Opportunities and challenges for RH-HIV integration in India

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Integrating Reproductive Health and HIV/AIDS services: Lessons from the field for PEPFAR Reauthorization

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Overview of presentation

- The Indian context
- Potential benefits for HIV-SRH integration in India
- The policy environment for HIV-SRH integration in India
- Researching the demand, opportunities and challenges for HIV-SRH integration in India
- Implications of research findings for implementing HIV-SRH integration
The Indian Context

- 2.5 million Indians living with HIV; estimated national prevalence 0.36% (*UNAIDS & NACO 2007*) – *third largest number of people with HIV globally*

- *HIV epidemic is concentrated in key populations – sex workers, injecting drug users and men who have sex with men*

- *Evidence of generalised epidemic in high prevalence areas*

- Maternal mortality: 301/100,000 live births (*SRS, ’03*)

- Acute shortage of health care workers in rural areas (*NRHM Mission Document*)

- 75% of all health care is provided through the private sector which is unregulated (*NRHM Mission Document*)

- Proportion currently-married women using any modern method of contraception: 48.5% – 77% of this is female sterilisation (*NFHS-3, ’05-’06*)

- Proportion women who know that consistent condom use can reduce chance of getting HIV: 34.7% (*NFHS-3, ’05-’06*)

- 41% women have never received any education (18% men) (*NFHS-3, ’05-’06*)
Opportunities for HIV-SRH integration

- **SRH**
  - Family planning
  - Maternal and newborn care
  - Management of sexually transmitted infections (STIs)
  - Management of SRH problems

- **HIV**
  - Prevention
  - Treatment
  - Care
  - Support

- **Integration**
  - Learn HIV Status
  - Promote safer sex
  - Optimize connection between services
  - Integrate HIV with maternal and infant health
  - Promote dual protection of condoms to prevent STIs and unwanted pregnancy

Adapted from WHO/UNFPA/UNAIDS/IPPF, 2005
Government policy and HIV-SRH integration in India...1

• National AIDS Control Plan III (NACP-III)
  - Goal: to halt and reverse the epidemic in India over the next 5 years by integrating programmes for prevention and care, support and treatment.

• HIV-SRH integration in NACP-III:
  - Integrated Counselling and Testing Centres (ICTC) under NACP-III, speak of providing ANC services, HIV testing/counselling, PPTCT, ART, family planning and STI treatment, and act as youth information services.
  - NACO and DOHFW speak of managing the condom programming for NACP and for Family Welfare under a single entity, with a joint strategy for procurement and distribution.
Government policy and HIV-SRH integration in India...2

• National Rural Health Mission (NRHM)
  ▪ Goal: Increasing universal access to public health services through integrated comprehensive health care. This includes realising the outcomes envisioned in the Millennium Development Goals through reducing IMR, MMR and TFR (RCH II)

• HIV-SRH Integration in NRHM:
  ▪ **RCH II** in NRHM speaks of integrating with the HIV programme to reach core and bridge populations that include sex workers, MSM, and young people.
  ▪ **RCH II** in NRHM also speaks of integrating PPTCT within mainstream RH services.
Potential benefits of HIV-SRH integration

- Improved access to and uptake of key HIV and SRH services
- Reduced HIV-related stigma and discrimination
- Improved SRH service coverage to underserved and populations with high-risk behaviours
- Enhanced programme effectiveness and increased programme efficiency
- Cost and time savings

*But*

*Implementers lack the evidence about what the demand is for different HIV-SRH integration options, and what the challenges are likely to be for implementing these in a range of settings*
The PATH Convergence Project, India

CSIS HIV/AIDS Task Force Conference

PATH assessment of HIV-SRH integration in India

- Aim: to identify HIV-SRH integration options which have the potential to increase access to HIV and SRH services for populations at risk (female sex workers, HIV-positive people and young women and men)
- 1545 respondents from the 3 population groups and 220 service providers and policymakers interviewed in 4 states
- Supported by: William and Flora Hewlett Foundation, David and Lucile Packard Foundation and DFID (UK)

Options and Challenges for Converging HIV and Sexual and Reproductive Health Services in India
Findings from an Assessment in Andhra Pradesh, Bihar, Maharashtra, and Uttar Pradesh
June 2007
Community perceptions

- Sex workers need information and access to services for pregnancy, family planning, and for managing unintended pregnancies.
- Young men and women knew the least about existing HIV and SRH services.
- Stigma experienced at mainstream government SRH services was the main barrier to access for sex workers, positive people, and young men.
- Sex workers, positive people and young men need more privacy and better confidentiality at mainstream government SRH services.
- Positive people saw government HIV services, such as ART and VCT centres, as less stigmatising than government SRH services.
- Referral systems were inadequate: vertical and horizontal referrals need strengthening.
Community demand for HIV-SRH Integration

- Positive people and sex workers did not suggest full integration of HIV and SRH services but had very specific suggestions for what should be integrated and where.

- Sex workers and positive people in all four districts would like to use mainstream government services for managing unintended pregnancy, MCH, and PPTCT—but only if staff attitudes and social stigma are addressed.

- Positive people would like to see family planning and STI services added to vertical government services such as ART and VCT centres.

- Positive people suggested that HIV workers could train government SRH workers in how best to work with people with HIV and other marginalized groups.
Service provider perceptions to HIV-SRH Integration

- Service providers were receptive, and felt that HIV-SRH integration would increase access to much-needed services for groups at risk.
- Negative staff attitude was mentioned as a major challenge to HIV-SRH integration by the majority of government SRH providers.
- Overcoming service providers’ fear of contracting HIV through their work by providing training and equipment for universal precautions was seen as key to addressing negative staff attitudes.
- Private providers felt they might lose business by being identified with HIV and sex workers.
- Frontline workers were concerned that any additional programme would mean an increased workload.
- Providers also voiced the need to generate demand among the populations at risk of HIV and unintended pregnancy, so that clients utilised them.
Training needs for service providers

• Training needs that SRH service providers identified include:
  ➔ Stigma reduction
  ➔ Counselling
  ➔ Universal precautions
  ➔ Strategies for working with populations at risk
  ➔ HIV prevention, care, and treatment
  ➔ Referrals

• In contrast to SRH providers, HIV service providers expressed the need to improve their SRH skills, particularly for providing family planning and STI management services
Partnerships needed for HIV-SRH Integration

• Service providers and policy makers felt that NGOs would play an important role in:
  - Generating demand for appropriate and quality services
  - Mobilisation, awareness-building and advocacy
  - Providing outreach to vulnerable populations
  - Providing support and training.

• Other important partnerships seen as important for implementing and promoting HIV-SRH integration included involving elders, local opinion leaders, local and regional politicians and govt. officials.
Challenges to and implications of HIV-SRH integration in India

• Building evidence
• Demonstrating cost-effectiveness
• Involving communities (particularly “most at risk” marginalized communities) in design, ownership and advocacy
• Involving multiple stakeholders
• Disseminating lessons learned and advocating for change with key stakeholders
• Up-scaling successful pilot/demonstration projects to increase access to people most at need
USAID-PEPFAR and HIV-SRH integration in India – sharing some thoughts

- Exploring the possibilities of integrating reproductive health and HIV initiatives already supported by USAID/PEPFAR in India
- Supporting expansion of PPTCT coverage and for strengthening linkages with RH and family planning activities
- Supporting evaluation of promising demonstration projects on HIV-SRH integration
- Supporting expansion of comprehensive prevention approaches to address gender-based barriers to service access
Thank you