THE CHALLENGE:
Malawi has experienced a steady decline in HIV prevalence, which is currently estimated at 10 per cent among 15-49 year olds. Although the country’s maternal mortality ratio (MMR) has declined slightly, it remains very high at 574 deaths per 100,000 live births. At 19 per cent, Malawi continues to have a high unmet need for family planning. Addressing the sexual and reproductive health (SRH) needs of adolescents remains particularly challenging for the country, with a teenage pregnancy rate of 31 per cent and an adolescent fertility rate of 143 births per 1,000 women aged 15-19 years. Over the past several years, the Government of Malawi has launched an impressive response to the HIV epidemic, including strengthening critical linkages between SRH and HIV and improving the capacity of communities to deliver and monitor SRH and HIV services.

THE CATALYST:
A community-led approach to health improvement can empower individuals to identify and address their health needs and strengthen the capacity of health care providers to respond to the unique health needs of community members.

With support from the SRHR (Sexual and Reproductive Health and Rights) and HIV Linkages Project funded by the European Union, and the Governments of Sweden and Norway, Malawi has effectively supported community-level integration interventions and empowered community members to take an active role in monitoring integration efforts.

SRH-HIV integration committees—formed to support the project’s 15 pilot sites—have fostered effective linkages between communities and health facilities and strengthened monitoring of integrated service provision. The integration committees are strategically placed to serve as a bridge between communities and facilities. They monitor how integration is being provided in the facilities, including client perceptions of service provision, and work hand in hand with local health facility advisory committees to ensure that identified issues and challenges have been addressed. To date, 30 integration committees have been formed with 300 members comprising young people, traditional leaders, and other community members.

The project has also worked with other community-level partners, including the Family Planning Association of Malawi (FPAM), on integrating services for key populations such as adolescents living with HIV and sex workers, and the Malawi Interfaith AIDS Association (MIAA) due to their pivotal role in coordinating and facilitating HIV programmes.

THE CHANGE:
Some early results from the pilot sites providing integrated services in Malawi have suggested positive results. The number of antiretroviral treatment (ART) defaulters has reportedly declined as clients can now access ART five days a week, reducing stigma and discrimination; the number of people living with HIV receiving ARTs transferring from non-integrating to integrating facilities has increased; the number of women accessing family planning services has increased; the number of men escorting their wives to antenatal care and receiving counseling on both SRH and HIV has increased; and a reduced workload has been observed among service providers as a result of task-sharing. Malawi is also in the process of developing a national strategy on SRH and HIV integration, which will guide the implementation of the project and the scale up process.

REFERENCES:
• UNAIDS. 2014. 2014 Spectrum Projections. UNAIDS

UNFPA
East and Southern Africa Regional Office, 9 Simba Rd, Sunninghill, Johannesburg, 2157, South Africa
Tel: +27 11 6035300
Fax: +27 11 6035382
Email: esaro.info@unfpa.org
Websites: www.integrainitiative.org
www.srhhivlinkages.org

Rationale and Benefits of SRH and HIV Integration
Given that most HIV infections are sexually transmitted—or are associated with pregnancy, childbirth, and breastfeeding—and the presence of certain sexually transmitted infections (STIs) further increases the risk of HIV transmission, linking SRH and HIV services simply makes sense.

The benefits of integrated services are multifold. SRH services can provide a platform for reaching clients with crucial HIV prevention, care, and treatment interventions—helping them to understand their risks for HIV and make informed decisions about their sexual and reproductive health. At the same time, HIV services can provide an effective entry point for addressing the unmet family planning needs of female clients living with HIV and can increase access to and uptake of key SRH services, such as cervical cancer screening and antenatal care.

This publication has been produced with the assistance of the European Union and the governments of Sweden and Norway. The contents of this publication are the sole responsibility of UNAIDS and UNFPA and can in no way be taken to reflect the views of the European Union or the governments of Sweden and Norway.