

JULY 31, 2011

## THE INTEGRATION PARTNERSHIP

The Integration Partnership (TIP) is a project of Population Action International

### SUMMARY

#### ***RH/HIV integration is important:***

Integration is a feasible means to achieve multiple key goals: preventing new HIV infections among women and girls; PMTCT; preventing more AIDS orphans; and supporting reproductive rights and fertility choices of PLHIV. RH and HIV services have generally been funded separately and operated vertically, making clients see different providers for each health service. Yet with over 80 percent of HIV infections being sexually transmitted, addressing RH

**RH is essential for prevention, care, and treatment of HIV and AIDS**

and HIV together would better serve the needs of both clients and providers in a more comprehensive, cost effective and efficient manner.

RH and HIV infections mainly have a common denominator which is sex and both are about the same client. RH is essential for the prevention, care, and treatment of HIV and AIDS. Integrated services reduce costs of service provision; drop-out rates of clients caused by referrals and increase uptake of services. Also, integration reduces stigma, denial and discrimination which result from access to services in separate units.

#### ***The current state of RH/HIV integration in Tanzania:***

Family Planning is being integrated in some HIV services such as PMTCT, VCT, CTC and HBC. Other components of RH such as cancer screening and male circumcision are being provided separately and in a limited scope.

#### ***What is working and not working and what needs to be strengthened or changed:***

Piloted integration activities are working, but at most, the integration of FP and HIV services has happened in about a quarter of all sites. Expansion of the scope of integration merits consideration.

However, a shortage of healthcare workers and lack of appropriate supplies and equipment may impede access of integrated services. Harmonization efforts to develop minimum integration packages for different levels of health care are important since one intervention package may not fit all.



**Figure 1: Deputy Minister for Health and Social Welfare Hon. Dr. Lucy Nkya (centre, seated) inaugurates FP Club for Members of Parliament**

### CURRENT SITUATION:

#### ***Country context and the need for RH/HIV integration:***

In an estimated population of 42.7 million, young people aged less than 15 years make 44.4%. The nation's HIV prevalence is 5.7% among ages 15-49 years (6.6% for women and 4.6% among men). Only 37% of women know their HIV status. 8.8% of all pregnant women are HIV positive out of whom 70% access PMTCT centers. An estimated 25% of all new HIV infections are transmitted from mothers to babies and about 98% of all pregnant women make at least one visit to ANC. PMTCT therefore, will only reach HIV pregnant women while integration of RH at HIV will reach nearly all women attending clinics.

#### ***Progress to-date in RH/HIV integration in the country including advocacy efforts:***

TWG for integration is operational since 2009, ongoing studies to provide evidence for integration and development of an Integration Framework is in progress. A number of policies, guidelines and strategies provide base for integration, including the National FP Costed Implementation Plan, the One Plan, HIV and AIDS Policy, the National Strategy for Growth and Poverty Reduction and the National Health Policy. Funding for FP was 54% of what was requested in FY08/9, reached 78% in 09/10 and went back to 54% in 2010/11.

### HIV spending and financing in Tanzania (Billion Tshs)

| Allocation            | FY 06/07 | FY 07/08 | FY 08/09 |
|-----------------------|----------|----------|----------|
| Total GoT expenditure | 62       | 78       | 78       |
| Foreign Aid           | 378      | 373      | 545      |
| Of which off-budgeted | 261      | 230      | 397      |
| % on budget           | 35       | 42       | 28       |

#### Issues associated with RH/HIV integration:

Limited harmonization and understanding of stakeholders on what RH/HIV integration means and who is charged to do what at what level of service delivery comes first. Secondly, a significant shortage of human resources estimated at 62% of the actual

Issues on integration include limited harmonization and understanding of integration

need coupled with inadequate technical skills at facility level makes it difficult to do integration. Thirdly, the capacity of the health system (limited infrastructural support) and a weak referral system (distance, weak mechanisms) make it difficult to accomplish integration. Fourthly, deeply held cultural beliefs on who can access RH and who cannot (age wise) further constrain the political will and programmatic readiness. Lastly, external funding available for integration is only targeting PLHIV, which is about 6% of people of reproductive age.

#### Consequences of those problems and issues:

Unmet need in the population has remained high (25%) among married women, maternal mortality rate is 454 in 100,000 live births, about 25% of new infections are due to mother to child transmission, and unwanted pregnancies and abortions continue to increase (1.4 million and 1 million respectively by 2015), and difficulties to access quality education due to a high dependent population of young people.

#### Opportunities:

The Government supports and is open for integration; there are programs where integration of FP/HIV has started such as PMTCT, VCT, CTC and HBC. A Rapid Assessment on integration of FP and

HIV has been done, enhancing the understanding. GFATM decision by the board (GF/B21/DP20) embraced integration and the TNCM in its 21st meeting endorsed integration into Round 11 proposal. PEPFAR is already championing FP integration and the one stop shop model.

### RECOMMENDATIONS

To ensure RH-HIV integration in Tanzania, the following recommendations need to be considered:

- Feasibility studies on integration to analyze the cost implications and minimum intervention package for different levels of health facilities.
- Developing a participatory National Strategy for RH and HIV integration with phases of integration laid out including defining the minimum integration packages at different health care levels is needed.
- Working with the TNCM and GHI to ensure integration is included in the RFA and annual plans developed and discussed by PEPFAR Prime Partners is key. With GFATM, CSO representatives' work within the TWGs to ensure that RH-HIV integration is a priority. Supporting a technical person to participate in the writing team to ensure that FP is integrated in the forthcoming GFATM proposal for round 11 is essential.
- Ensuring that integration happens in the next NMSF (2013-2017)

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