

Compendium of Case Studies

HIV AND SEXUAL AND REPRODUCTIVE HEALTH PROGRAMMING: INNOVATIVE APPROACHES TO INTEGRATED SERVICE DELIVERY



WHO WE ARE

Established in 1998, the Inter-Agency Task Team (IATT) for the Prevention and Treatment of HIV Infection in Pregnant Women, Mothers and Children provides support for the roll-out of normative guidance, progress tracking of Global Plan¹ targets and coordination of technical assistance to countries based on nationally determined needs relating to prevention of mother-to-child transmission (PMTCT) of HIV and paediatrics. It is a partnership of 33 member organizations, including donor agencies, non-governmental organizations (NGOs) and networks of people living with HIV. The partnership was reconfigured in 2011 to focus on providing technical support to achieve the goals of the Global Plan towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive (Global Plan). Co-convened by UNICEF and the World Health Organization (WHO), the IATT is the technical partnership that leverages the expertise and resources of its members to 1) coordinate and track the provision of technical assistance primarily to the 22 priority countries of the Global Plan, 2) monitor progress of country-led implementation of the Global Plan and 3) develop, update and disseminate operational and normative tools and guidance related to the elimination of mother-to-child transmission (EMTCT) of HIV. The IATT also participates in the Global Steering Group of the Global Plan.

IATT PARTNERS

The IATT member organizations are: African Network for the Care of Children Affected by HIV/AIDS (ANECCA), French National Agency for Research on AIDS and Viral Hepatitis (ANRS), Baylor International Pediatric AIDS Foundation (BIPAI), Catholic Medical Mission Board (CMMB), Centers for Disease Control and Prevention, USA (CDC), Clinton Health Access Initiative (CHAI), Department of Foreign Affairs, Trade and Development, Canada (DFATD), Earth Institute, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), EngenderHealth, Ensemble pour une Solidarité Thérapeutique Hospitalière en Réseau (ESTHER), FHI360, Global Fund for AIDS, Tuberculosis and Malaria (GFATM), Global Network of People Living with HIV (GNP+), International AIDS Society (IAS), International Center for AIDS Care and Treatment Programs (ICAP) at Columbia University's Mailman School of Public Health, International Community of Women Living with HIV/AIDS (ICW), International Planned Parenthood Federation (IPPF), IntraHealth, JHPIEGO, Joint United Nations Programme on HIV/ AIDS (UNAIDS) Secretariat, Management Sciences for Health (MSH), Mothers2Mothers (M2M), U.S. Office of the Global AIDS Coordinator (OGAC), Population Council, Save the Children, the United Kingdom's Department for International Development (DFID), United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), United States Agency for International Development (USAID), World Bank, World Health Organization (WHO) and World Vision.

December 2014

Additional information can be obtained from:

www.emtct-iatt.org

or

IATT

3 UN Plaza

New York, NY 10017

Telephone: +1-917-265-4533

jerodrigues@unicef.org

Photo Disclaimer: The photographs used herein are for illustrative purposes only; they are not meant to imply HIV status of the person depicted or any particular attitudes, behaviors, or actions on the part of any person who appears in the photographs.

PHOTO CREDITS

Front and inside cover: © UNICEF/BANA2014-00703/Paul; pg. 2/3: © UNICEF/SLRA2013-0669/Asselin; pg. 4/5: © UNICEF/INDA2011-00447/Vishwanathan; pg. 9: © UNICEF/UNI161956/Holt; pg. 12: © UNICEF/MLWB2005-00053/Pirozzi; pg. 17: © UNICEF/NYHQ2014-1467/Bindra; pg. 18: © UNICEF/PFPG2014P-0439/Schermbrucker; pg. 23: © UNICEF/RWAA2011-00075/Noorani; pg. 26: © UNICEF/UNI161866/Holt; pg. 29: © UNICEF/UNI163976/Gordon; pg. 30: © UNICEF/UKLA2014 - 1115/Lovell



Compendium of Case Studies

HIV AND SEXUAL AND REPRODUCTIVE HEALTH PROGRAMMING: INNOVATIVE APPROACHES TO INTEGRATED SERVICE DELIVERY

Keywords: EMTCT, HIV, innovations, integrated services, and sexual and reproductive health

DISCLAIMER: The views expressed in this publication do not necessarily reflect the views of the IATT, United Nations agencies or any donors.

Acronyms and abbreviations

AIDS	Acquired immunodeficiency syndrome	M&E	monitoring and evaluation
ANC	Antenatal care	MNCH	maternal, newborn and child health
ART	antiretroviral therapy	MOH	Ministry of Health
ARV	antiretroviral drug	MTCT	mother-to-child transmission of HIV
BCC	behaviour change communication	NGO	non-governmental organization
CDC	Centers for Disease Control and Prevention	NIMART	nurse-initiated management of ART
CHW	community health worker	OGAC	Office of the U.S. Global AIDS Coordinator
DFATD	Department of Foreign Affairs, Trade and Development of Canada	OI	opportunistic infection
CSO	civil society organizations	PCR	polymerase chain reaction
DBS	dried blood spot	PEPFAR	President's Emergency Plan for AIDS Relief
EGPAF	Elizabeth Glaser Paediatric AIDS Foundation	PMTCT	prevention of mother-to-child transmission (of HIV)
EID	early infant diagnosis	PSCM	procurement and supply chain management
EMTCT	elimination of mother-to-child transmission (of HIV)	QI	quality improvement
FBO	faith-based organizations	SCMS	supply chain management systems
FP	family planning	SMS	short message service
Global Plan	Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive	SRH	sexual and reproductive health
HCW	health care worker	STIs	sexually transmitted infections
HEI	HIV-exposed infants	TWG	technical working group
HIV	human immunodeficiency virus	UNAIDS	Joint United Nations Programme on HIV/AIDS
HTC	HIV testing and counselling	UNFPA	United Nations Population Fund
IATT	Inter-Agency Task Team	UNICEF	United Nations Children's Fund
IAWG	Inter-Agency Working Group	VHW	village health worker
IPPF	International Planned Parenthood Federation	VHT	village health team
LTFU	loss-to-follow-up	WHO	World Health Organization

ACKNOWLEDGEMENTS

This compendium of case studies is the result of a four-day workshop on Integrated Service Delivery Models held in Dar es Salaam, United Republic of Tanzania, from 28–31 October 2013, organized by the Inter-Agency Task Team (IATT) on the Prevention and Treatment of HIV Infection in Pregnant Women, Mothers and Children. The case studies are a testimony to the hard work and commitment of the teams that participated in the workshop from the 10 countries in attendance, including Ethiopia, Ghana, Lesotho, Malawi, Nigeria, Swaziland, Uganda, United Republic of Tanzania, Zambia and Zimbabwe, and the 3 countries that shared lessons learned, namely, Botswana, Namibia and Rwanda. These case studies complement the [workshop report](#) which can be found on the IATT website. The IATT is especially grateful to UNFPA, UNICEF, WHO and Johnson & Johnson for providing the funding to carry out this workshop. We would also like to recognize the leadership of the Planning Committee: Rosalind Carter (IATT Secretariat), Lynn Collins (UNFPA), Rene Ekpini (UNICEF), Chewe Luo (UNICEF), Meghan Mattingly (EGPAF), Eyerusalem Kebede Negussie (WHO), Lisa Nelson (WHO), Chinyere Omeogu (IATT Secretariat), Christian Pitter (EGPAF) and Sostena Romano (Consultant).

This compendium was made possible as a result of the leadership and contributions of the country teams that submitted case studies for this report. The members of these teams are indicated in the participant list in Annex 3. We also greatly appreciate the contributions of Lynn Collins (UNFPA), Lisa Nelson (WHO) and Eyerusalem Kebede Negussie (WHO), whose expertise and time were critical to the production of the report. The case studies were reviewed, edited and selected by Jessica Rodrigues, Innocent Nuwagira (IATT Secretariat) and Meghan Mattingly (EGPAF). Jessica Rodrigues facilitated the writing of this compendium.

Support for the production, editing and printing of this report was provided by the Department of Foreign Affairs, Trade and Development of Canada (DFATD) as part of its overall support to the IATT.

This compilation is based on country presentations and programme data from priority countries and IATT partners. It is not fact-checked to official United Nations publication standards. Statements in these case studies do not imply or constitute official opinions or policy positions of Ministries of Health, United Nations agencies or IATT partner organizations.

Contents

ACKNOWLEDGEMENTS

INTRODUCTION.....	4
CASE STUDIES.....	11
Ethiopia: Why empowering communities is vital: A review of the health extension workers programme.....	11
Ghana: Integrated supervision and monitoring systems.....	13
Lesotho: Integrated monitoring systems for improved follow-up care for mothers and infants.....	14
Malawi: Implementation of lifelong ART for all pregnant and breastfeeding women ('Option B+') through integration into the MNCH platform, particularly initiation and retention in care and treatment.....	16
Malawi: Using an Integrated mHealth platform to improve M&E for MNCH and monitoring.....	18
Nigeria: Integrated supply chain management systems.....	19
Swaziland: Data use and mentoring to improve quality of integrated service delivery.....	20
Swaziland: Improving continuity of care and treatment of HIV-positive pregnant women, mothers and their children through an innovative integrated service delivery model for EMTCT within MNCH clinics.....	21
Uganda: Overcoming implementation bottlenecks through involvement of community structures to improve the maternal and child care continuum in the context of ART for EMTCT.....	23
United Republic of Tanzania: Strengthening ART client tracking systems to improve adherence.....	25
Zimbabwe: Integration of SRH and HIV services at tertiary hospitals.....	26
RECURRENT THEMES AND RECOMMENDATIONS.....	28
CONCLUSIONS.....	30
REFERENCES.....	31
ANNEXES.....	33





Introduction

In light of recent progress towards eliminating paediatric HIV, strong momentum for integrating HIV and sexual and reproductive health (SRH) (including maternal, newborn and child health (MNCH), family planning (FP), and sexually transmitted infection (STI)) programmes, and the recent WHO guidelines on the use of antiretroviral drugs (ARVs) for the prevention and treatment of HIV infection, there has been growing demand for practical country-level guidance to optimize integrated service delivery models. Numerous existing service delivery models are being implemented with limited evidence on their effectiveness in terms of improved maternal and infant health outcomes. While no single model will work in every country context, there is a need to further gather evidence, share experiences, and document and promote promising integrated service delivery models.²

The Global Plan for Towards Eliminating New HIV Infections among Children by 2015 and Keeping Mothers Alive (Global Plan) explicitly calls for integrated HIV and SRH programming. It urges national leaders to “build a vibrant coalition between the HIV and maternal, newborn and child health constituencies around the goals of eliminating new HIV infections

among children by 2015 and keeping their mothers alive...” and “promote greater synergies and the strategic integration of prevention of mother-to-child HIV transmission programmes and maternal, newborn and child health programmes, as well as family planning services.”⁴

As shown below, the Global Plan³ targets implicitly recognize that reductions in maternal and infant mortality and mother-to-child transmission (MTCT) rates are closely tied to making advances in reducing HIV incidence among adolescent girls and women of reproductive age, addressing FP needs, and providing comprehensive HIV prevention, care and treatment services for women and children living with HIV.

The Global Plan

The Global Plan has two overarching global targets to reach by 2015 compared against the 2009 baseline:

1. Reduce the number of new HIV infections among children by 90 per cent; and
2. Reduce the number of AIDS-related maternal deaths by 50 per cent.

The Global Plan follows a four-pronged strategy:

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index?reportId=5_20290

