



Photo: Jon Hrusa



ELIZABETH GLASER  
PEDIATRIC AIDS  
FOUNDATION

# Overview of MCH/HIV linkages and integration

Emily A. Bobrow, PhD, MPH

Senior Research Officer

Elizabeth Glaser Pediatric AIDS Foundation

*Maternal-Child Health and HIV: Optimizing Care for  
Women and Children to Prevent Pediatric HIV*

18 July 2010

# Overview

---

- Justification for focus on MCH/HIV linkages and integration
- Definitions
- Components of our strategy for linking and integrating
- High priority areas for linkages and integration, with examples from EGPAF's work

# Evidence for MCH/HIV linkages and integration

---

- Children have better health outcomes
  - When HIV-infected adults are treated, HIV-exposed and HIV-infected children have better outcomes (Leeper et al, 2010)
- Reduction in maternal mortality
  - Receiving HIV care and treatment can reduce maternal mortality by an estimated 60,000 deaths per year (Hogan MC et al, 2010)
- Preventing unintended pregnancy
  - Reducing unintended pregnancies can avert HIV infections
- MCH services as gateway to HIV care and treatment
  - Enrolling through MCH services can lead to increased retention in care and treatment programs (Abrams et al, 2007)

# Importance of MCH/HIV linkages and integration

---

- Aid in strengthening health systems
  - Making connections to MCH policies, programs and services which have been and continue to be the bedrock of health systems
- Contribute directly to achievement of the MDGs
  - MGD 4: Reducing child mortality
  - MGD 5: Improving maternal health
  - MGD 6: Combating HIV/AIDS, malaria and other diseases



The image shows a weathered, light-colored wall with two identical blue doors. Each door is set in a dark red arched frame. The wall is peeling and stained, with a small black mark between the doors. The ground in front is made of cobblestones.

**HIV services**

**MCH services**

**Same people, same behavior...**  
***different doors***

# Definitions

---

- Linkages

- Strategies for ***linking*** different kinds of MCH and HIV policies, services, or operational programs to ensure collective outcomes.
- Example:
  - Effective referrals from one service to another delivered by separate providers at different times in a well-coordinated system

- Integration

- Strategies that ***join together*** MCH and HIV policies, services, or operational programs to ensure comprehensive services.
- Example:
  - Cross-training health providers to provide multiple services in one location, or supporting multiple providers to offer services in one location





**HIV services**

**MCH services**

**By linking/integrating, health services can offer people “the care they need, when they need it, in ways that are user-friendly, achieve the desired results, and provide value for money.”**



# Gaps and challenges

---

- Inadequate attention to infant and child HIV testing as part of well-baby and child health services
- Missed opportunities to provide FP and other RH services as part of routine post-partum services and to HIV positive women enrolled in care and treatment programs
- High proportions of women that do not access skilled delivery care in a health facility
- Weak health systems and limited capacity of health officials to manage integrated services
- National policies that are not integrated and that restrict the ability of health care workers to deliver essential services
- Lack of evidence and documentation concerning promising strategies that can be scaled up



# Strategy for linking and integrating

---

- Components of a strategy to link and integrate MCH and HIV services can include
  1. Training and sensitization
  2. Infrastructure improvements
  3. Monitoring and evaluation

# 1. Training and sensitization

---

- Importance of linkages and integration to staff and leadership at all levels
- Harmonization of training curricula for health providers
- Cross-training of health providers and program managers in MCH and HIV services

## 2. Infrastructure improvements

---

- Policy-level
  - Strategic planning and budgeting with relevant stakeholders
  
- Service-delivery level
  - Improving patient flow
  - Co-location of MCH and HIV services
  - Effective referral systems



### 3. Monitoring and evaluation

---

- Robust data collection and reporting systems
- Routine sharing of program data between MCH and HIV programs
- Joint problem solving and quality improvement measures to enhance program performance

# High priority MCH areas for linking and integrating with HIV

---

- **Reproductive health** (including family planning) for non-pregnant women who are either pre-conception or postpartum
- **Maternal health**, including ANC, Labor & Delivery, and Postpartum care
- **Child health**, including immunization

# Reproductive health and HIV

---

- Formal partnerships with national-level reproductive health and child health service units
  - Côte d'Ivoire and Tanzania
- Increased partner testing in PMTCT and integration of family planning and HIV services
  - Rwanda
- Cervical cancer screening
  - Cameroon, Côte d'Ivoire, Zambia



# Maternal health and HIV

---

- PMTCT
  - Everywhere we work!
  
- Providing ART in MCH
  - Kenya, Lesotho, Swaziland, Zambia

# Child health and HIV

---

- Early infant diagnosis model piloted and ready for roll-out in postnatal and well-child clinics to focus on reducing missed opportunities
  - Uganda
- Integrating HIV counseling and testing into Child Health Day immunization campaigns
  - Lesotho
- Training health surveillance assistants to provide provider-initiated testing and counseling at EPI/well-child services
  - Malawi

# MCH/HIV Initiative at EGPAF

---

- Led by a technical advisory group
- Activities include:
  - Guidance documents and tools
  - Support for country programs
  - Knowledge sharing and documentation
  - Technical exchange meeting with country and global staff and implementation partners (April 2010 in Lusaka, Zambia)
  - Donors and partnerships
  - Communication and advocacy





ELIZABETH GLASER  
PEDIATRIC AIDS  
FOUNDATION

---

# Thank you!