ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

FACT SHEET

photo: Jon Hrusa

Maternal and Child Health and HIV Linkages and Integration: An Essential Strategy for Preventing Pediatric HIV and Ensuring the Health of Women and Children

The Elizabeth Glaser Pediatric AIDS Foundation works to prevent pediatric HIV infection and eliminate pediatric AIDS through programs that significantly improve the health and well-being of women, children, and families around the world. In pursuit of its mission, the Foundation strives to ensure strong linkages and integration between HIV policies, programs, and services and maternal and child health policies, programs, and services. Ultimately, the goal of these linkages and integration is to organize and manage health services "so that people get the care they need, when they need it, in ways that are user-friendly, achieve the desired results, and provide value for money."[1]

What are linkages and integration?

There are currently no globally accepted definitions of the terms *linkages* and *integration* in the context of maternal and child health (MCH)[2] and HIV. These terms are used in multiple ways by various organizations in different settings. The Foundation has developed the following definitions:[3]

- **Linkages**: Refers to strategies for linking different kinds of MCH and HIV policies, services, or operational programs to ensure collective outcomes. It can include (but is not limited to) effective referrals from one service to another and is based on the need to ensure that comprehensive services are delivered by separate providers at different times in a well-coordinated system.
- **Integration**: Refers to strategies that join together MCH and HIV policies, services, or operational programs to ensure comprehensive services. It can include (but is not limited to) cross-training health providers to provide multiple services in one location or supporting multiple providers to offer services in one location.

Linkages and integration between MCH and HIV services are an important and practical strategy for strengthening health systems, and strong systems are essential for providing high-quality integrated health services. MCH services form the bedrock of health systems; in areas with high HIV prevalence, MCH services can serve as the entry point for the expansion of HIV prevention, care, support, and treatment services to ensure optimal health outcomes for

women, children, and families. For example, antenatal care (ANC) attendance is high in many countries; by offering HIV services together with ANC services, women who may not otherwise access HIV services can receive HIV prevention, care, support, and treatment interventions together with essential ANC. Furthermore, investments in HIV programs and services provide an opportunity to strengthen the underlying health system—including MCH services—through efforts to build human resource capacity, improve infrastructure, and develop more reliable procurement and supply management systems.

Clients seeking HIV services and MCH services often share common behaviors and needs: They are sexually active and fertile (or may already be pregnant) and are at risk for HIV (or may already be infected). Providing linked and/or integrated health services can offer these clients more comprehensive health care, which in turn can lead to better health outcomes; linkages and integration also offer the opportunity to achieve continuity of care over time. MCH/HIV linkages and integration help to reduce vertical transmission of HIV by preventing new HIV infections in women of reproductive age and enabling women living with HIV to avoid unintended pregnancies. This approach can also help women living with HIV achieve healthy pregnancies and babies free from HIV by ensuring that they receive essential health services during pregnancy, labor and delivery, and the postpartum period, including appropriate antiretroviral drugs (ARVs) to protect their own health and prevent the transmission of HIV to their babies. Finally, MCH/HIV linkages and integration can contribute to program scale-up, sustainability, efficiency, and effectiveness, and may even help reduce stigma and discrimination by mainstreaming HIV services.

The Foundation's Approach

The central idea behind the Foundation's work is that interventions to prevent vertical transmission of HIV [often referred to as "prevention of mother-to-child transmission of HIV (PMTCT) services"] should be integrated into MCH services. Providing PMTCT services within the MCH context—and not as separate, parallel services—is one of the most basic and yet most effective forms of MCH/HIV linkages and integration. However, there is no one-size-fits-all model for achieving MCH/HIV linkages and integration.

Components of a strategy for achieving linkages and integration between MCH and HIV services can fall into three broad categories:

- **Training and sensitization** of staff and leadership at all levels as to the importance of linkages and integration; harmonization of training curricula for relevant cadres of health providers; and, cross-training of health providers and program managers in MCH and HIV services.
- **Infrastructure**, including the presence of effective programs in MCH and HIV at all levels of the health system, and strong relationships and communication between the programs. At the policy level, this includes strategic planning and budgeting with relevant stakeholders for MCH and HIV services. At the service-delivery level, this may include improving patient flow, co location of MCH and HIV services, and effective referral systems between MCH and HIV services.
- **Monitoring and evaluation**, including robust data collection and reporting systems for MCH and HIV programs and services (e.g. patient registers and charts that include information on MCH and HIV, and effective feedback mechanisms to share relevant information between various levels of the health system). Also critical for effective linkages and integration are routine sharing of program data between MCH and HIV programs and joint problem-solving and quality improvement measures taken to enhance program performance.

In addition to providing PMTCT services during ANC, labor and delivery, and postpartum care, Foundation-supported programs also engage in many other activities to create and strengthen MCH/HIV linkages and integration. Here are just a few examples:

- In Rwanda, family planning counseling and services are integrated into HIV services, including voluntary counseling and testing, PMTCT, and care and treatment. All health facility staff are sensitized to family planning issues, including family planning for people living with HIV.
- In Kenya, Lesotho, Swaziland, and Zambia, women living with HIV can receive HIV care and treatment services—including antiretroviral therapy (ART)—within MCH services.

- In Cameroon, Côte d'Ivoire, and Zambia, cervical cancer screening is routinely offered for women living with HIV.
- In Uganda, patient registers used in reproductive health services include information about HIV status, ARVs, infant feeding practices, and infant HIV tests; child health cards include information on HIV exposure status.
- In Malawi, health surveillance assistants are trained to offer provider-initiated HIV testing and counseling during immunization and routine well-child services.

In January 2010, the Foundation launched an organization wide initiative focused on systematically assessing and strengthening linkages and integration between MCH and HIV services in its programs. This initiative reflects not only the critical role of MCH/HIV linkages and integration in achieving the Foundation's mission, but also the increasing emphasis placed on this issue by the broader global health community. The work of this initiative is led by an advisory group with members from across the Foundation's country program and global headquarters teams; key activities include developing an approach to MCH/HIV linkages and integration for the Foundation, increasing institutional knowledge and capacity for MCH/HIV linkages and integration as part of the Foundation's core work, and creating and strengthening strategic partnerships to facilitate scale-up and ensure sustainability of these critical activities.

As the global community turns its attention to the 2015 deadline for achieving the Millennium Development Goals (MDGs), the Foundation is actively working to strengthen linkages and integration of MCH and HIV policies, programs, and services. These efforts contribute directly to the achievement of MDGs 4, 5, and 6: reducing child mortality; improving maternal health; and combating HIV/AIDS, malaria, and other diseases.

Conclusion

The Elizabeth Glaser Pediatric AIDS Foundation is committed to taking a comprehensive approach not only to prevent pediatric HIV and provide care and treatment to women, children, and families, but also to ensure that these critical services are integrated as part of a broader package of health care that improves overall maternal and child health and survival.

---

[1] World Health Organization (WHO). *Integrated Health Services: What and Why?* Technical Brief No. 1. Geneva, Switzerland: WHO; 2008.

[2] In this context, "MCH" is used to refer broadly to health issues related to women of reproductive age, their children, and their families; these include but are not limited to reproductive health, family planning, pregnancy, and newborn and child health.

[3] These definitions are adapted from two publications: 1) WHO, USAID, and FHI. *Strategic Considerations for Strengthening the Linkages between Family Planning and HIV/AIDS Policies, Programs, and Services.* Geneva, Switzerland: WHO, USAID, and FHI; 2009. 2) WHO, UNFPA, UNAIDS, IPPF. *Linking Sexual and Reproductive Health and HIV/AIDS, Gateways to Integration: A Case Study from Serbia.* London, UK: WHO, UNFPA, UNAIDS, IPPF; 2009.

Elizabeth Glaser acquired HIV through a blood transfusion and unknowingly passed the virus on to her daughter, Ariel, and her son, Jake. Following Ariel's death in 1988, Elizabeth joined with two close friends with one goal: to bring hope to children with AIDS. The Foundation that now bears Elizabeth Glaser's name has become a global leader in the effort to eliminate pediatric AIDS, working in 15 countries and at more than 5,400 sites around the world to prevent the transmission of HIV to children and help those already infected with the virus. The Foundation's global mission is to implement prevention, care, and treatment; further advance innovative research; and give those affected by HIV and AIDS a voice to bring dramatic change to the lives of millions of children, women, and families worldwide.