



Harmonizing Health Services

Saving Lives through Integration of Reproductive, Maternal, Newborn & Child Health and HIV/AIDS, Tuberculosis & Malaria Programs

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Integration can save the lives of women and children

Health policies and programs that strengthen health and community systems and integrate ATM services across the RMNCH continuum of care help to ensure value for money, promote human rights, and strengthen accountability for results.

Integrating packages of care for HIV/AIDS, tuberculosis, and malaria across the reproductive, maternal, newborn, and child health (RMNCH) continuum of care **saves lives, reduces stigma, and is cost-effective.**¹ Evidence indicates that in addition to the integration of services for reproductive health and HIV/AIDS, the integration of MNCH interventions with AIDS, tuberculosis, and malaria (ATM) programs and services can be key to making substantial and lasting progress towards meeting the health-related Millennium Development Goals (MDGs) 4, 5, and 6.²

These *Harmonizing Health Services* briefing cards provide information on integrating AIDS, tuberculosis, and malaria services across the RMNCH continuum of care. They highlight the benefits of integration including how integration can strengthen health and community systems, save money, and help empower women to access the RMNCH/ATM services they need and deserve by reducing stigma. The cards also highlight opportunities for RMNCH/ATM integration and provide examples of successful integrated programs from countries across Africa.

Designed to mobilize a range of stakeholders to take action, these cards can be used by and for:

- Civil society organizations
- Government officials & policy makers
- Implementers & service providers
- Private sector
- Global Fund Country Coordinating Mechanisms (CCMs)
- Development partners and donors

¹ PMNCH, WHO, Family Care International, World Vision International, Elizabeth Glaser Pediatric AIDS Foundation. *Optimizing Global Fund Proposals to Promote Women's & Children's Health* (2011).

² The Integration Partnership: Friends of the Global Fund Africa, Technical Support Facility, Population Action International, Family Care International. *Information Note on the Global Fund MNCH Practical Guidance Tool* (2011).

These cards are a product of The Integration Partnership (TIP), a joint initiative of Population Action International (PAI), Friends of the Global Fund Africa and Family Care International (FCI), to increase country demand for reproductive health (RH)/HIV integration – including provision of RH supplies – and maternal, newborn and child health (MNCH)/AIDS, tuberculosis and malaria (ATM) integration.

Women and children bear a disproportionate burden of HIV/AIDS, tuberculosis (TB), and malaria, which contribute to poor RMNCH outcomes.¹

Inequities in accessing health services related to gender, poverty, and stigma increase the vulnerability of women and girls to ATM and to RMNCH-related morbidities.

Over two million women and children die every year from HIV/AIDS, TB, and malaria (ATM).² Women now account for nearly 60% of HIV infections in sub-Saharan Africa and research indicates that the burden of maternal mortality in sub-Saharan Africa has been compounded by the heavy burden of HIV among women.³ In 2009, an estimated 370,000 children were newly infected with HIV, more than 90% of them through vertical transmission from their mothers.⁴ AIDS and malaria cause 10% of all deaths in children under the age of five, and are associated with 20% of maternal deaths worldwide.⁵ TB is among the three leading causes of death for women aged 15-44 in the developing world.⁶

The majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth, and breastfeeding.⁷ Malaria infection in pregnancy is associated with low birth weight and premature birth so interventions targeting women infected with malaria during and after childbirth can contribute significantly to reductions in malaria-related maternal, neonatal and infant mortality.⁸ TB, particularly among HIV+ women, is one of the leading causes of non-obstetric maternal mortality and co-infected pregnant women are more likely than HIV-negative pregnant women to transmit TB to their babies.⁹ The interconnectedness of maternal and newborn/child health means that providing integrated RMNCH/ATM services can contribute to reducing transmission of ATM, increasing access to treatment and improving overall RMNCH outcomes.

1 PMNCH, WHO, Family Care International, World Vision International, Elizabeth Glaser Pediatric AIDS Foundation. *Optimizing Global Fund Proposals to Promote Women's & Children's Health* (2011).

2 WHO. *The Global Burden of Disease: 2004, Update* (2008).

3 WHO. *Trends in Maternal Mortality: 1990 to 2008*. Estimates developed by WHO, UNICEF, UNFPA, and The World Bank (2010).

4 UNAIDS. *UNAIDS Report on the global AIDS epidemic* (2010).

5 WHO, UNICEF. *Countdown to 2015 decade report (2000-2010): taking stock of maternal, newborn and child survival* (2010).

6 WHO, Stop TB Partnership. *2010/2011 Tuberculosis Global Facts* (2010).

7 Population Action International. *Promoting FP/RH-HIV Integration: An Analysis of Global Health Initiative Strategies in Tanzania, Kenya, and Ethiopia* (2012).

8 Desai M, ter Kuile FO, Nosten F, McGready R, Asamoah K, Brabin B, et al. Epidemiology and burden of malaria in pregnancy. *Lancet Infect Dis* 2007; 7(2):93-104; Grange J, Adhikari M, Ahmed Y, et al. Tuberculosis in association with HIV/AIDS emerges as major nonobstetric cause of maternal mortality in Sub-Saharan Africa. *Int J Gynecol Obstet* 2010; 108:181-83.

9 Integrating Maternal, Newborn and Child Health Interventions in Global Fund Supported Programmes. Jayakumar, Beulah. World Vision International, 2011

What is integration?

WHAT DO WE MEAN BY "INTEGRATION"?

Integration refers to how different kinds of reproductive, maternal, newborn and child health and HIV/AIDS, tuberculosis and malaria services can be joined together to improve health outcomes.¹⁰ Integration includes offering two or more services at the same facility during the same operating hours, with the provider of one service actively encouraging clients to consider using other services during the same visit.¹¹ Integration can reduce costs by utilizing existing infrastructure and providing more comprehensive care, addressing the unmet need for RMNCH and ATM care among individuals, couples, and families.¹² Integration at the policy, operational and service delivery levels is needed in order to maximize positive health outcomes.¹³

WHY IS INTEGRATION SO IMPORTANT?

Integrating RMNCH services and ATM services is central to ensuring universal access to RMNCH care and ATM prevention, treatment, care and support. Because clients seeking ATM services and those seeking RMNCH services have common needs and concerns, integrating services enables providers to address their needs more efficiently and comprehensively. Integrating RMNCH and ATM services can save lives by ensuring women and children receive comprehensive, integrated care in one location and that opportunities to address co-infections and prevent mother-to-child transmission are not missed.

Integration of reproductive health (RH) services with HIV/AIDS services has been proposed as a priority and a best practice by the World Health Organization¹⁴; the World Bank; the Global Fund to Fight AIDS, Tuberculosis, and Malaria¹⁵; and other multilateral and bilateral development agencies and NGOs. Evidence indicates that integration of a continuum of RMNCH interventions with ATM are needed in order to make substantial and lasting progress toward meeting MDGs 4 (reducing child mortality), 5 (improving maternal health), and 6 (combating HIV/AIDS, malaria, and other diseases).

10 WHO. Top Ten: Frequently Asked Questions [SRH and HIV linkages] (2010).

11 The Integration Partnership/Population Action International PowerPoint presentation: *Integration – Towards a definition* (2011).

12 Ibid.

13 Population Action International. *The Benefits of Integrating HIV and Family Planning Programs*. (July 2012)

14 World Bank. (2011). *HIV/AIDS and Sexual Reproductive Health Linkages*. Retrieved September 14, 2011, from <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTHEALTHNUTRITIONANDPOPULATION/EXTPHAAG/0,contentMDK:22137044~menuPK:64229809~pagePK:64229817~piPK:64229743~theSitePK:672263,00.html>

15 GFATM. (2008). *Fact Sheet: Ensuring a Gender Sensitive Approach*. GFATM.

Integration is cost-effective

Integrating HIV interventions into RMNCH services is expected to maximize the health benefits for both mothers and children, and enable health systems to be more responsive to the needs of women, children, and their families.

With health systems facing resource constraints, available resources for health must be used as efficiently and equitably as possible.¹ With a simultaneous focus on maternal and child health, HIV/AIDS, TB and malaria, the Millennium Development Goals (MDGs) have underscored the fact that some constraints on service delivery, such as insufficient health workforce and inadequate infrastructure, are common across the board, making it less efficient to tackle the three health-related MDGs separately.²

INTEGRATION DELIVERS VALUE FOR MONEY

Integrating services results in significant cost savings compared to providing stand-alone services.³ Integration can also help to maximize value for money by utilizing existing health platforms to address issues that can improve overall RMNCH. For example, increasing access to antenatal care can in turn reduce transmission of HIV, TB and malaria. Helping HIV-positive women avoid unwanted pregnancies not only lowers the rate of new infections, but does so at a relatively low cost.

Making services available in the same location also has economic benefits for women and families. Co-location of services can reduce travel costs, out-of-pocket health expenditures, and the time women must spend away from productive activities, such as child rearing and income generation, in order to access a variety of health care services. Better utilization of existing infrastructure and health workforce can also help to reduce costs and duplication within the health system. In contexts where there are shortages of health personnel, integrating delivery of RMNCH/ATM services enables health workers to provide women and their families with the range of services they need at once as one package.

¹ WHO. Technical Brief No. 1: *Integrated health services – what and why?* (2008).

² Ibid.

³ Population Action International. *The Benefits of Integrating HIV and Family Planning Programs*. (July 2012).

How can integration increase efficient use of scarce resources?

Example 1

PROVISION OF INTEGRATED SERVICES FOR PREVENTION OF MATERNAL TO CHILD TRANSMISSION OF HIV

Helping HIV-positive women avoid unwanted pregnancies not only lowers the rate of new infections, but does so at a relatively low cost. The U.S. Agency for International Development (USAID) examined PMTCT programs in the 14 countries where it implements initiatives aimed at preventing mother-to-child transmission. USAID projected that over a five-year period, adding family planning services to PMTCT programs could prevent almost twice the number of infections to children, and nearly four times the number of deaths to children, as PMTCT alone could prevent. In addition, a 2006 analysis by FHI concluded that for the same cost, voluntary family planning services can avert nearly 30% more HIV-positive births – that would have been unintended – than are averted by identifying HIV-positive women during their pregnancy and providing nevirapine.⁴

Example 2

PROVISION OF INTEGRATED SERVICES DURING ANTENATAL CARE

Antenatal care (ANC) visits enable the provision of a package of essential, evidence-based interventions meant for all pregnant women, each proven to affect a direct or indirect cause of maternal and/or perinatal/neonatal mortality. These interventions include all the HIV-related interventions, malaria interventions, and Tetanus immunization. Delivering the ANC package thus carries high benefit-to-cost ratios, maximizes existing synergies and reduces missed opportunities for both disease-specific and MNCH services.⁵

⁴ Ibid.

⁵ *Integrating Maternal, Newborn and Child Health Interventions in Global Fund Supported Programmes*. Jayakumar, Beulah. World Vision International, 2011

Integration can strengthen health systems

Inadequate health systems are a primary obstacle to scaling up interventions to improve women's and children's health⁸ and to securing better health outcomes for ATM.⁹

Health systems strengthening (HSS) refers to activities and initiatives that improve the underlying health systems of countries and/or manage interactions between them in ways that achieve more equitable and sustainable health services and health outcomes.¹ In the context of integration, this means combining services, activities, and initiatives for HIV/AIDS, tuberculosis, and malaria (ATM) with those for reproductive, maternal, newborn, and child health (RMNCH) in order to streamline them in ways that are more efficient for clients and resource-effective for health systems.

Inadequate health systems are a primary obstacle to scaling up interventions to improve women's and children's health² and to secure better health outcomes for those living with ATM.³ Many life-saving interventions for mothers and newborns rely on well trained and equipped health workers. Shortages or inequitable distribution of health workers results in a lack of integrated co-located care for mother and baby and missed opportunities to prevent transmission.⁴

The Global Fund has long emphasized the importance of HSS⁵ and recognizes the importance of supporting public, private, and community health systems where weaknesses and gaps inhibit improved health outcomes.⁶ The Health Systems Funding Platform (HSFP) is a joint initiative between the Global Fund, the GAVI Alliance, and the World Bank to align strategies and make better use of new and existing funds for HSS.⁷ Integrating services from the largest providers of support for health system development has the potential to make health dollars go further in developing countries.¹⁰ By supporting public, private and community health systems, existing gaps and weaknesses can be strengthened to improve outcomes in reducing the burden of HIV, tuberculosis and malaria.¹¹

1 The Global Fund website, Health Systems Strengthening <http://www.theglobalfund.org/en/performance/effectiveness/hss/?lang=en>

2 WHO. The World Health Report. *Health Systems Financing: The Path to Universal Coverage* (2010).

3 The Global Fund website, Health Systems Strengthening <http://www.theglobalfund.org/en/performance/effectiveness/hss/?lang=en>

4 *Integrating Maternal, Newborn and Child Health Interventions in Global Fund Supported Programmes*. Jayakumar, Beulah. World Vision International, 2011

5 PMNCH, WHO, Family Care International, World Vision International, Elizabeth Glaser Pediatric AIDS Foundation. *Optimizing Global Fund Proposals to Promote Women's & Children's Health* (2011).

6 The Global Fund website, Health Systems Strengthening <http://www.theglobalfund.org/en/performance/effectiveness/hss/?lang=en>

7 Ibid.

8 WHO. The World Health Report. *Health Systems Financing: The Path to Universal Coverage* (2010).

9 The Global Fund website, Health Systems Strengthening <http://www.theglobalfund.org/en/performance/effectiveness/hss/?lang=en>

10 GAVI Alliance, Health Systems Funding Platform, <http://www.gavialliance.org/support/hssp/>

11 The Global Fund website, Health Systems Strengthening <http://www.theglobalfund.org/en/performance/effectiveness/hss/?lang=en>

Integration is beneficial to communities

Promoting awareness of rights, advocating for equality of access to essential services, ensuring legal entitlements, and mitigating stigma and inequity are essential elements of a human rights approach to promoting women's and children's health.

Community Systems Strengthening (CSS) promotes the development and sustainability of communities, community organizations and actors, enabling them to contribute to long-term sustainability of health and other interventions at community level.

Community-based organizations (CBOs) are essential actors in providing direct services, especially to affected and key populations that otherwise may not be adequately reached in mainstream programming. CBOs are also effective in providing counseling and information, documenting barriers to effective interventions and advocating for improved programs and policies.

In each of these roles, community systems can promote integration by co-locating services, ensuring that key populations can access multiple services in one location thereby reducing the stigma. In places where HIV and reproductive health are stigmatized, offering HIV services at the same clinic where other women access maternal health care may better enable women to seek prevention, treatment and care services.¹² By documenting barriers presented by siloed programs, community systems can demonstrate the effectiveness and efficiency of integrated programs at the community level and can advocate with the health system for policies and programs that support integration of RMNCH with ATM.¹³

The Global Fund published a CSS Framework which provides useful guidance on measures for strengthening of community systems, including initiatives that contribute to the development and/or strengthening of CBOs. Applicants are “encouraged to consider CSS as an integral part of assessments of disease programs and health systems, ensuring that they identify those areas where full involvement of the community is needed to improve the scope and quality of services delivery, particularly for areas hardest to reach.” Community involvement in promoting integrated RMNCH/ATM programming is one such area.¹⁴

¹² Population Action International. *The Benefits of Integrating HIV and Family Planning Programs*. (July 2012)

¹³ Global Fund to Fight AIDS, Tuberculosis and Malaria. *Community Systems Strengthening Framework* (August 2011). www.theglobalfund.org/WorkArea/DownloadAsset.aspx?id=5485

¹⁴ Ibid.

How to integrate services: Key entry points

The RMNCH continuum of care includes integrated service delivery for women and children before and during pregnancy, through delivery, the immediate postnatal period, and childhood.

Effective health systems deliver a package of high quality interventions in key areas along the RMNCH continuum of care. This integrated service delivery for mothers and children includes services during:¹

- pre-pregnancy to pregnancy
- childbirth
- immediate post-natal period
- childhood

Key entry points for integration of RMNCH and ATM include:²

- Primary and secondary care
- Health facilities and community settings

Service areas and services:

- Sexual and reproductive services
- Antenatal clinics
- Post-partum care
- Prevention of mother-to-child transmission (PMTCT) services
- Family planning services
- Child health, well-baby, and immunization clinics
- Outreach services for prevention, care, and support
- Nutritional, psychosocial, and socioeconomic support services

¹ The Integration Partnership: Friends of the Global Fund Africa, Technical Support Facility, Population Action International, Family Care International. *Information Note on the Global Fund MNCH Practical Guidance Tool* (2011).

² Ibid.

Examples of ATM interventions along the RMNCH continuum of care³

	ADOLESCENCE & BEFORE PREGNANCY	PREGNANCY	BIRTH	POSTNATAL (mother)	MOTHERHOOD				
				POSTNATAL (newborn)	INFANCY	CHILDHOOD			
HIV	Four-pronged strategy to prevent and treat HIV in women and children: <ol style="list-style-type: none"> 1. Reproductive health counseling and support for adolescents, women and men living with HIV, including to prevent unintended pregnancies 2. Primary prevention and treatment of HIV, including antiretroviral therapy (ART) 3. Prevention of mother to child transmission (PMTCT) with HIV testing and ART 4. Integration of HIV care, treatment and support for women, men and children living with HIV <p>Also:</p> <table border="1"> <tr> <td>Prevention and treatment of sexually transmitted infections (STIs)</td> <td>Infant feeding advice and support from trained health workers</td> <td>Nutrition, immunization and follow-up treatment for orphans and vulnerable children (OVC)</td> </tr> </table>						Prevention and treatment of sexually transmitted infections (STIs)	Infant feeding advice and support from trained health workers	Nutrition, immunization and follow-up treatment for orphans and vulnerable children (OVC)
Prevention and treatment of sexually transmitted infections (STIs)	Infant feeding advice and support from trained health workers	Nutrition, immunization and follow-up treatment for orphans and vulnerable children (OVC)							
MALARIA	<ul style="list-style-type: none"> • Long-lasting insecticidal nets (LLINs) • Intermittent preventive treatment (IPT) in pregnancy 			<ul style="list-style-type: none"> • LLINs • Intermittent preventive treatment (IPT) in areas of moderate to high malaria transmission 					
	Malaria diagnosis and treatment for adolescents, women, men and children								
TB	<ul style="list-style-type: none"> • TB screening, diagnosis, treatment and care • Contact investigation and management of infectious TB in women, men, children and adolescents • TB prevention, including resources for vaccination programs • Procurement of quality-assured, child-friendly formulation of TB medicines 								
CROSS-CUTTING STRATEGIES	<ul style="list-style-type: none"> • Strengthen health systems for high-quality, integrated services, for women, children and their families, including integrated management of childhood illnesses (IMCI) • Strengthen community systems & organisations for social and community care and support, mobilisation, demand creation, referral, empowerment, advocacy etc. • Ensure additionality and value for money informed by operational research • Realize human rights, address inequities, combat stigma and prevent discrimination • Promote accountability for results at all levels, including monitoring and evaluation and information systems for decision-making 								

EXAMPLES OF OPPORTUNITIES FOR RMNCH/ ATM INTEGRATION

HIV/AIDS

- Provide contraceptive supplies, if there is a gap, to fulfill Prong 2 (family planning) of comprehensive PMTCT programs.
- Make family planning services and supplies available in voluntary counseling & testing (VCT), home-based care, and post-natal services to ensure Prong 2 of PMTCT is fulfilled.

Malaria

- Intermittent Preventive Treatment (IPT) for pregnant women during antenatal care in high burden settings.

Tuberculosis

- Integrate TB screening and diagnosis into PMTCT and antenatal care.

³ Adapted from the Global Fund. *Scaling up Investments in Women and Children to Accelerate Progress towards MDGs 4, 5 and 6* (2010).

Integration is a key part of the global development agenda

The Millennium Development Goals (MDGs) provide a framework for global development and poverty eradication and recognize the importance of health. The health MDGs – 4 (reducing child mortality), 5 (improving maternal health), and 6 (combating HIV/AIDS, malaria, and other diseases) – are interconnected and achieving one will require significant progress on the others.

In a major push to accelerate progress on women's and children's health, the UN Secretary-General launched the Global Strategy for Women's and Children's Health in 2010. The Global Strategy aims to save the lives of 16 million women and children by 2015 and also recognizes that to achieve MDGs 4 and 5, progress must also be made on MDG 6. A broad range of stakeholders including developed and developing country governments, the private sector, foundations, international organizations, civil society, and research organizations, have pledged over \$40 billion in resources to improve maternal and newborn health by 2015.¹ The Global Strategy recognizes the importance of integration for achieving MDGs 4 and 5:

“Women and children need an integrated package of essential interventions and services delivered by functioning health systems. Integrated care improves health promotion and helps prevent and treat diseases such as pneumonia, diarrhea, HIV/AIDS, malaria, tuberculosis, and non-communicable diseases. Stronger links must be built between disease-specific programs (such as for HIV/AIDS, malaria and tuberculosis) and services targeting women and children.”

¹ Global Strategy for Women and Children's Health, www.everywomaneverychild.org

A TRIPLE RETURN ON MDG INVESTMENTS

Global Fund investments in combatting HIV/AIDS, tuberculosis, and malaria (ATM) provide an opportunity to improve the health of women and children even further by incorporating an integrated approach in Global Fund supported projects, thereby accelerating progress on the health-related MDGs.

An integrated approach to the health MDGs is also consistent with the Global Strategy on Women's and Children's Health,² which builds on regional commitments such as the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) and other country-led initiatives, and offers a triple return on investments by improving progress towards MDGs 4, 5, and 6.³

² UN Secretary-General. *Global Strategy for Women's and Children's Health* (2010).

³ PMNCH, WHO, Family Care International, World Vision International, Elizabeth Glaser Pediatric AIDS Foundation. *Optimizing Global Fund Proposals to Promote Women's & Children's Health* (2011).

Integration is only possible with political will and financial investments

The potential for integrated RMNCH/ATM programs and services to save lives, reduce stigma, and help strengthen health systems with cost effective service provision has been highlighted in these briefing cards.

Recommendations for strengthening RMNCH/ATM integration at the policy level include:

- Development of clear national strategies, operational guidelines, service delivery protocols, and tools to help program planners and service providers integrate services.
- International policy statements and supportive policies from donors and national governments can help provide the justification and resources needed to translate policy endorsements into changes in health systems and practices.¹
- Lack of integration of RMNCH/ATM in national health plans presents barriers to integrated programming and service delivery. Policymakers should promote coordination among agencies to ensure that national health plans prioritize RMNCH/ATM integration.
- Separate funding channels for RMNCH and ATM programming results in siloed rather than integrated programs. Donors should work to provide flexible funding for integrated programming. Governments that are signatories of the African Union Abuja 15% Commitment should fulfill their pledges to allocate 15% of national budgets to health which would help meet the funding needs for integrated health programming and service provision.
- Inadequate health systems are a primary obstacle to scaling up interventions to improve women's and children's health² and to securing better health outcomes for those living with ATM.³ Governments should build health workforce capacity through training and supervision and strengthen health systems, including infrastructure to deliver integrated services.

¹ Family Health International. *Policy Support for Strengthening Family Planning and HIV/AIDS Linkages* (2010).

² WHO. *The World Health Report. Health Systems Financing: The Path to Universal Coverage* (2010).

³ The Global Fund website. *Health Systems Strengthening* <http://www.theglobalfund.org/en/performance/effectiveness/hss/?lang=en>

- Integrating monitoring and evaluation for RMNCH and for HIV/AIDS, tuberculosis, and malaria (ATM) programs will help ensure accountability for results at all levels, and promote learning across contexts on addressing constraints and building on successes to promote women's and children's health.⁴ A set of standard integration indicators, routinely reported, can increase the evidence base on the health impact and costs associated with integrated service delivery. The Commission on Information and Accountability for Women's and Children's Health provides a framework for strengthening health information systems and includes consensus on tracking 11 core reproductive, maternal, newborn, and child health (RMNCH) indicators which could be a useful starting point.⁵
- Involve civil society groups which are uniquely placed to help create demand for and promote utilization of integrated services, by addressing cultural, political and social barriers to accessing these services. Civil society groups play a key role in community systems strengthening and can hold governments accountable for implementing relevant policies and allocating and spending funding necessary to achieve RMNCH/ATM integration.

4 PMNCH, WHO, Family Care International, World Vision International, Elizabeth Glaser Pediatric AIDS Foundation. *Optimizing Global Fund Proposals to Promote Women's & Children's Health* (2011).

5 UN Commission on Information and Accountability for Women's and Children's Health. *Keeping Promises, Measuring Results* (2011).

Glossary of Key Terms

CONTINUUM OF CARE – Integrated service delivery for women and children before and during pregnancy, through delivery, the immediate postnatal period, and childhood.¹

FAMILY PLANNING – The process of individuals and couples anticipating and attaining their desired number of children and the spacing and timing of their births.²

HEALTH SYSTEMS STRENGTHENING – Activities and initiatives that improve the underlying health systems of countries and/or manage interactions between them in ways that achieve more equitable and sustainable health services and health outcomes.³

INTEGRATION – How different kinds of RMNCH and ATM services or operational programs can be joined together to ensure and maximize collective outcomes.⁴

MATERNAL HEALTH – The health of women during pregnancy, childbirth and the postpartum period.⁵

NEWBORN HEALTH – The health of a child within the first month of life.⁶

PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT) – An intervention that provides drugs, counseling, and psychological support to help mothers safeguard their infants against HIV.⁷ PMTCT has four pillars: prevention of HIV in women; prevention of unintended pregnancies among HIV+ women; prevention of transmission from a woman with HIV to her infant; care and support for HIV-infected women, their infants and their families.

REPRODUCTIVE HEALTH – The state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, reproductive health addresses the reproductive processes, functions and system at all stages of life.⁸

1 Family Care International. *Healthy Mother, Healthy Newborn* (2012).

2 WHO website, Family planning: http://www.who.int/topics/family_planning/en/

3 The Global Fund. Health Systems Strengthening: <http://www.theglobalfund.org/en/performance/effectiveness/hss/?lang=en>

4 WHO. *Top Ten: Frequently Asked Questions [SRH and HIV linkages]* (2010).

5 WHO website, Maternal health: http://www.who.int/topics/maternal_health/en/

6 Save the Children website, Saving Newborn Lives: http://www.savethechildren.org/site/c.8RkLlXMG1p14E/b.6234293/k.6211/Saving_Newborn_Lives.htm

7 UNICEF website, Preventing Mother-to-Child Transmission (PMTCT) of HIV: http://www.unicef.org/aids/index_preventionyoung.html

8 WHO website, Reproductive health: www.who.int/topics/reproductive_health/en/

Acronyms

AIDS	Acquired immune deficiency syndrome
ATM	HIV/AIDS, tuberculosis, and malaria
CARMMA	Campaign on Accelerated Reduction of Maternal Mortality in Africa
GAVI	Global Alliance for Vaccines and Immunization
HIV	Human immunodeficiency virus
HSFP	Health Systems Funding Platform
HSS	Health systems strengthening
MDG	Millennium Development Goal
MTCT	Mother-to-child transmission (of HIV)
PMTCT	Prevention of mother-to-child transmission (of HIV)
RMNCH	Reproductive, maternal, newborn, and child health
SRH	Sexual and reproductive health
TB	Tuberculosis

Resources

A Handbook for Integrating Sexual and Reproductive Health and Rights into HIV Programmes. SafAIDS and Alliance Zambia, 2011. http://www.safaid.net/files/SRHR_HandbookForHIVProgrammers.pdf

Good Practice Guide: Integration of HIV and Sexual and Reproductive Health and Rights. International HIV/AIDS Alliance, 2011. <http://www.aidsalliance.org/publicationsdetails.aspx?id=507>

Integrating Maternal, Newborn and Child Health Interventions in Global Fund Supported Programmes. Jayakumar, Beulah. World Vision International, 2011. [http://www.wvi.org/wvi/wviweb.nsf/11FBDA878493AC7A882574CD0074E7FD/\\$file/GF_MNCH_Integration_-_Final.pdf](http://www.wvi.org/wvi/wviweb.nsf/11FBDA878493AC7A882574CD0074E7FD/$file/GF_MNCH_Integration_-_Final.pdf)

Malaria in Pregnancy Resource Package. Jhpiego, 2010. <http://www.jhpiego.org/files/malariarp/index.htm>

A Practical Guide to Integrating Reproductive Health and HIV/AIDS into Grant Proposals to the Global Fund. (Population Action International, 2009). <http://populationaction.org/advocacy-guides/a-practical-guide-to-integrating-reproductive-health-and-hiv-aids-into-grant-proposals-to-the-global-fund/>

WHO Technical guidance note: Strengthening inclusion of reproductive health and maternal, newborn and child health in proposals to the Global Fund and other Partners. WHO, 2011. http://www.who.int/globalfund/WHORH_MNCHGuidanceJuly2011.pdf