



Strategies to Integrate Family Planning with Antiretroviral Therapy Services for Women Living with Human Immunodeficiency Virus in Oromia, Ethiopia

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Abstract

The purpose of the study was to develop strategies for the integration of family planning services with HIV treatment for women of reproductive age for better health outcomes and facilitate clinical practice through the implementation of feasible strategies.

Self-administered structured questionnaires were used to collect data from focal persons, health managers, and healthcare providers working in the ART/Prevention of Mother-To-Child Transmission (PMTCT) clinics in the Oromia Region. Simple random sampling computer-generated sample was used to select 670 respondents. The study findings were provided and the research findings were interpreted in the outcome summary. The integration of family planning with HIV services is key to this study, as it includes counseling and provision on available family planning methods in the ART room, as well as providing referrals for long-acting and permanent methods such as condoms and implants [1].

HIV-positive women of reproductive age need better access to family planning and HIV treatment based on identified factors. The study found significant gaps between the availability of family planning/HIV services and the actual delivery of fully integrated sexual reproductive health services [1].

This study revealed that HIV-infected reproductive age women have a significant need for family planning services with identified factor-like attending ART/PMTC and discussions with healthcare practitioners are two factors that enhance demand. It should be a priority in high HIV seroprevalence nations to ensure that family planning service providers are aware of the special family planning requirements of HIV-positive women [2].

Existing family planning use was greater than the national contraceptive prevalence rate among women of reproductive age. This number is similar to the proportion of service providers that report providing both HIV- and family planning-related services that are heavily reliant on training in integrated family planning and HIV services [1,2].

The study found strong favor for women of reproductive age living with HIV-centered integrated Family Planning services. The strategies were developed based on the findings of the study. The Ministry of Health and the health bureaus should incorporate the strategic plan into its policy and establish documents to further ensure the provision of quality services.

Keywords: Family planning; HIV services; integration; HIV-positive women strategy

Abbreviations

AIDS: Acquired Immune Deficiency Syndrome; ART: Antiretroviral Therapy; AOR: Adjusted Odds Ratio; CSA: Central Statistical Agency; CI: Confidence Interval; COR: Crude Odds Ratio; EDHS: Ethiopian Demographic Health Survey; FHI: Family Health International; FMOH: Federal Ministry of Health; HIV: Human Immunodeficiency Virus; IUDs: Intra-Uterine Devices; OR: Odds Ratio; ORHB: Oromia Regional Health Bureau; PMTCT: Prevention of Mother-to-Child Transmission; SDGs: Sustainable Development Goals; STIs: Sexually Transmitted Infections; UNAIDS: United Nations Program on HIV/AIDS; UNICEF: United Nations International Children's Emergency

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Fund; UNISA: University of South Africa; USAID: United States Agency for International Development; VCT: Voluntary HIV Counseling and Testing; WHO: World Health Organization

Key Concepts

What do we already know about this topic?

The integration of family planning services with HIV treatment is an increasingly recognized strategy worldwide aimed at the prevention of unwanted pregnancy among women of reproductive age living with HIV and new pediatric HIV infection. The results from this study were used to improve the availability of integrated family planning/HIV services and address certain knowledge gaps. Therefore, the integration of family planning services with HIV treatment is the cornerstone of reproductive healthcare for seropositive clients to ensure their reproductive health and quality of life.

How does your research contribute to the field?

The integration of family planning with HIV services is an increasingly recognized strategy worldwide aimed at the prevention of unwanted pregnancy among women of reproductive age living with HIV and new pediatric HIV infection. The results from this study were used to improve the availability of integrated family planning/HIV services and address certain knowledge gaps. The researcher highlighted the need to strengthen the capacity of health centers to provide quality service for women living with HIV.

What are your research's implications for theory, practice, or policy?

The study's findings included ramifications for clinical practice and provided a foundation for future research. It is hoped that the solutions proposed will be successfully adopted and used in health facilities.

Introduction

Strategies for integrating family planning and ART services for HIV-positive women in Ethiopia's Oromia region are described. Data were gathered from HIV-positive women of reproductive age and healthcare practitioners that give ART/PMTC. It is aimed at outlining the vision, mission, overall goal, objectives, and underlying principles of the strategies. These will be followed by presenting strategies for strengthening the integration of family planning with HIV services for women of reproductive age living with HIV. Integrated health services are defined as the management and delivery of health services such that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation, and palliative care services. People are cared for at different levels and sites of the health system, and according to their needs throughout their life course [3]. Similarly, strategies defined in Chapter 1 are concrete skills and activities for top managers and their corporate advisers, where there are matters of policy that lead to actions [4]. In the context of this thesis, the achievement of strategies leads to the achievement of a broader strategy.

Accordingly, strategies are defined and described as a plan of action designed to achieve a long-term goal, a solution to a problem, or a method chosen to bring about the desired future presented in Chapter 1. This study adopted a description of strategies to be activities or actions that the healthcare providers and program managers would engage in to enhance and facilitate the integration of family planning services with HIV treatment for women of reproductive age that are

on ART/PMTC for better health outcomes. Such integration should also facilitate clinical practice through the implementation of feasible strategies within the context of Ethiopian healthcare facilities.

Vision

The long-term vision of integrated family planning with HIV care for women living with HIV in Ethiopia encompasses the long-term vision of women of reproductive age living with HIV being free of the threat of HIV and sexual reproductive health concerns by 2030.

Mission

Ethiopia is committed to rapidly and inclusively integrating family planning with HIV services. To build and reinforce linkages between family planning programs and HIV/AIDS prevention and care by fast-tracking multi-sectoral responses and scaling up prioritized actions to sexual reproductive health and HIV service needs in Ethiopia.

Overall goal, objectives of the strategies

The overall goals of these strategies are for the women living with HIV to receive integrated health services that strive to achieve the 90-90-90. These include providing integrated sexual reproductive health services, such as family planning, as well as HIV prevention, therapy, and care, to end the AIDS pandemic by 2030. The purpose is also to improve the well-being of people infected with and impacted by HIV/AIDS by ensuring that no one is left behind. The goals of these strategies are to prevent unintended pregnancy and HIV infections, reduce vulnerability to HIV, improve the provision of family planning services, and offer dual contraceptive methods, treatment, care, and support for women of reproductive age living with HIV. The aim is also to mitigate the socioeconomic impact of unintended pregnancy and HIV/AIDS on individuals, families, communities, and the nation.

The objective of these strategies is to describe the strategies that would help the health system to overcome the problems and challenges in offering quality integrated family planning/HIV services. Preventing unintended pregnancy and HIV transmission can be achieved through dual protection which would improve the quality of life of women of reproductive age living with HIV and neonatal health.

Underlying principles of the development of strategies

The developed strategies put focus on addressing uncertainty and women's unmet need for family planning. It creates awareness and knowledge among HIV-positive and sexually active women of reproductive age about the importance of integrated family planning/HIV services. The study assumes that awareness and knowledge would, in turn, empower women to make choices about the use of family planning for better reproductive health outcomes.

The following principles of WHO [5] were considered when developing these strategies to reflect the core values of integrated health and family planning strategies among women living with HIV to establish better health outcomes.

Comprehensive offering care that is comprehensive and tailored to the evolving health needs and aspirations of women.

Equitable-providing care accessible and available to all

- Sustainable: Delivering care that contributes to sustainable development.
- Empowering: Supporting women of reproductive age to

manage and take responsibility for their health.

- Continuous: Providing care and services across the life course.
- Co-produced through active partnerships with women of reproductive age living with HIV and peer educators, and mother-to-mother support groups at an individual, organizational, and policy level.
- Evidence-informed that policies and strategies are guided by the best available evidence.
- Respectful: Being respectful of women living with HIV's dignity, social circumstances, and cultural sensitivities.
- Collaborative: Supporting relationship-building, team-based work and collaborative practice across primary, secondary, and tertiary care, and with other sectors.
- Action within and between sectors that promote public health and health promotion should also be supported. Governed through shared accountability of care providers to local women of reproductive age living with HIV to improve the quality of care and health outcomes.
- Leading by whole-systems thinking that views the health system as a whole and tries to understand how its parts interact with each other.
- Ethical: By making sure that care optimizes the risk-benefit ratio in all interventions, respects the individual's right to make autonomous and informed decisions, safeguards privacy, and protects the most vulnerable.
- Leading by whole-systems thinking: That views the health system as a whole and tries to understand how its parts interact with each other.
- Ethical: By making sure that care optimizes the risk-benefit ratio in all interventions, respects the individual's right to make autonomous and informed decisions, safeguards privacy, and protects the most vulnerable.

Strategies for the Integration of Family Planning with HIV Services for Women of Reproductive Age Living with HIV

Conceptual framework

Central to this study is the notion that contraceptives have been issued through family planning services in developing countries, primarily as a strategy to reduce fertility [6]. Revised laws on women's reproductive health rights call for adopting a women-centered health perspective to improve access to reproductive healthcare [7]. A woman-centered integrated health service conceptual framework was developed by the World Health Organization (WHO) for future health systems. The approach advocates for responding to the needs and preferences of individuals, families, and communities humanely and holistically. It includes integrated health services, managed and delivered in a way that ensures people receive a continuum of care [5]. Future health systems describe the 'people-centered and integrated health' service framework as a fundamental shift in the way health services are funded, managed, and delivered. The approach advocates for responding to the needs and preferences of the individuals, families, and communities humanely and holistically [8,9].

The care is provided at different levels and sites within the health system based on people's needs throughout their life. The integrated health services can cross sectors' organizational structural, budgetary or administrative constraints, to reach efficient coordination and improved outcomes [10].

The main goal of women living with HIV-centered care is to achieve optimal experience and quality of care, quality of life, and positive health outcomes [11]. This care further requires that women have the education and support to make decisions, participate in care practices and goals, with their social determinants of health [5].

Integrated strategies centered on women of reproductive age living with HIV are organized around the health needs and expectations of these women rather than diseases. Therefore, this study's findings are relevant in developing strategies to integrate family planning services with HIV treatment for women living with HIV to improve their reproductive health needs based on the integrated model [12].

The researcher hypothesized that the root causes of failure to provide integrated family planning/HIV care and treatment for women of reproductive age living with HIV are lack of awareness about HIV care and preventative services through comprehensive sexual reproductive health services in the context of family planning. The researcher has the view that integrated family planning and HIV services will lead to improvements in such services. In turn, improved outcomes can be expected, such as demands for family planning being met, unintended pregnancy being prevented, and dual method/family planning utilization among women of reproductive age living with HIV.

Powers, Knapp, and Knapp [13] define deductive reasoning as a method of reasoning in which the premises are viewed as supplying strong evidence for the truth of the conclusions made, the way of thinking, or logical mental processes which begin with premises about a phenomenon and systematically formulate a conclusion. Based on this study's design, a decision was taken to adopt the best medical practice by developing strategies using deductive reasoning to empower both the women of reproductive age living with HIV, their families, and the staff at the healthcare facilities as consumers of the strategies.

The context of the development of the strategies

Strategies for women living with HIV-centered integrated health services are applied in the following contexts [3-5]:

- Tackling sexual reproductive health service problems, including the unmet need for family planning, unwanted pregnancy, and pediatrics' new HIV infections. Close collaboration between health, social care, education, and the wider range of local services can all contribute to better health for women of reproductive age living with HIV.
- Individual women living with HIV, families, and communities are at the center, placed within integrated family planning/HIV prevention, therapy, and care service delivery, to ensure universal and equitable health services.
- Enabling policy environments that strengthen the implementation and promote the integration of family planning programs with HIV prevention, treatment, and care, and paves the way for universal health.

Integrated family planning with HIV prevention, treatment, and

care is aligned to national reproductive health services including family planning per national health and development policies and strategies.

Approach to the development of the strategies

Suggest [10] that the five interdependent strategic directions that underline the people-centered integrated health services can transform health systems to provide more comprehensive holistic services for women of reproductive age living [5]. A systematic review study conducted by [14] outlines salient lessons and challenges from five countries in sub-Saharan Africa which revealed that integrating sexual reproductive health and HIV services is proposed as a means to improve service performance and reduce costs. The most common challenges with integration are related to delayed or incomplete integration of higher-level health system functions. There is a lack of appropriate regulation and unified national policies and operational frameworks. It is being widely adopted as a national policy in sub-Saharan Africa, supported by international development partners [14].

The five strategic directions include empowering and engaging these women, strengthening governance and accountability, reorienting the model of care, coordinating services, and creating an enabling environment. These directions are intended to influence different levels, from the way services are delivered to women living with HIV, families, and communities.

Reorienting the model of care that is tailored according to sexual reproductive health services and family planning. Coordinating the family planning services and HIV programs. These strategic directions are intended to influence different levels, from the way services are delivered to women of reproductive age living with HIV, families, and communities, to changes in the way organizations, care systems, and policymakers operate.

Creating an enabling environment: Policies, strategies, and programs that strengthen the integration of family planning services with HIV prevention, treatment and care.

Figure 1 demonstrates the linkages between the strategic initiatives for integrated family planning with HIV services centered on HIV-positive women of reproductive age.

Strategy 1: Empowering and engaging women of reproductive age living with HIV

'Empowering and engaging' women living with HIV is about providing opportunities, skills, and resources to these women as users of health services. It is also about reaching the underserved and marginalized groups of the population to guarantee universal access to services. Family and peer educators should also be roped into the input and co-produce their health through the integration of sexual reproductive health services, including family planning/HIV services and chronic care of ART [5]. This goal seeks to unlock community and individual resources for action at all levels. It aims to enable communities to become actively engaged in co-producing healthy environments, providing care services, and contributing to healthy public policy.

Women living with HIV need to be harnessed to achieve better clinical outcomes through co-production of care, particularly for the integration of sexual reproductive health services (including family planning/HIV) with chronic care of ART. 97.1% of respondent's preferred integrated sexual reproductive and HIV services at the same facility or site, and almost all (96.9%) preferred to receive HIV and Sexual reproductive health services from the same provider. This is fundamental because women of reproductive age living with HIV themselves will spend the most time living with and responding to their own health needs. This is because they will be the ones making choices regarding healthy behaviors and their ability to self-care. It is also about the care that is delivered in an equal and reciprocal relationship between clinical and non-clinical professionals and individuals using care services, their families, and communities [5].

Mother-to-mother support groups and peer educators should be empowered to voice their needs and influence how care is funded, planned, and provided. It helps build confidence, trust, mutual respect, and social networks because the women's physical and mental well-being depends on strong and enduring relationships. Reaching the underserved and marginalized is of paramount importance to guarantee universal access to health services. It is essential for fulfilling broader societal goals such as equity, social justice, and solidarity. It requires actions at all levels of the health sector, as well as intensive action with other sectors and all segments of society. Urgent action is needed to improve access to sexual reproductive health services for

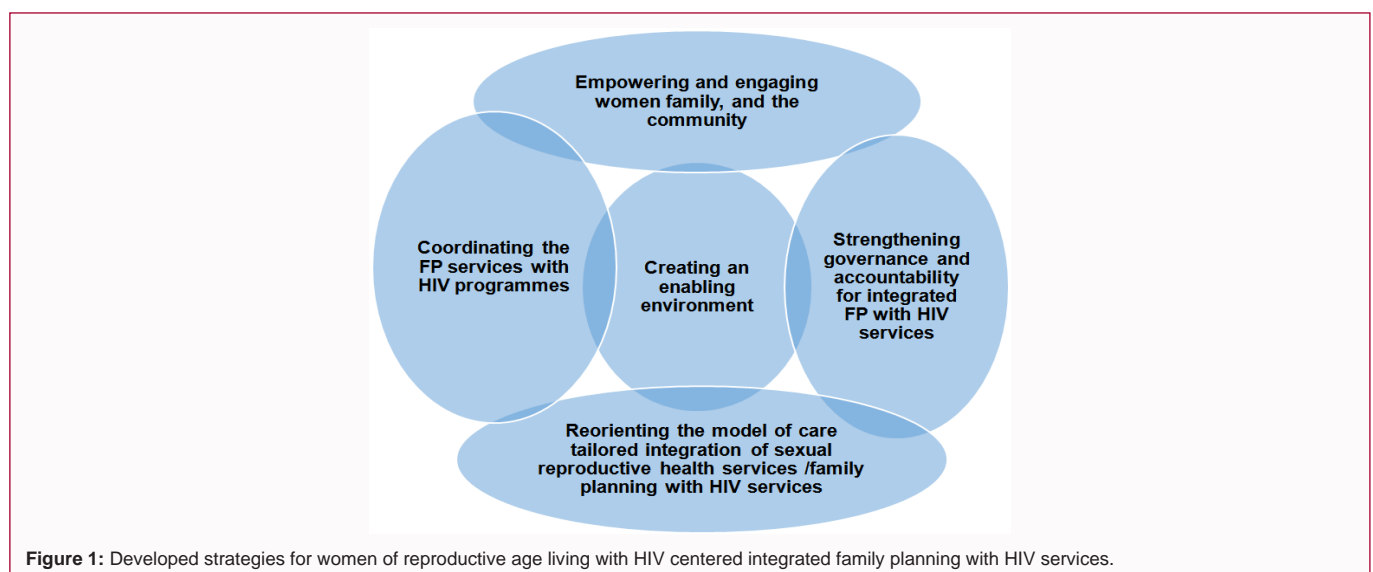


Figure 1: Developed strategies for women of reproductive age living with HIV centered integrated family planning with HIV services.

women and girls in developing countries. It is essential for fulfilling broader societal goals such as equity, social justice, and solidarity. It requires actions at all levels of the health sector, as well as intensive action from other sectors and segments of society [5].

Recommendations for empowering and engaging women of reproductive age living with HIV

Empowering and engaging women of reproductive age living with HIV, family, and peer educators to co-produce their health through the integration of sexual reproductive health services (including family planning with HIV services) with chronic care of ART is a responsibility of every sector. It can be implemented by adopting integrated family planning/HIV indicators in an interconnected sectoral approach. Program specifics include:

- Developing and distributing tailored IEC/BCC materials (posters, leaflets, flyers, brochures, magazines) related to integrated family planning and HIV services to the community by using the local language.
- Engaging women in planning, implementation, and evaluation of the integration of family planning-HIV services to empower them to decide on their choices regarding family planning/HIV. Utilizing health extension workers and mother-to-mother support groups to conduct intensive post-test counseling [15] aimed at strengthening counseling on dual contraceptive methods for effective protection of women and their partners. Moreover, partners are notified with permission.
- In line with the WHO [16], more HIV-positive people should be identified and their early referral to care in some settings should be promoted.
- Encouraging partner or couple testing/male involvement.
- Improving the integration of services such as the provision of ART in antenatal care.
- Co-producing healthy lifestyles and sexual reproductive health.
- Advocating for and convincing leaders to strengthen the integration of family planning/HIV services.
- Shared clinical decision-making between women of reproductive age, families, and providers.
- Self-management, including personal care assessment of family planning/HIV service utilization and sexual reproductive health service utilization plans with ART/PMTCT treatment plans.
- Developing and promoting peer educator and mother-to-mother support group-based integrated family planning/HIV service assessment, counseling, and support programs.
- Conducting annual patient satisfaction surveys to determine their level of satisfaction with integrated family planning/HIV services.
- Ensuring health equity goals in terms of integrating family planning/HIV services into health sector objectives.
- Conducting outreach services for the underserved, including mobile units with health extension workers to minimize transportation by providing one-stop comprehensive services fully integrated based on women's needs.
- Community engagement to facilitate women living with

HIV's empowerment in terms of integrated family planning/HIV prevention, treatment, and care.

- Expanding integration of family planning/HIV services to the primary healthcare-based systems to increase availability and accessibility.
- Advocating for the mitigation and reduction of harmful sexual reproductive health and family planning cultural practices.
- Monitoring peer educators and mother-to-mother support groups' engagement and support, and establishing a referral system.

Strategy 2: Strengthening governance and accountability for integration of family planning with HIV services, and HIV care

Good governance is essential for economic growth, social progress, and general development. It is especially critical for healthcare systems, where the poorest members of society appear to have the least power and are disproportionately harmed by corruption.

Governance and accountability for universal, egalitarian, integrated family planning/HIV services, as well as HIV care interventions, entail policy discourse and appropriate governance procedures [5]. Governance and accountability for the provision of universal, equitable, integrated family planning/HIV services, and HIV care interventions involve policy dialogue, establishing good governance mechanisms, accountability, and leadership. In this regard, all associated sectors are responsible but the Federal Ministry of Health has to be mandated in terms of overall governance, coordination, accountability, and resourcing.

Recommendations for strengthening governance and accountability for the integrated family planning/HIV services and care

- Establish standard operating procedures that guide the implementation of policies and guidelines to facilitate integrated family planning/HIV services, and revise the existing curriculum to incorporate the integrated services. The ORHB, in collaboration with the Ministry of Health and Ministry of Education, should implement the proposed strategic plan.
- Assign service providers to offer integrated family planning/HIV services for long-term appointments in family planning or HIV service provision.
- Ensure equipped health facilities with trained, motivated, respectful, caring, and compassionate healthcare providers for the provision of integrated sexual reproductive health services, including family planning/HIV services like HIV prevention, therapy, and chronic care at a single visit based on their needs.
- Establish and implement continuous quality improvement interventions based on integrated family planning/HIV care and experiences of the integrated model.
- Establish mechanisms for multidisciplinary collaboration service providers for the integration of family planning/HIV prevention, treatment, and care for reproductive-aged people living with HIV at public health facilities.
- Fund and support sectorial HIV programming that incorporates effective integration of family planning with HIV services as a way of reducing vulnerability to HIV infection, increasing resilience to AIDS, and addressing sexual reproductive

health problems among people living with HIV.

- Ensure the availability of essential equipment and supplies for the integration of HIV prevention, treatment, and care at public health facilities.
- Define roles and distribute tasks among services providers.
- Create national health policies, strategies, and plans promoting integrated family planning/HIV services and care.
- Harmonize and align donor programs with national policies, strategies, and plans. The anticipated outcomes would be sustainable financing for the integration of family planning/HIV services, and ensuring the availability of essential equipment and supplies for integrated family planning/HIV prevention, treatment, and care. There would also likely be increased sustainability and accessibility of integrated family planning/HIV services in universal health coverage.
- Establish good governance and accountability for the provision of integrated family planning/HIV services and care by enhancing mutual accountability for financing and resourcing.

Strategy 3: Reorienting the care paradigm to include family planning and HIV services

'Reorienting the model of care means ensuring that efficient and effective healthcare services are purchased and provided through models that prioritize primary and community care services.

In this case, it entails care that focuses on primary care; co-production of health through sexual reproductive health services especial family planning in the form of the holistic approach and integrated with HIV prevention, treatment, and care, mainly within the health sector [5].

Integrated family planning/HIV service programs that center on women of reproductive age living with HIV encompass the shift from inpatient clinical HIV/AIDS and unwanted pregnancy by abortion management. In this case, it entails care that focuses on primary care; co-production of health through sexual reproductive health services especially family planning in the form of the holistic approach.

Integrated family planning/HIV service programs centered on HIV-positive women of reproductive age include the transition from inpatient clinical HIV/AIDS and undesired pregnancy by abortion management. In this respect, it comprises primary care; co-production of health via sexual reproductive health services particularly family planning as part of a holistic approach [11], such as:

An integrated health service centered on women living with HIV is one in which clients, carers, family, and the entire service-delivery team work together to make care decisions. Care should be continuous across stages of care, levels, and types of service delivery, including the community, primary clinic, hospital, primary and specialty care, and life-cycle phases.

Recommendations for reorienting the model of care to integrate family planning/HIV services

Ensuring the availability of sexual reproductive health services, including family planning, assessment, counseling, and support integration programs to improve treatment outcomes and quality of life for women of reproductive age living with HIV based on mother-to-mother support groups and patient-based service delivery and supplies.

- Support new opportunities for inter-sectorial action at the community level to address the family planning demands and needs of persons living with HIV by enhancing programs through referral. Screen and provide essential sexual reproductive services to HIV-positive individuals using one-stop comprehensive, integrated health services to prevent unwanted pregnancy, re-infection with different HIV viruses, STIs, pediatrics' new HIV infection, and early mortality while initiating ART and drug refilling during ART follow up.
- Life-cycle approach for sexual reproductive health service intervention targeting reproductive-aged pregnant women living with HIV and children.
- Assure the delivery of effective, efficient clinical care and self-management support for women of reproductive age living with HIV.
- Establish and strengthen community-based nationwide strategic information management systems (tailored to the existing HMIS) to the strategies of integrating family planning with HIV services as interventions.
- Re-orient the health system to provide humanized and women-centered integrated family planning/HIV services.
- To allow integrated family planning with HIV services, new blocks/rooms are being built or the current infrastructure of public health centers is being renovated.
- Propose policies that improve patient care.
- In addition, the healthcare system should foster a culture, organization, and mechanisms that encourage safe, high-quality care.
- Emphasize the patient's central involvement in health management.
- Encourage the use of effective improvement initiatives aimed at achieving comprehensive system transformation.
- Utilize effective self-management support tools such as assessment, goal setting, and action planning, problem-solving, and follow-up. Employ inter-professional teams to ensure the provision of comprehensive services for all.
- Prioritize community and family-oriented models of care as a mainstay of practice.
- Innovate and incorporate new information and communication technologies to allow new types of information integration and sharing. This can assure continuity of information, track quality, and reach geographically isolated communities.

The anticipated outcomes would be improved service delivery, sectorial networks, facilities, and practitioners.

Strategy 4: Coordinating the family planning services with HIV program interventions across sectors

Coordinating integrated family planning/HIV services centered on women living with HIV enhances and overcomes the fragmentation of resources and care.

It is about the coordination of sectoral and inter-sectoral collaboration for sexual reproductive health services, specific and family planning sensitive interventions, as well as HIV programs. Recommendations for coordinating family planning services with HIV program interventions across sectors.

To coordinate integrated and sectorial sexual reproductive health services and family planning interventions, the MOH has to be responsible for overall program management, communication, and coordinated evidence for shared decision-making across health sectors.

- Ensure integrated vertical sexual reproductive health services and family planning services across sectors, specifically targeting reproductive-aged people living with HIV.
- Strengthen the capacity and sectorial coordination activities for sexual reproductive health services, including family planning service interventions across the sectorial organization.
- Promote and adopt targeted sectorial communication for family planning-specific sexual reproductive health problems sensitive interventions.
- Establish an electronic family planning/HIV service integration database for early warning, assessment, and program monitoring of sexual reproductive health problems, including HIV/AIDS.

According to [17], peer-to-peer programs improve self-efficacy and increase social support in PMTCT programs. Moreover, in the mother-to-mother approach, mentor mothers are viewed as approachable compared to 'formal health workers' by the beneficiaries of the program and are better at communicating with women in the PMTCT program [18].

Recommendations are thus to:

- Establish women living with HIV-centered cooperatives and peer-to-peer organizations as entry points for sexual reproductive health services including family planning utilization, resilience care, and support interventions.
- Fund, recognize, coordinate and support initiatives tailored to the integration of sexual reproductive health services with HIV prevention, care, and therapy that can support, benefit women living with HIV, and assist toward sexual reproductive health wellbeing and reproductive health rights' resilience.
- Establish mechanisms for multidisciplinary collaboration and teamwork among service providers to strengthen the integration of family planning with HIV prevention, treatment, and care for reproductive-aged people living with HIV at public health facilities.
- Fund and support sectorial HIV programming that incorporates effective integration of family planning/HIV services as an intervention to reduce vulnerability to HIV infection and increase resilience to AIDS and sexual reproductive health problems among people living with HIV.
- Provide training on program management to build the capacity of the family health team at the regional level and scale up for the nation. The provision of training for service providers is one of the capacity-building processes that can improve the quality of healthcare services and integrate family planning and HIV services [15]. Organize and conduct one-week rollout training on integrated family planning/HIV for service providers, focusing on the integration of family planning/HIV services, reporting, screening, and monitoring program outcomes.
- Revise the standard operating procedures to create an enabling environment at the public health center level to coordinate

different programs under one roof for people of reproductive age living with HIV.

- Identify or revise the roles of different departments/actors like PMTCT, ART, and family planning units under integrated family planning/HIV services.
- Coordinate the different departments/actors based on women's sexual reproductive health needs and HIV therapy, care, and prevention plans.
- Provide timely reminders for providers and patients.
- Share information with patients and providers to coordinate care during single visits for multiple purposes.
- Establish agreements that facilitate care coordination within and across organizations.
- The anticipated outcomes would be inter-sectorial and sectorial approaches.

Strategy 5: Creating an enabling environment for integrated family planning/HIV service interventions centered on women living with HIV

Establishing an enabling environment for women living with HIV, their families and peers promote and empower them to co-produce their health through participation and inclusiveness. The women-centered family planning and HIV service programs adhere to the principles of holistic approaches serving all people living with HIV equally in an environment that promotes the full potential of women living with HIV to access or produce and utilize sexual reproductive health services, including family planning and HIV care in a socially acceptable way.

Recommendations for creating an enabling environment for integrated family planning/HIV service interventions centered on women living with HIV

The actions require that strategic approaches are adopted and managed to facilitate the large-scale, transformational changes that support women-centered integrated health services.

Policy for gender dimensions of sexual reproductive health services and family planning, such as addressing gender issues in reproductive rights by improving women's access to finance and decision-making.

- Initiate and scale-up best practices for the integration of maternal health service utilization with HIV program interventions.
- Establish a policy framework for promoting and integrating sexual reproductive health services, family planning, and HIV focused on reproductive-aged people living with HIV.
- The framework can be tailor-made across sectors with the set goals of improving treatment outcomes and quality of life.
- Establish regulatory directories for the overall management of sexual reproductive health services, family planning, and HIV interventions across sectors.
- Promote and create a Conducive environment for innovative research in sexual reproductive health services, maternal health services, and HIV prevention, therapy, and chronic care.
- Prepare adequate room/space at the public health centers to provide integrated family planning/HIV services.

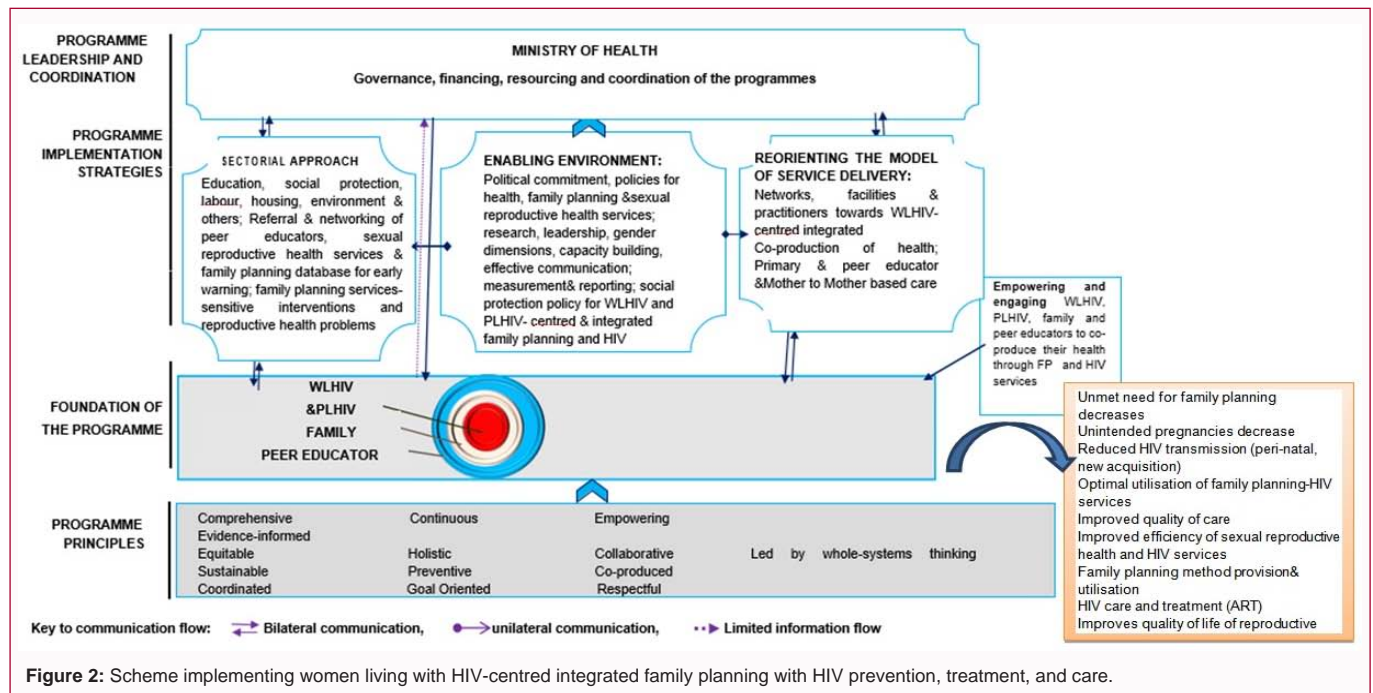


Figure 2: Scheme implementing women living with HIV-centred integrated family planning with HIV prevention, treatment, and care.

- Endorse social protection policies and programs that can equitably serve all women living with HIV.
- The anticipated outcomes would be universal, equitable, integrated family planning/HIV services centered on women living with HIV.

Framework

The schematic arrangement of women living with HIV-centered integrated health service development, as it evolves, is illustrated in Figure 2.

The purpose of developing strategies

The purpose of this study was to develop strategies that can be applied to integrate family planning and HIV services for women of reproductive age living with HIV. These strategies will guide clinicians in practice to integrate family planning services with HIV treatment.

The developed strategies will contribute to the quality of integrated family planning/HIV service provision through the following activities:

- Enable policymakers and healthcare workers to identify factors that affect the integration of family planning services with HIV treatment for women of reproductive age living with HIV.
- Brief healthcare providers, focal persons, and healthcare managers on the existing challenges associated with integrated family planning/HIV services, demands for family planning, unintended pregnancy, dual contraceptive methods, and family planning utilization among women of reproductive age that are on ART/PMTCT.
- Foster appropriate use of established guidelines, standards, policies, and protocols by the healthcare providers, supervisors, and healthcare managers to provide quality integrated family planning/HIV services.
- Improve the availability of integrated family planning/HIV services and address certain knowledge gaps which will facilitate clinical practice through the implementation of a feasible strategy.

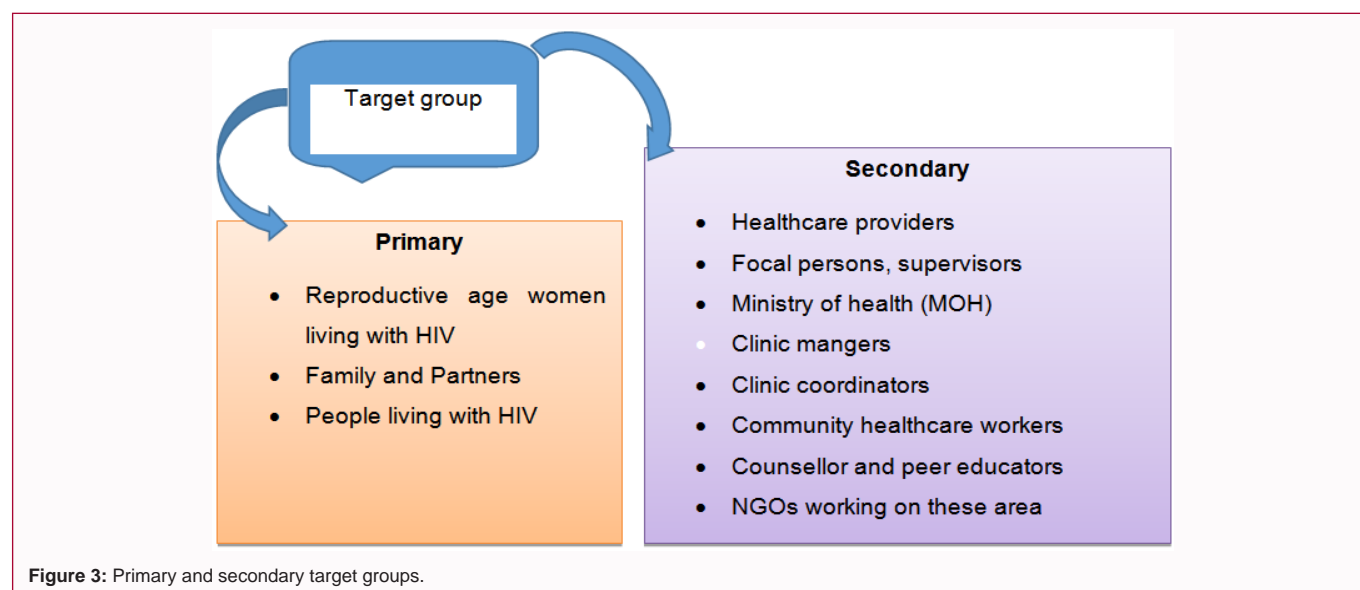
This enables the policymakers, health managers, planners, and healthcare providers to plan, implement and evaluate the integrated family planning/HIV treatment for women living with HIV as an intervention for their healthcare facilities.

- Provide a framework to address challenges associated with the integrated family planning/HIV services; demands for family planning, unintended pregnancy, dual contraceptive methods, and family planning utilization among women of reproductive age that are on ART/PMTCT.

Implementation of integrated family planning and HIV strategies for women of reproductive age living with HIV. The activities for the implementation of the strategies should be explicit and transparent. The proposed strategies are to be applied in the communities, primary healthcare units, district health offices, ORHB, and FMOH. The activities were designed to support the planning, implementation, monitoring, and evaluation of quality integrated family planning/HIV services.

Target groups for whom strategies are proposed in the healthcare fields are generally public health policymakers, health program managers, healthcare providers, patients, caregivers, the general public and other stakeholders [19]. However, in this study, they were tailored for the primary and secondary groups as users of the strategies or beneficiaries, as evidenced in Figure 3.

The strategies formulated in this study were primarily tailored and directed to empower the reproductive-aged women living with HIV who are participating in the integrated family planning/HIV service program, as well as their partners, families, and caretakers. Secondary recipients, on the other hand, included the healthcare providers, focal persons, supervisors, Ministry of Health (MOH), clinic managers, clinic coordinators, community healthcare workers, counselors and peer educators, NGOs working in these areas, and other stakeholders such as the health facility.



Leading and managing integrated family planning/HIV prevention, treatment, and care among women living with HIV. Delivering high-quality, integrated health services for women living with HIV requires the creation and nurturing of collective engagement, commonly held values, good communication, teamwork, and transparency [5]. Women's living with HIV-centered integrated sexual reproductive health services requires sectoral coordination mechanisms to succeed. This study envisions a national coordinating body as a health sector vested with appropriate executive power and accountability. The Ministry of Health should take the responsibility of leading multi-stakeholders in the integration of family planning/HIV services [20].

Achieving integrated health services for women living with HIV involves many national and international stakeholders. Stakeholders should have to integrate their support for sexual reproductive health services, including family planning with HIV, across their respective targets and sectors. The Ministry of health could establish effective collaboration between all parties with its principal responsibilities being leadership and coordination.

Monitoring, evaluation, and learning

Monitoring integrated sexual reproductive health services centered on women living with HIV, including family planning with HIV prevention, treatments, and care, are complex; hence, they should be monitored by several sectors (sectorial intervention). The WHO [5] suggests that people-centered and integrated health service monitoring should be conducted at several levels. Monitoring sexual reproductive health services centered on women living with HIV, including family planning with HIV prevention, treatment, and care, is complex and should be monitored by several sectors. Data can be collected across sectors at the community, individual, and facility levels [5]. Electronic sexual reproductive health services and information management systems that are central and tailor-made with regular programs that capture family planning services, HIV programs, and treatment can be collected across sectors at the community, individual, and facility levels.

The number of women living with HIV who are assessed for sexual reproductive health services, including family planning in their chronic care program, include

- The number of women living with HIV counseled for sexual reproductive health services including family planning at their chronic care program.
- The number of women living with HIV was assessed and counseled on sexual reproductive health services, including family planning by the peer educator.
- The number of women living with HIV identified as having an unmet need for family planning while attending chronic follow up at the health facility.
- The number of women living with HIV identified as facing repeated unwanted pregnancies while attending health facilities for ART drug refills.
- The proportion of HIV-related service-delivery points with family planning/HIV integrated services.
- The proportion of HIV-related service clients screened for family planning.
- The proportion of HIV-related service-delivery point clients who received a family planning method or referral after family planning counseling.
- The proportion of female clients of reproductive age attending HIV-related service-delivery points with an unmet need for family planning.
- The proportion of repeat care and treatment clients reporting unintended pregnancy.
- The proportion of clients who report receiving more than one service during their visit.
- The number of facilities with personnel trained in family planning/HIV service integration.
- The number of facilities with no stock-outs in the prior six months of family planning methods, ARVs, HIV test kits, and drugs for opportunistic infections.
- The number of people living with HIV who has been empowered and assisted in self-reliance in terms of sexual reproductive health service needs and utilization.

- The number of women living with HIV empowered on their sexual reproductive health services, including family planning and HIV self-reliance.
- Amount of capital utilized concerning the allocated budget for women living with HIV-centered integrated family planning/HIV prevention, treatment, and care resilience by an organization in a given year.

Evaluation and learning

Evaluating and learning about women living with HIV-centered integrated sexual reproductive health services. The FMOH and sectorial organizations should understand the progress and impact of investments and interventions. Developing and strengthening information systems that can deliver timely and reliable data about the nature of services being delivered. Family, peer educators, and mother-to-mother support groups should also be looked at.

Learning and evaluating women living with HIV-centered integrated sexual reproductive health services, including family planning and HIV programs requires the execution of research. The endorsed strategies are chosen in light of what types of interventions work in the selected area in the case of the integrated program.

Learning and evaluation are increasingly recognized for their potential to enable interventions, including policies, programs, and individual practices to work better, reach targeted populations, scale-up coverage and impact, and be sustainable. As such, implementation research is reported to be an important tool for identifying and revising strategies to achieve women living with HIV-centered integrated healthcare.

Experts' Review of the Proposed Strategies

The accessibility and acceptability of the program were reviewed by experts from ORHB, FMOH, and professionals. This was done to assess whether the strategies could be acceptable as described, acceptable but with recommendations, or not acceptable at all. A matrix of convergence was developed to measure the experts' opinion of the developed people-centered and integrated strategies. The process of expert review involved selecting the experts, designing a matrix for data collection, and analyzing the responses. Eight experts were purposively selected in the areas of family planning, sexual reproductive health; HIV services providers, and regional health care design and development.

As expert reviewed results revealed, experts rating the proposed strategies by relevance, adaptability, practicality, and usefulness, rated each criterion at 100% and fully accepted. Only 25% of experts accepted the clarity and consistency of the proposed strategies with recommended changes.

The proposed strategies were reviewed by experts and fully accepted for clinical practice, decision-making, monitoring, and evaluation of integrated family planning/HIV services. This is the first in a series of articles on the integration of family planning services with HIV prevention, treatment, and care based on the principles of women living with an HIV-centered integrated health service approach. The next chapter will present the implications of the findings and recommendations for further research.

Implications of the Findings, Recommendations, and Conclusions

Introduction

In this final chapter, the implications of the findings and the

recommendations for further research are presented. In addition, the weaknesses, strengths, and contributions of the study are discussed. The chapter commences by briefly presenting a summary of the main findings of the study. To reiterate, the study explored the integration of family planning services with HIV treatment for women of reproductive age living with HIV and attending services for the provision of ART. The findings informed the development of strategies for better sexual reproductive health outcomes in the Oromia Region, Ethiopia.

Implications of the findings

Based on the findings, the researcher determined the following implications for clinical practice, education, and training.

Implications for clinical practice

Many factors were identified that can contribute to the integration of family planning with HIV services, demands for family planning, contraceptive, and dual method utilization in the study setting; these need further research. Such indisputable differences exist everywhere. The implication to be drawn from this research is for policymakers and program planners to narrow the gaps in these programs based on evidence in similar settings.

The FMOH and ORHB launched the integration of family planning services with ART/PMTCT services for women of reproductive age living with HIV attending ART/PMTCT in January 2017. The developed strategies serve as a strategic plan to guide healthcare providers and healthcare managers in offering women of reproductive age living with HIV integrated family planning/HIV services at the facilities. For the FMOH and ORHB, it is recommended that:

- The strategic plan is tested and adapted in different regional states in Ethiopia under the leadership of the FMOH.
- The MOH, in collaboration with other stakeholders, should take the lead and responsibility for ensuring the implementation of integrated sexual reproductive health services including family planning/HIV services with chronic care of ART. The involvement of stakeholders and partners is imperative to guarantee universal access to integrated family planning/HIV services (HIV prevention, therapy, and chronic care) at primary healthcare units.
- The FMOH and the ORHB should incorporate the strategic plan into their policy and develop strategic documents to further ensure the provision of quality services.
- The FMOH, the ORHB, and the researcher should organize and facilitate a workshop on the developed strategic plans for all service providers, focal persons, and healthcare managers to enhance and scale-up integrated family planning/HIV services to different health facilities to ensure their accessibility and availability.
- FMOH and ORHB should emphasize the integration of sexual reproductive health services including family planning/HIV services with chronic care of ART, and it should be included as a key performance indicator. This will help to regularly follow up on the activities.
- Conduct regular self-assessment by service providers and supportive supervision by the ORHB to ensure the quality of counseling according to the standard protocols.
- Develop standard operating procedures that guide the implementation of policies and guidelines to facilitate the integration

of family planning and HIV services.

- Assign trained service providers to offer integrated family planning/HIV services for long-term appointments in family planning or HIV services.
- Policymakers and health planners should revise the existing curriculum of medical education and training to incorporate integrated sexual reproductive health services including family planning/HIV services based on the needs of service utilizes to improve the quality of sexual reproductive health services in Ethiopia.
- MOH and health bureaus should employ supervision, mentoring, and monitoring mechanisms based on the identified indicators of integrated family planning/HIV services which will improve family planning, dual contraceptive method utilization, and prevent unwanted pregnancy, and new pediatric HIV infections.
- At the regional state and zonal health office level, the researcher recommends training for services providers and focal persons on family planning/ART/PMTCT to further ensure the provision of quality services.

Implications for practice for healthcare providers

Ethiopia's Ministry of Health (MoH) has released its final strategic plan for the integration of family planning and HIV services in Oromia Region healthcare facilities. The plan aims to improve access to family planning, dual contraceptive methods, the need for family planning being met, prevent repeated unwanted pregnancy, and offer HIV services. Healthcare providers should be trained, equipped, and encouraged to take ownership of the implementation of the reproductive-aged women-centered integrated family planning/HIV strategic plan. This will ultimately improve the quality of the lives of women, the community, and families at large.

Recommendations for further research

- Prospective studies can be conducted to gain a greater understanding of the impacts of integrated family planning/HIV services; on the uptake of MNCH and HIV services; satisfaction and retention among healthcare workers and service users; human resources needed to deliver integrated family planning/HIV services (ratio and cadre of providers to service users, skill level); cost-benefit and cost-effectiveness.
- Challenges and opportunities for the implementation of integrated family planning/HIV services in the private health sector and public hospitals can also be considered.
- Research is recommended on service providers' workload in terms of the implementation of integrated family planning/HIV services in health Facilities in Oromia, Ethiopia.
- Factors identified in integrated family planning/HIV services at all health facility levels in Ethiopia should be studied.
- An assessment of the implementation and success of the developed strategic plan for the integrated family planning/HIV services can be conducted.

Weaknesses, Strengths, and Contributions of the Study

Weaknesses of the study

This study used a cross-sectional study design, so the cause-and-effect relationship is not assured because of the nature of the

cross-section study design. A recall bias among women, especially concerning missed appointments and pills, is a potential limitation to the study. Internal validity may also be tampered with due to temporal effects like the premature exit of respondents or measurement effects.

Strengths of the study

The strengths of this study were recorded in terms of the high response rate of 97.61% (654/670). Moreover, the researcher pre-tested the instruments, as discussed in Chapter 3, to overcome any measurement limitations [21,22]. Quantitative studies prefer large populations, and the population of this study was reasonably large; representative samples were selected by simple random sampling computer-generated method. The research design included obtaining the views from different subgroups of women of reproductive age living with HIV, service providers, focal persons, and Health office/Bureau managers of family planning/ART/PMTCT, on the availability of integrated sexual reproductive health services.

The strengths of the study concerning its contribution to the level of health theory

From the findings presented in [1], the study demonstrated that the integration of family planning services with HIV services ranged from counseling on available family planning in the ART room to provisions of family planning methods such as condoms, pills, and the injectable methods. This included the provision of implants in the ART rooms and referring women in need of long-acting and permanent methods for consultation. The insertion of the IUD was not part of the family planning methods in this regard.

This study assessed the existing integration of sexual reproductive health services with HIV treatment for women living with HIV and attending ART in the Oromia Region, Ethiopia. Such integration ranged from the provision of maternal and family planning, neonatal health services, and health education on sexual reproductive health, combined with HIV services. Almost all women (97.1%) preferred integrating sexual reproductive health with HIV services at the same facility. Also, most of the providers (95%) were in favor of integrated family planning/HIV services. The factors related to the integration of family planning services with HIV treatment for women of reproductive age living with HIV were identified as educational status, occupational status, residence, discussed family planning with healthcare providers, fertility desire, counseled in family planning, and CD4 count. The study assessed the magnitude of demand for family planning among HIV-infected women and established that the demand for family planning among these women living with HIV was 96.3%, of which 16% had unmet needs for family planning while attending the monthly ART drug refilling and follow-up program.

The study thus indicates that reproductive health continues to be understudied as an integrated model. The study established that women of reproductive health status are not only affected by biological factors but are also a product of sociodemographic and cultural factors that are interrelated. This suggests the importance of the application of an integrated model analysis to address negative reproductive outcomes in the Oromia Region, Ethiopia.

Despite the fact that family planning services have made a significant contribution to the elimination of new pediatric HIV infections, few PMTCT programs have extended access to contraception for HIV-infected women and couples who do not intend to get pregnant. More widespread use of evidence-based approaches to integrated family planning/HIV care can boost family

planning's contribution to the elimination of new pediatric HIV infections. The strengths of the study concerning its contribution to the level of methodology.

At a methodological level, the quantitative survey, explorative, descriptive, and contextual research design with multiple data collection approaches was used to collect data. The positivist paradigm was used to understand the underlying causes of sexual reproductive health problems among women living with HIV and HIV services like therapy, prevention, and chronic care. This was achieved by using the integrated model on the service points of integrated family planning/HIV services that were obtained from literature as conceptual frameworks.

Deductive reasoning allowed the researcher to explore experiences of sexual reproductive health that exposed repeated unplanned pregnancy; the unmet need for family planning and other sexual reproductive problems like STIs and HIV infection with different viral strains. In a survey research design, the procedures used to select respondents are of utmost importance because the primary goal is to generalize the results from the respondents to the whole population of interest. The best procedure for obtaining a representative sample occurs when the researcher randomly selects respondents from a list of all members of the group [23,24].

The comprehensive quantitative research design further demonstrated its relevance and appropriateness for investigating core issues relating to the need for a change in policy making from disease-centered organizations to women of reproductive age living with HIV-centered integrated family planning/HIV services based on their needs.

The strengths of the study to its contribution to the level of health policy

The developed strategies for women of reproductive age living with HIV-centered integrated family planning/HIV services contribute to HIV programs of prevention, therapy, and sexual reproductive health problems to tackle these interrelated problems under comprehensive one-stop services provision. The developed strategies empower women of reproductive age in terms of their own healthcare needs. They embrace more coordinated, multi-sectoral, and interdisciplinary as well as empowering policies and approaches.

Integrated reproductive healthcare with HIV services improves clients' well-being by meeting a broader variety of health requirements and providing the ease of receiving various services in a single visit. They address both structural and intermediate elements that contribute to women's vulnerability to sexual reproductive health issues. The following is the study's key contribution to the level of health policy:

Work to ensure universal access to sexual and reproductive healthcare services, including family planning, information and education, and the integration of reproductive health into national plans and programs, to meet the SDGs. Win over employees by demonstrating how integrated services benefit clients while also being more engaging and gratifying for providers. The strengths of the study with its contribution to the level of women of reproductive age living with HIV.

This study aimed to explore and describe the integration of family planning services with HIV treatment for women living with HIV, to contribute to the success of the above goal by supplying evidence-

based input for policymakers and health planners.

The integration of family planning with HIV services is an increasingly recognized strategy worldwide aimed at the prevention of unwanted pregnancy among women of reproductive age living with HIV and new pediatric HIV infection. The integration of sexual and reproductive health/HIV policies and services delivered by the same provider is prioritized worldwide, especially in sub-Saharan Africa, where HIV prevalence is highest. Therefore, the integration of family planning services with HIV treatment is the cornerstone of reproductive healthcare for seropositive clients to ensure their reproductive health and quality of life.

The results generated from this study helped to support the existing limited available knowledge regarding how to integrate family planning services with HIV treatment and its implementation among women living with HIV in the study area for evidence-based interventions.

The study contributed to the existing body of evidence and knowledge about the integration of family planning services with HIV treatment for women of reproductive age that are on ART for better health outcomes. Implications for practice were established, as well as recommendations for the MOH and the ORHB in Ethiopia.

The results from this study were used to improve the availability of integrated family planning/HIV services and address certain knowledge gaps to facilitate clinical practice through the implementation of a feasible strategy. This enabled the policymakers, health managers, planners, and healthcare providers to plan implement and evaluate the integration of family planning services with HIV treatment for women living with HIV as interventions for their healthcare facilities.

The study's findings emphasized the critical need to properly implement integrated family planning/HIV services for HIV-positive women of reproductive age attending ART clinics. The researcher also emphasized the importance of strengthening health centers' capacity to provide quality family planning and HIV services. Based on the findings, the researcher proposed that service providers' capacity building be improved through training on the integration of sexual reproductive services including family planning with HIV services for people living with HIV. The main contribution of the study to the level of women of reproductive age living with HIV follows:

- Make informed choices about their sexual and reproductive health.
- Represent an opportunity for women to pursue additional education and participate in public life, including paid employment in non-family organizations.
- Prevent closely spaced and ill-timed pregnancies and births, which contribute to reducing infant and maternal mortality.
- Reduce adolescent pregnancies. This has long-term implications for them as individuals, their families, and their communities.
- Reduce the risk of unintended pregnancies among women living with HIV, resulting in a reduction in the need for unsafe abortions and fewer infected babies and orphans.
- In addition, male and female condoms provide dual protection against unintended pregnancies and STIs, including HIV.

The strategies developed as informed by the findings suggest a revision of the current orientation program for newly appointed medical education and in-service training programs for those in the service. The researcher is of the view that the study objectives have been met.

Overall Study Conclusion

The study's findings support women of reproductive age living with HIV-cantered integrated family planning with HIV services that deliver numerous health cares at the same institution, often by the same clinician, based on their needs.

Further research on the feasibility and effectiveness of the proposed strategies is needed to fully apply them at different levels. The study's findings had implications for clinical practice and laid the groundwork for future research. It is hoped that the recommended solutions would be successfully adopted and implemented in health care facilities to improve the quality of integrated family planning and HIV services.

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