - Referral for HIV testing
  - Management of OI
  - Referral to ART centers
  - Referral for TB DOTS t/t
  - Ensure t/t adherence
- Coordination with outreach
- Community involvement

HIV Prevention and Link to Care and Treatment

Standard STI services
Training of Clinic Staff and Supervisors
Monitoring and Supervision

Integrated FP and STI/HIV Services Delivered At The Avahan STI Clinic
STRENGTHENING EXTERNAL PROGRAM LINKAGES FOR BETTER FP & STI/HIV SERVICE INTEGRATION

Avahan clinic / community center (Referral hub)

Reproductive health service

Syphilis testing labs

HIV VCT centers

HIV care services

TB microscopy and treatment centers

ART (where available)

Welfare schemes

Legal services
Achievements In Aastha Project

- 56,000 sex workers provided STI/HIV services
- 107,415 counseling sessions to address safe sex practices.
- Pregnancy tests and Hemoglobin tests conducted for more than 3,500 sex workers
- 34,000 sex workers visited STI clinics every month
- Around 20,000 sex workers tested for syphilis
Lessons learnt in providing integrated FP/HIV services

- Integration initiated with minimal additional funding (10% discretionary funds)
- No additional demands on infrastructure for adding FP services
- Training of staff in FP counseling skills was essential
- Structured evaluation required for measuring effectiveness of the approach
Challenges In Integrating FP & HIV Programs

• Some sex workers do not recognize the need for FP services
• Myths and misconceptions among sex workers on various FP methods
• Poor quality of public health services with variable quality of FP services
• Stigmatizing attitude of health care providers in Government FP clinics
• Lack of availability of FP commodities at the government FP clinics
• Difficulty in providing comprehensive training and supervision in places where staff are over-worked
• Difficulty in linking with Government FP programs to provide onsite contraceptives choices at the Avahan STI clinic
• Promotion and provision of FP services without compromising focus to and quality of STI/HIV care
Recommendations For Global Policy Makers And Donors

- Development of guidelines, standards and tools for operationalization of integration of FP and HIV services
- Training and continuous mentoring of clinic supervisors and staff in HIV services to ensure quality FP services.
- Integrating one service at a time rather than integrating all range of FP services might be more practical
- Formalize coordination between FP & HIV services - role definitions; adopt measures to ensure that both benefit and are not burdened
- Develop systems to monitor process of integration, including reporting on specific integration indicators and monitoring of quality of services provided
Recommendations For Global Policy Makers And Donors

- Dedicated funding required for FP/HIV integrated programs specially PEPFAR funds
- Changes required in the funding mechanisms which are currently supporting vertical FP/SRH and HIV programs
- Funding required in preventing unintended pregnancies among HIV + women to reduce new infant HIV infection
- Structural changes in health system to accommodate integration - with shared objectives, resources, and infrastructures
- Ensure integrated pre-service and in-service training of health care providers including integrated supervision
- Strengthen procurement and supply chain management of commodities to prevent stock out
Recommendations For Global Policy Makers And Donors

• Develop & scale up models for involvement of private sector in providing integrated services – PPP and social franchising
• Strengthen community advocacy efforts for quality integrated services
• Address stigma and discrimination that limit people’s access to integrated services especially sex workers
• Need for more evidence, best practice documentation and scientific evaluations on effective methods, approaches and models of integrations
• Address gender equality and women’s continued vulnerability to negotiate safer sex and other FP choices.
COVERAGE OF AVAHAN PROGRAM ACROSS 83 DISTRICTS AND 571 TOWNS IN INDIA

SEX WORKER PROGRAMME INFRASTRUCTURE  Feb 07

- Number of towns / cities: 571
- Outreach workers / peer educators: 7,022
- STI Clinic doctors: 383
- STI clinics: 398
- Community centers: 545

SEX WORKER PROGRAMME SERVICES  Feb 07

- Population denominator: 289,525
- Population registered: 238,321
- Population contacted (monthly): 183,990
- Clinic attendance (monthly): 68,424
- Condoms sold (monthly): 3.4 million
- Condoms distributed free (monthly): 5.6 million

Source: Avahan
The approach of using STI clinic as a hub for integrated SRH and STI/HIV services needs to be strengthened and evaluated.

Has the potential for replication and scaling up in concentrated HIV epidemic settings.
Thank You