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PEDIATRIC AIDS
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Smart Integration

Maternal & Child Health and HIV

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Integration is smart

Integrating the care of women and children with other services is an efficient and cost-effective route to success.

(UN Global Strategy for Women's and Children's Health, 2010)



HIV services

MCH services

Same people, same behavior...
different doors

Efficiency of MCH-HIV Integration

- Integrating HIV interventions with MCH services is an efficient strategy for improving maternal and child health in high HIV prevalence areas
 - Strengthened primary prevention of HIV (Moloney-Kitts, 2010)
 - Reduce maternal mortality by an estimated 60,000 deaths annually (Hogan et al, 2010)
 - Improve child health outcomes for HIV-exposed and HIV-infected children (Leeper et al, 2010)

Efficiency of MCH-HIV Integration (2)

- Integrating HIV and MCH services can achieve multiple efficiencies for clients, for providers, and for health systems
- Investments in HIV services— especially PMTCT— also contributes to strengthening MCH services and overall health systems
- Both service areas focus on improving health of women, children and families



**Integrated MCH-HIV
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.”**

EGPAF's Experience with MCH-HIV Integration

- Integrated screening for pregnant women for HIV, hepatitis B, and syphilis increases service uptake and acceptance
 - Integrated screening in Yunnan Province, China, had high uptake (84% or 13,418 women)
 - Prevalence: 0.28% syphilis with 94% treated; 0.7% HIV with 97% receiving ART prophylaxis; 2.46% HBV with exposed infants receiving a HBV immune globulin injection and HBV vaccine (Foundation data)
 - Rolling out from 6 pilot counties to 26 counties in Yunnan Province

EGPAF's Experience with MCH-HIV Integration (2)

- Providing HIV care and treatment in MCH settings increases ART enrollment
 - Swaziland : Enrolling women on ART in ANC services increased eligible women receiving ART from 5% to 45%. pilot rolled out nationwide (Foundation data)
 - Zambia: Enrolling women on ART in ANC services more than doubled the proportion of eligible women starting treatment from 14% to 33% (Foundation data)

EGPAF's Experience with MCH-HIV Integration (3)

- Identifying gaps in PMTCT services can benefit maternal health
 - Assessment of PMTCT services identified gaps in emergency obstetric care in selected districts in Mtwara Province, Tanzania
 - Provided training and clinical attachments, diagnostic equipment and emergency transport
 - Post-intervention, maternal deaths in Mtwara Province decreased by 30% - from 83 (2008) to 59 (2009)



EGPAF's Experience with MCH-HIV Integration (4)

- Integrating HIV counseling and testing into Child Health Days
 - Lesotho: 1,258 children screened, and 20 found to be HIV-positive
 - Zambia: Quarterly data reflects 19% increase in pediatric HIV care and treatment enrollment due to Child Health Day screening



Conclusion

- Integrating HIV interventions— especially PMTCT— with MCH services is an efficient strategy for improving maternal and child health in high HIV prevalence areas
- Clients, providers, and health systems experience benefits from this integration
- Although more evidence is needed (especially on cost-effectiveness), current programmatic evidence suggests integration leads to improved MCH and HIV outcomes



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Thank you!