Integration of sexually transmitted infection (STI) services into HIV care and treatment services for women living with HIV

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Key Findings

The review found evidence for the feasibility and potential of positive outcomes of integrating STI and HIV care. For women living with HIV, there was an increase in Pap smear coverage in the fully integrated clinic, but there was no significant difference found in rates of sexual health services or counselling. Clients’ reported satisfaction was higher in non-integrated clinics. Implementation of integrated services was influenced by many diverse factors such as population needs and health system factors that should be considered when evaluating integrated services. Despite the limited findings, programmes should be encouraged to critically consider integration within their specific context to provide comprehensive services to women living with HIV.

Evidence included in this review

The authors found four articles describing three studies that met the inclusion criteria. Two of the studies were serial cross-sectional studies of clinics in the United Kingdom with twelve-months of follow-up. The final study was a comparative case study in Swaziland between two integrated clinics and two stand-alone HIV clinics.

Further research

There is significant overlap in burden for HIV and other STIs, but only three studies were found comparing the impact of integration for women living with HIV. There is a need for more studies comparing the impact of different methods of service delivery across different types of health systems and clients with different needs and preferences.

Article


http://bmjopen.bmj.com/content/7/6/e015310

Abstract

Objective: To review and critically appraise the existing evidence on integration of sexually transmitted
infection (STI) services into HIV care and treatment services for women living with HIV.

**Design:** Systematic review.

**Data sources:** Four electronic databases were searched through 16February 2017 using keywords for HIV, STIs and integration. Reference lists of included articles and other reviews were also screened.

**Review methods:** We included studies that compared women living with HIV who received STI services integrated into HIV care and treatment services with those who received HIV care and treatment services without integrated STI services or standard of care.

**Results:** Of 170 articles identified, 3 studies reported in 4 articles were included. Two studies evaluated comprehensive care for people living with HIV in the UK; in both cases, quality and uptake of STI services seemed to improve following integration. The third study conducted a comparative case study across different models of care in Swaziland: two clinics integrated with sexual and reproductive health services (including STI services), and two stand-alone HIV clinics (without STI services). Coverage for Pap smears among women living with HIV was higher at the fully integrated site, but there was no significant difference in the prevalence of sexual health screening or advice on sexual health. Reported client satisfaction was generally higher at the standalone HIV clinic, and a diverse range of factors related to implementation of different care models challenged the notion that integrated services are always superior or desired.

**Conclusion:** While there is a limited evidence base for integrating STI services into HIV care and treatment services, existing studies indicate that integration is feasible and has the potential for positive outcomes. However, diverse population needs and health system factors must be considered when designing models of care to provide STI services to women living with HIV.

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