Overview of Research Components

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Integra Project

• To strengthen the evidence on the benefits and costs of a range of models for delivering integrated HIV and SRH services

  – What are the benefits in terms of:
    • Numbers of clients
    • Profile of clients
    • Range of services accessed by clients
    • Quality of services
• What is the impact of integration on:
  – HIV related risk behaviour
  – HIV related stigma
  – Unintended pregnancy

• What is the cost, feasibility and cost-effectiveness of integration?
  – What is the cost of integrating service provision?
  – How do costs vary by model of integration?
  – Does integration result in economies of scope?
Model 1: HIV FP (Kenya)

Care for all clients seeking FP

**All Family Planning clients**
Balanced Counseling Strategy (BCS) to identify contraceptive options
Screening and management for STI
Counseling for STI/HIV prevention
Testing for HIV
FP issues
Screening for cervical cancer (VILI/VIA)

Care according to status

**HIV negative**
Health promotion
Risk factor exposure
Risk assessment (routine)

**HIV positive**
CD4, Haemogram, SGPT/ALT creatinine
Clinical staging
CTX prophylaxis
Monitoring x 3 - 6 monthly
Opportunistic infections
Adherence counseling
Counseling on side effects
Model 2: HIV → SRH Models

1. PNC model: Integrating HIV prevention counseling and offering HIV testing into strengthened maternal and infant postpartum care services, including FP with linkages to comprehensive care for those found to be HIV+ (Kenya & Swaziland)

2. VCT and STI services integrated with FP services for youth (Swaziland & Malawi)

3. FP and RH services integrated into HIV centres (Swaziland)
Standard PNC service:
Timing: Usually delivered on discharge if hospital delivery, with 6 week check:
Content:
• Immunisation
• Growth monitoring/child welfare
• FP at six weeks post partum

Integrated PNC & HIV services:
Timing: within 48 hours of delivery, plus 7 day, and 6 week visit at facility
Content:
Standard PNC plus:
• Mother and baby physical examination to detect danger signs, complications, anomalies
• Infant feeding counselling
• Postpartum FP counselling and provision
• Screening for cervical cancer (at 6 weeks)
• HIV CT (mother and baby)
• HIV prophylaxis for mother and baby
• Infant male circumcision counselling

HIV+ ART service:
Offer range of HIV & SRH services, including:
• CD4 testing
• Clinical staging
• ARV prophylaxis
• CTX prophylaxis
• Monitoring (every 3 - 6 months)
• Management of OIs
• Counselling on side effects
• Adherence counselling
• FP counselling
• Condom promotion/provision
• Provision of short-term methods

Referral to other departments:
Ob/Gyn unit for complications; sick child clinic; FP unit for long-term FP methods
Model 3: Integrated SRH services (FLAS)

- Family planning, maternal and child health (MCH services)
- HIV testing, HIV care
- STI care
- Cervical cancer screening,
- Services for youth.

Model 4: Comparison of integrated and stand-alone HIV care models

- Compares two fully integrated SRH-HIV services, with two stand-alone HIV care facilities
Study design issues

- Integration complex
  - Number of services
  - Integrated physical and human resources
  - Client flow

- Integration already exists (referrals)

- Real world
  - Integration policies changing
  - Confounders - stock outs etc
  - Human resources moving
  - Controls could not be randomised
Study design outline

• Broadly pre-post test controlled, but:
  – Definition of integration
    • number of services, index
  – Process evaluation
    • health facility assessments and periodic surveys
    • mixed methods research, understanding provider and client perceptions
  – Client/ facility (cohorts/ costs) and community level (household surveys) impact
  – Focus on different groups (HIV+)
Research Activities (integration and comparison sites)

Facility assessments (all) (1/yr) & client-flow (1/yr)

- Checklist, provider interviews, client-provider observations, exit interviews
- Additional **qualitative** provider interviews

Community surveys (Y2 and Y4)

- Additional *ad hoc qualitative* studies

Cohort surveys with PNC users; (Y2 – Y4&Y5)

- Cross-sectional survey with HIV+ users (Y2)
- Additional **qualitative** client interviews

Economics Y2 and Y4
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