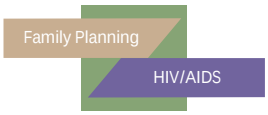
Family Planning and HIV Integration: Approaching the Tipping Point



Key Points

- Family planning and HIV integration is an important strategy for addressing the reproductive health rights and needs of women living with and at risk of HIV.
- Policy support for stronger linkages between family planning and HIV programs is growing, and field-based integration efforts are expanding.
- As policy and programmatic momentum builds, more evidence of effective integrated service delivery practices are needed to guide scale-up.

Broad international consensus exists that linking sexual and reproductive health and HIV/AIDS policies, programs, and services is essential for meeting international development goals and targets, including the United Nations Millennium Development Goals. The fields of HIV and family planning, in particular, intersect in crucial ways:[1]

- Many women are simultaneously at risk for both unintended pregnancy and HIV infection. Countries with the greatest burden of HIV also have high levels of unmet need for family planning.
- Like all women, HIV-positive women have a right to make reproductive decisions free of coercion.
- For women with HIV who want to become pregnant, use of antiretroviral prophylaxis during pregnancy can reduce mother-to-child transmission of HIV (PMTCT). After delivery, family planning services that promote healthy timing and spacing of pregnancies are important in reducing the risk of adverse pregnancy outcomes such as low birth weight, preterm birth, and infant mortality.
- For women with HIV who do not wish to become pregnant, family planning is a proven, cost-effective strategy for PMTCT, and therefore in reducing the number of children needing HIV treatment, care, and support (see Box 2, next page).
- Male and female condoms can protect against both unintended pregnancy and sexual transmission of HIV.
- HIV services provide an opportunity to reach women and men at risk of and living with HIV with family planning information and services.
- Family planning services provide an opportunity to increase access to HIV counseling and testing and other HIV services.

Challenges to FP/HIV Integration

Because clients seeking HIV services and those seeking family planning services share many needs and concerns, integrating services enables providers to address them efficiently and comprehensively. However, implementers of HIV and family planning programs have been constrained in translating integration goals into practice. Rates of unintended pregnancies remain alarmingly high in women with HIV, and family planning interventions have been underutilized in HIV prevention, care, and treatment programs.[2,3]

Box 1. What Is Integration?

The terms *integration* and *linkages* are often used interchangeably but have slightly different meanings. The following definitions have been adapted from *Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages: A Generic Guide*, developed by IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW, and Young Positives.

Linkages: The bidirectional synergies in policy, programs, services, and advocacy between reproductive health and HIV.

Integration: Combining different kinds of reproductive health and HIV services or operational programs to ensure and maximize collective outcomes. It would include referrals from one service to another and is based on the need to offer comprehensive services. Integration refers exclusively to health service provision and is therefore a subset of linkages.

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Box 2. Contraception for PMTCT

The potential contribution of contraception in preventing HIV-positive births is well established. One study found that even modest decreases in the number of pregnancies to HIV-positive women—ranging from 6 percent to 35 percent—could avert HIV-positive births at the same rates as the use of antiretrovirals for PMTCT.[4] A 2007 analysis of data from Uganda estimated that family planning was responsible for the prevention of 6,100 vertical infections in that country compared with 2,200 infections prevented by antiretroviral prophylaxis. But, an estimated 5,300 infant infections still occurred as a result of unwanted fertility.[5]

Current levels of contraceptive use in all of sub-Saharan Africa are already preventing 173,000 HIV-positive births annually, even though contraception is not widely used in the region.[6] An additional 160,000 HIV-positive births could be averted every year if all women in the region who did not wish to get pregnant could access contraceptive services.[4] A similar analysis of the focus countries in the President's Emergency Plan for AIDS Relief (PEPFAR) found that contraception prevents a wide range of HIV-positive births every year—from 178 in Guyana to 120,256 in South Africa.[7]

Contraception is also a cost-effective way to avert HIV infections in infants. Dollar for dollar, family planning programs have the potential to prevent nearly 30 percent more HIV-positive births than PMTCT programs that provide prophylaxis with nevirapine.[8] Another study estimated that the cost per vertical infection averted is US$543 (assuming the most efficacious antiretroviral regimen available). However, averting infant infections that would still occur by preventing unintended pregnancies would only cost US$359 per additional infection averted.[9]

Separate funding streams for family planning and HIV/AIDS programs pose major obstacles to strong linkages. HIV programs have emerged primarily as separate "silos," and only minimal efforts have been made to integrate them with existing family planning infrastructures. In addition, separate funding mechanisms have driven the formation of parallel departments within ministries of health, which in turn has created vertically oriented policies, strategies, training programs, and service delivery systems.

Until recently, family planning and HIV integration efforts have also been hampered by a lack of evidence of effective approaches. An absence of strong monitoring and evaluation components or rigorous impact evaluations means few evidence-based best practices have been available to guide programmatic efforts. Fortunately, contributions to the evidence base on integration are beginning to build, though more data on impact and cost-effectiveness are urgently needed.

Opportunities for Progress

Despite these challenges, the need for and interest in stronger linkages between family planning and HIV programs is building. The current U.S. political administration has placed family planning next to HIV as a global health priority. At the same time, health systems strengthening—and its emphasis on integrating vertical, disease-specific services to address the comprehensive health needs of clients—is moving to the top of the global health agenda. Even HIV donors such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the President's Emergency Plan for AIDS Relief (PEPFAR) are increasingly supportive of activities that link HIV programs with family planning services (see the accompanying brief on policy support).

These changes have been accompanied by an expansion of field-based efforts to better link family planning and HIV/AIDS policies, programs, and services. Activities ranging from pilot projects to countrywide scale-up initiatives are under way. Different models of integration are being considered and implemented (such as family planning and HIV counseling and testing, family planning and PMTCT, and family planning and HIV care and treatment). In addition, family planning is getting traction in Prevention with Positives initiatives, which deem family planning an essential component of a minimum package of care for people living with HIV. Nevertheless, evidence-based best practices are needed to guide these efforts.

Strengthening Programs

As with other health services, no single approach to family planning and HIV service integration exists. Reports from the field suggest that different levels of integration may be appropriate for different health care facilities or programs. Provision of family planning methods at HIV service facilities may increase initial contraceptive

uptake more than referrals, but it may not be feasible for all HIV service sites to make contraceptive methods available on-site. Some facilities may better use their resources by equipping HIV providers to screen clients for risk of unintended pregnancy and provide a same-day referral to a family planning clinic for initiating a method. An evaluation of a referral-based model of family planning and HIV integration in Nigeria found major improvements in family planning clinic attendance and contraceptive uptake after integration.[10]

In Kenya and South Africa, two different approaches to integrating HIV counseling and testing (CT) into family planning clinics have been evaluated: (1) a testing model, in which family planning providers were trained to offer CT services and post-test counseling during the same visit, and (2) a referral model, in which family planning clients wanting CT services were referred to a specialized CT facility. Both models resulted in significant improvements in the quality of care and in HIV prevention behaviors, at an affordable cost. Both countries are expanding the two approaches, allowing individual clinics to determine which approach is most feasible.[11,12] The best approaches for each facility or program will depend on factors such as available resources, staff capacity, facility set-up, strength of the base service, and scale of the HIV epidemic.

It is critical to pursue integration in a strategic and systematic manner to maximize the public health impact. As described in *Strategic Considerations for Strengthening the Linkages between Family Planning and HIV/AIDS Policies, Programs, and Services* and outlined in Table 1, four key questions and corresponding activities can help guide the process of developing stronger linkages between family planning and HIV policies, programs, and services.

Table 1. Strategic Framework for the Integration of Family Planning and HIV Services

Key question	Key activity	Key considerations
1. What type of service integration, if any, is needed?	Country- or regional-level situation analysis	■ HIV prevalence and distribution ■ Contraceptive prevalence rate (CPR), unmet need for FP ■ Availability, strength, and organization of existing FP and HIV services ■ Potential demand for FP and HIV services ■ Available financial resources
2. To what extent should services be integrated?	Facility- or community-level assessment	■ Human resource capacity ■ Physical set-up of facility ■ Strength and organization of existing services ■ Client flow and volume ■ Available financial resources ■ Community outreach
3. What steps are needed to establish and sustain high-quality integrated services?	Development and implementation of intervention package	Needs and opportunities to improve: ■ Policy environment ■ Technical capacity of providers, supervisors, and other health workers ■ Facility set-up and systems ■ Commodity supply ■ Community involvement
4. What information is needed to measure program success and inform program or service delivery improvement, replication, or scale-up?	Collection of strategic information	■ Indicators for routine monitoring and evaluation, including cost-effectiveness ■ M&E systems ■ Opportunities for rigorous operations research studies

Effectively implemented, integrated family planning and HIV programs have the potential to produce tangible gains against the HIV epidemic, as well as to improve the overall health of mothers and their children. A broad array of tools and resources exists to guide programmatic efforts (see Box 3). However, as implementers work to establish and enhance the ties between these two fields, we must continue to invest in research and expand the evidence base of cost-effective, integrated, service delivery best practices.

References

1 Wilcher R, Cates W, Gregson S. Family planning and HIV: strange bedfellows no longer. AIDS. 2009;23(Suppl 1):S1-6.

2 Rochat TJ, Richter LM, Doll HA, Buthelezi NP, Tomkins A, Stein A. Depression among pregnant rural South African women undergoing HIV testing. JAMA. 2006;295:1376-8.

3 Homsy J, Bunnell R, Moore D, King R, Malamba S, Nakityo R, et al. Reproductive intentions and outcomes among women on antiretroviral therapy in rural Uganda: a prospective cohort study. PLoS One. 2009;4(1):e4149.

4 Sweat MD, O'Reilly KR, Schmid GP, Denison J, de Zoysa I. Cost-effectiveness of nevirapine to prevent mother-to-child HIV transmission in eight African countries. AIDS. 2004;18(12):1661-71.

5 Hladik W, Stover J, Esiru G, Harper M, Tappero J. The contribution of family planning towards the prevention of vertical HIV transmission in Uganda. PLoS One. 2009;4(11):e7691.

6 Reynolds HW, Steiner MJ, Cates W. Contraception's proved potential to fight HIV. Sex Transm Inf. 2005;81:184-5.

7 Reynolds HW, Janowitz B, Wilcher R, Cates W. Contraception to prevent HIV-positive births: current contribution and potential cost-savings in PEPFAR countries. Sex Transm Inf. 2008;84(Suppl II):ii49-53.

8 Reynolds H, Janowitz B, Homan R, Johnson L. The value of contraception to prevent perinatal HIV transmission. Sex Transm Dis. 2006;33(6):350-6.

9 Halperin DT, Stover J, Reynolds HW. Benefits and costs of expanding access to family planning programs to women living with HIV. AIDS. 2009;23(Suppl 1):S123-30.

10 Chabikuli NO, Awi DD, Chukwujekwu O, Abubakar Z, Gwarzo U, Ibrahim M, et al. The use of routine monitoring and evaluation systems to assess a referral model of family planning and HIV service integration in Nigeria. AIDS. 2009;23(Suppl 1):S97-103.

11 Liambila W, Askew I, Mwangi J, Ayisi R, Kibaru J, Mullick S. Feasibility and effectiveness of integrating provider-initiated testing and counseling within family planning services in Kenya. AIDS. 2009;23(Suppl 1):S115-21.

12 Mullick S, Menziwa M, Mosery N, Khoza D, Maroga E. Feasibility, acceptability, effectiveness and cost of models of integrating HIV prevention and counseling and testing for HIV within family planning services in North West Province, South Africa. FRONTIERS final report. Washington (DC): Population Council; 2008.

Box 3. Technical Guidance, Tools, and Programmatic Resources for FP/HIV Integration

The following selected resources are helpful documents for program managers and service providers and include technical and service delivery information on integrated services.

Family Planning Discussion Topics for Voluntary Counseling and Testing: A Reference Guide for FP Counseling of Individuals, Couples, and Special Groups by Trained VCT Counselors (Pathfinder International)
www.pathfind.org/site/DocServer/Final_Pathfinder_FP-VCT_Counseling_Tool_12-07.pdf?docID=11661

Family Planning–Integrated HIV Services: A Framework for Integrating Family Planning and Antiretroviral Therapy Services (EngenderHealth)
www.acquireproject.org/fileadmin/user_upload/ACQUIRE/Publications/FP-HIV-Integration_framework_final.pdf

Increasing Access to Contraception for Clients with HIV: A Toolkit (Family Health International, EngenderHealth)
http://www.fhi.org/en/RH/Training/trainmat/ARVmodule.htm

A Practical Guide to Integrating Reproductive Health and HIV/AIDS into Grant Proposals to the Global Fund (Population Action International)
http://www.populationaction.org/Issues/RH-HIV_Integration/Integration_0918_v4.shtml

Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages: A Generic Guide (UNFPA, WHO, IPPF, UNAIDS, GNP+, ICW, Young Positives)
http://whqlibdoc.who.int/hq/2009/91825_eng.pdf

Reproductive Choices and Family Planning for People Living with HIV—Counseling Tool (World Health Organization)
www.who.int/reproductive-health/publications/fphiv_flipchart/fp_hiv_flipchart.ppt

Strategic Considerations for Strengthening the Linkages between Family Planning and HIV/AIDS Policies, Programs, and Services (World Health Organization, U.S. Agency for International Development, Family Health International)
http://www.fhi.org/en/RH/Pubs/booksReports/FP-HIV_Strategic_Considerations.htm

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Family Health International
P.O. Box 13950
Research Triangle Park, NC 27709 USA
Tel: 1.919.544.7040
E-mail: publications@fhi.org
www.fhi.org