Integration on paper but not in practice: Barriers and Facilitators to the Integration of Sexual and Reproductive Health into Clinic-based HIV Services in Zimbabwe

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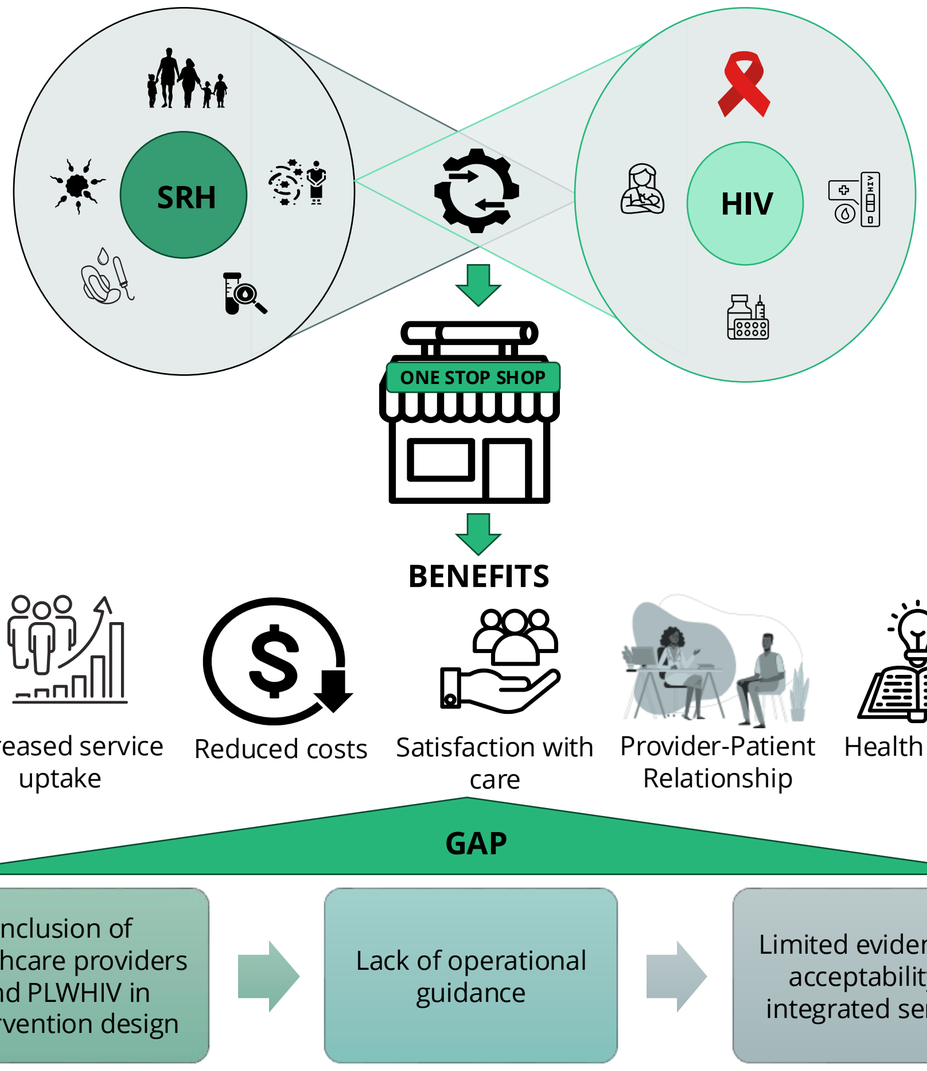
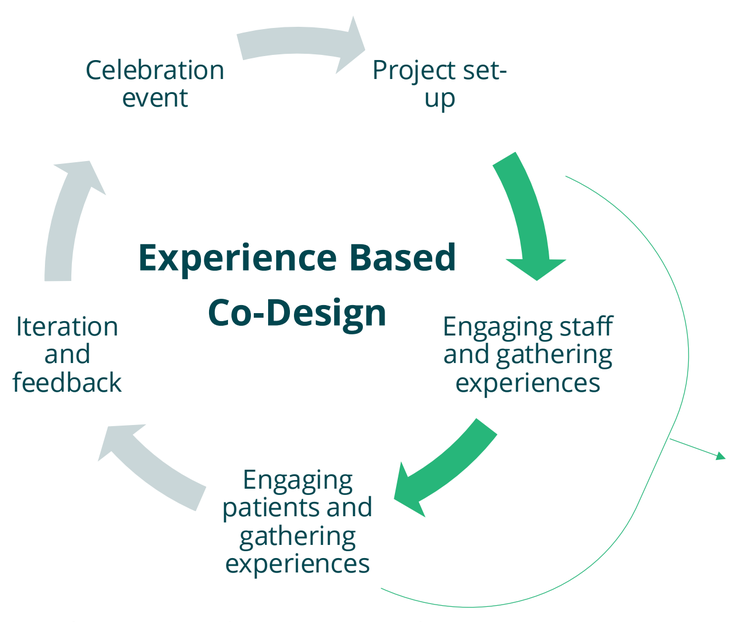
Background

The integration of sexual and reproductive health (SRH) services into HIV care is increasingly recognised as important for improving the uptake and acceptability of services for people living with HIV (PLWHIV). This study aimed to understand how integration is currently practised within the Zimbabwean healthcare system, comparing policies on integration and the experiences of healthcare providers and PLWHIV to identify facilitators and barriers to integration of SRH and HIV services.



Methods

Qualitative research methods using Experience-Based Co-Design (EBCD) methodology were employed. We first conducted a document review of policies and guidelines on integration, complimented by 12 key informant interviews. In-depth interviews with 19 healthcare providers and 8 PLWHIV, and 15 observations of healthcare facilities were conducted to understand the practice and experiences of SRH and HIV integration. Thematic analysis was conducted to identify recurrent themes related to the integration of SRH services within HIV care.



Stage of Experience-Based Co-Design (EBCD) cycle

12 Key Informant Interviews

27 In-Depth Interviews

15 Clinic Observations

Results

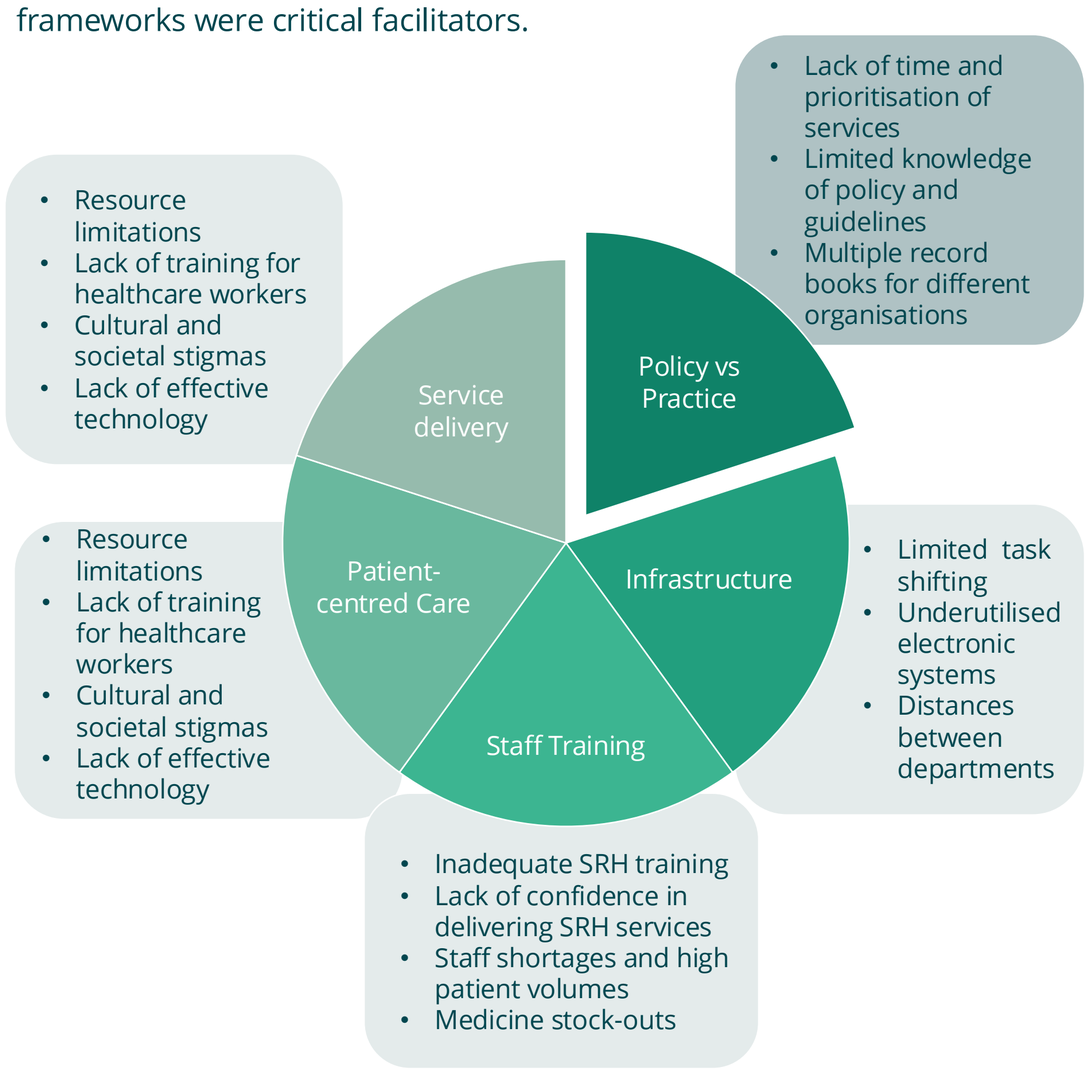
The findings highlight substantial gaps between policy and practice of integration of SRH services with HIV. While policies and guidelines supporting integration exist, their practical implementation was inconsistent and in practice, HIV and SRH service delivery remained siloed. Healthcare providers reported a lack of training in delivering certain SRH services including long-acting reversible contraception.

"I was never trained, but I am expected to offer all services under one roof"

While PLWHIV freely accessed antiretroviral treatment, they faced barriers to accessing other SRH services, including commodity unavailability.

> *"[we cannot get contraception], so we swallow a ball of marijuana or some herbs so that we do not fall pregnant"*

Structural challenges, including resource constraints and silos, fragmented service delivery, and inadequate training and support for healthcare providers were pervasive across healthcare facilities.
Conversely, where integration was successful, strong community engagement, patient-centred care approaches, and supportive policy frameworks were critical facilitators.



Themes from the clinic observations and key informant interviews. Policy vs Practice is highlighted due to it's significance in our findings

Conclusions

There is a clear gap between policy around SRH and HIV integration and practice in healthcare facilities. Barriers to implementing integrated SRH and HIV services need to be addressed to improve healthcare professional workload and healthcare experiences for PLWHIV. These include enhancing healthcare provider training, removing siloed and onerous paperwork, and integrated resource allocation.