

Opportunities in Integration of Family Planning in HIV/AIDS Services in Nepal

Mishra SR¹¹ Journal Office

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Introduction

Integration of health services has been defined as offering a range of services that can meet several needs simultaneously, usually at the same time, in the same venue, and through the same provider. (1) Referrals to, or linkages with, other related services enable a client to receive a range of needed services, even if the services are not received simultaneously. This situation provides opportunities to reach a substantial proportion of the sexually active population that is seeking to prevent pregnancy and that also may be at some risk of exposure to a Sexually Transmitted Infection (STI).

Voluntary family planning services support people of reproductive age to make informed decisions and exercise personal choices to achieve their fertility goals. Healthy timing and spacing of pregnancies helps women have safer pregnancies and bear healthier children, thereby reducing child and maternal mortality in accordance with Millennium Development Goals (MDGs) 4 and 5. Family planning services also contribute to MDG 6 (combating HIV/AIDS, malaria, and other diseases) by educating clients about the use of primary prevention methods, such as condoms, for prevention of HIV and other sexually transmitted infections. (2)

Background

There are approximately 55 thousand people living with HIV in Nepal. And significant proportion (86%) is in adult men and women of reproductive age whose need for FP services is unmet. The unmet need for contraception is not just the issue in people living with HIV, but also in other most at risk population (MARPs)-female sex workers, people who inject drugs (PWID), migrants. The persistent "unmet need" for FP in general, with the increasing demand for FP by people living with HIV/AIDS and other high risk population, requires that FP information and services be provided within HIV services, from voluntary counseling to testing, care and treatment.

FP and HIV/AIDS control are the successful and priority one programs in Nepal. FP services are delivered through various government and nongovernmental service delivery outlets comprising hospital, NGOs, clinics and pharmacies. HIV/AIDS related services are delivered through governmental as well

as donor funded nongovernmental organization which offers services to different most at risk population with their approach of service delivery. The utilization of FP services by this high risk population is low because of low access to existing FP service delivery outlets due to fear of disclosure of their HIV status or activity, lack of friendly environment and long waiting hours. The best approach that would address all these problems came with idea of FP, HIV service integration in Nepal.

Integration of FP services with HIV-related services in Nepal was pioneered through United States Agency for International Development (USAID)- (3) funded Saath-Saath Project (SSP) in Nepal (4) though internationally it was practiced from a long time. It delivers quality services through expanded integrated health services (EIHS) centers to most-at-risk populations. EIHS centers are designed as such that all HIV-related services are provided under one roof using integrated approach. Female sex workers (FSW), clients of FSW, People Living with HIV (PLHIV), migrants and spouse of migrants are the MARP groups for whom the integrated FP, HIV services are provided by SSP. (5) Findings of recent Integrated Bio Behavioral Surveys (IBBS) done among the FSWs in Kathmandu, Pokhara and 22 Terai districts along the major highway showed that the condom use by FSWs with regular non-paying partners like a boyfriend or husband is low. (6) It indicates that FSWs are at additional risk of unwanted pregnancy; this increase the possibility of mother-to-child transmission of HIV among the HIV positive FSWs. This scenario undoubtedly speaks for the integration of FP-HIV services in Nepal. (7)

Discussion

In an era when approximately 40 million adults and children are living with HIV/AIDS and women of child-bearing age account for nearly half of the infected population (8), family planning has a critical role to play in curbing the HIV/AIDS epidemic. For both HIV-positive and HIV-negative individuals, contraceptive barrier methods such as the male and female condom provide dual protection against unintended pregnancy and HIV transmission. Among HIV-infected women, the prevention of unintended pregnancies is essential for preventing mother-to-child transmission of HIV and

CORRESPONDENCE: Shiva Raj Mishra, Journal Office, Health Prospect, Program Officer, Naulo Ghunti Nepal.
Email: shivarajmishra@gmail.com

reducing the number of children orphaned when parents die of AIDS-related illnesses. (9)

If a woman does not know she has HIV, if she is not tested before pregnancy she can transmit HIV to her son/daughter which otherwise does not have got pregnant or opted methods to prevent mother to child transmission of HIV. Similar scenes play out every day around the world. In sub-Saharan Africa and Asia where the burden of HIV, unintended pregnancies, and maternal and infant mortality are highest (10), missed opportunities to meet FP needs, can be deadly.

Integrated family planning and HIV/AIDS services have the potential to create synergistic relationships between programs, reduce missed opportunities, and ultimately maximize the effectiveness and impact of services by providing comprehensive reproductive health care that holistically addresses clients' dual risks of HIV infection and unintended pregnancy. (4) FP services in Nepal are very effective and established program, provided through many government and non-government outlets. (11) By developing a strong coordination mechanism, utilization of the existing HIV service providers to provide FP information, counseling, referral and services effective integrated FP/HIV services can be provided to the population at need. (7)

FP services and HIV services have similar characteristics, target populations, and desired outcomes. Clients seeking HIV services and those seeking FP services share common needs and concerns, and integrating services will enable health care service providers to efficiently and comprehensively address them. HIV services are good entry points for most of the sexually transmitted infection and HIV and vice versa. Strong linkages will help to ensure that the FP needs and aspirations of all people living with HIV, most at risk populations are met. (3)

Very often, integrated services create an image of a facility where a client could have all of her/his health needs met during one encounter; this may not be feasible or appropriate, however, depending on the service's capacity FP-integrated HIV services may be offered at the same facility or location during the same operating hours by same provider with additional training in FP service delivery with an effective referral system care. (12)

Obviously, challenges are there in incorporating FP into existing HIV services. As adds time to counseling encounters, can increase workload, and can increase client waiting time, particularly when staffing levels are low, may lead to low quality of delivered services, increased burden of work in staff. Record keeping, activity reporting, logistic system and service management could be overstretched and needs regular guidance and supervision due to added FP component which could be difficult to deal with available human and other available resources. It may overload the client with information than they are not able to absorb.

Advancing FP/HIV integration needs political commitment by demonstrating the health, social, and economic benefits

that integrated services offer. However, political support alone is not sufficient; programmatic guidance is also needed to improve services. There needs to have a national integration committee comprising of people living with HIV, AIDS and the youth that provides guidance in developing a national plan, as well as strategies for implementing integrated services. (13)

Conclusion

Increasing HIV prevalence in Nepal is pressing hard the HIV/AIDS service delivery system. The FP need of PLHIV, FSWs, PWID, Migrants who have limited access to FP outlets of government and other organizations are unmet which makes integration of FP into existing HIV service delivery system necessary. Effective coordination mechanisms, policy documents and guidelines, periodic researches to identify gaps are needed to foster effective link between FP and HIV services. Multi-sectoral coordination and participation by most at risk population in service design and delivery are ubiquitously important in the success of FP, HIV integration in Nepal. FP and HIV/AIDS control program are two successful national programs. Integration between these are expected to bring more fruits as integration will improve the access to FP services, efficiently and comprehensively address unintended pregnancy and HIV transmission among these key affected populations.

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