

Family planning and HIV: translating integration goals into practice

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International AIDS Conference

July 2010

Women's right to family planning

- All women have the right:
 - “To decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights.”

Source: Convention on the Elimination of All Discrimination against Women

Benefits of family planning

- Delays first births
- Lengthens birth intervals
- Reduces the total number of children born to one woman
- Prevents high-risk and unintended pregnancies
- Reduces the need for unsafe abortion

Family planning is HIV prevention

**Prevention
of HIV in
women,
especially
young
women**

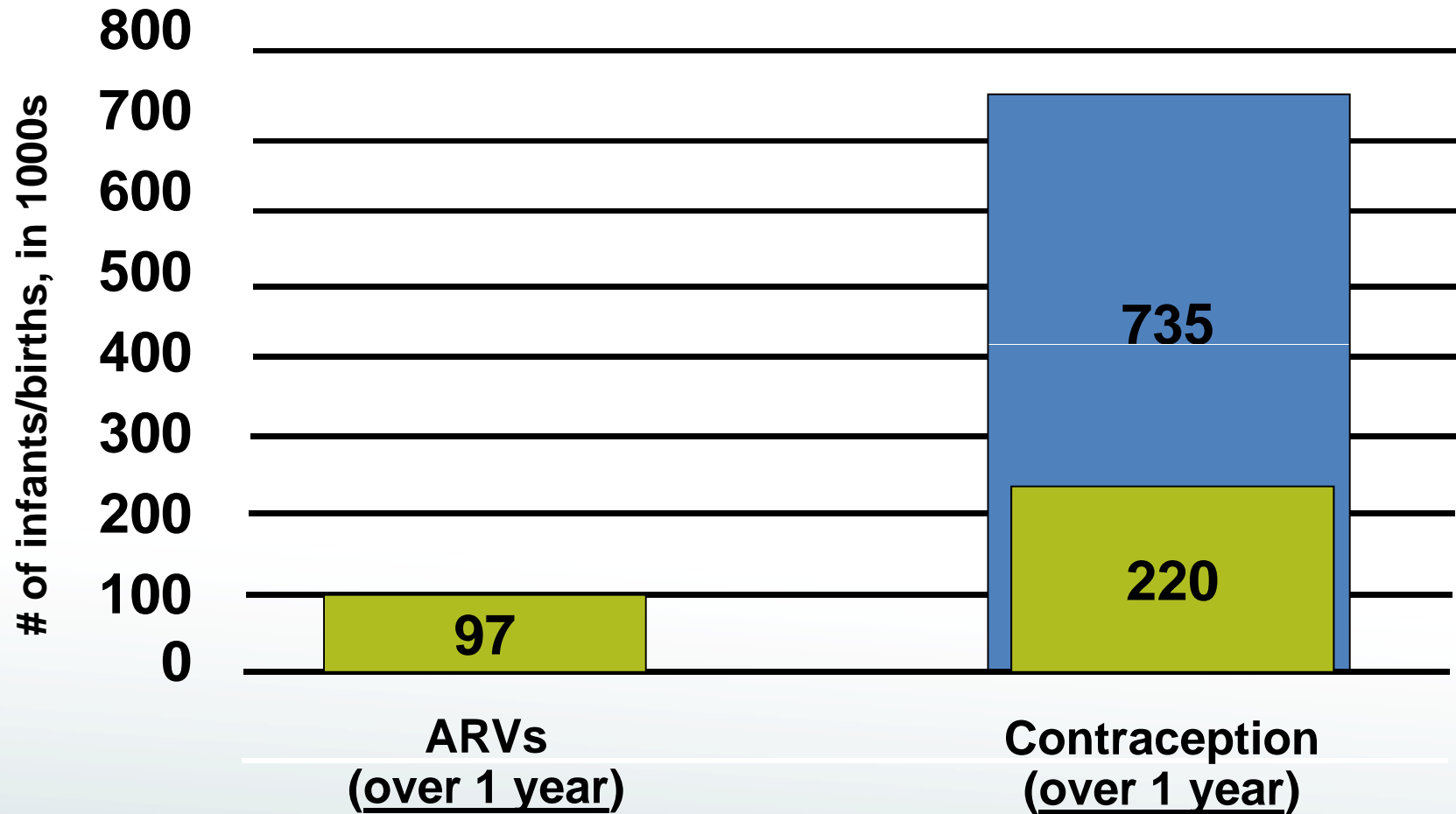
**Prevention
of
unintended
pregnancies
in HIV+
women**

**Prevention
of trans-
mission
from an HIV+
woman to
her infant**

**Support for
mother and
family**

**Family
planning and
effective use of
contraceptives**

Impact of family planning on PMTCT



 # infants spared HIV infection

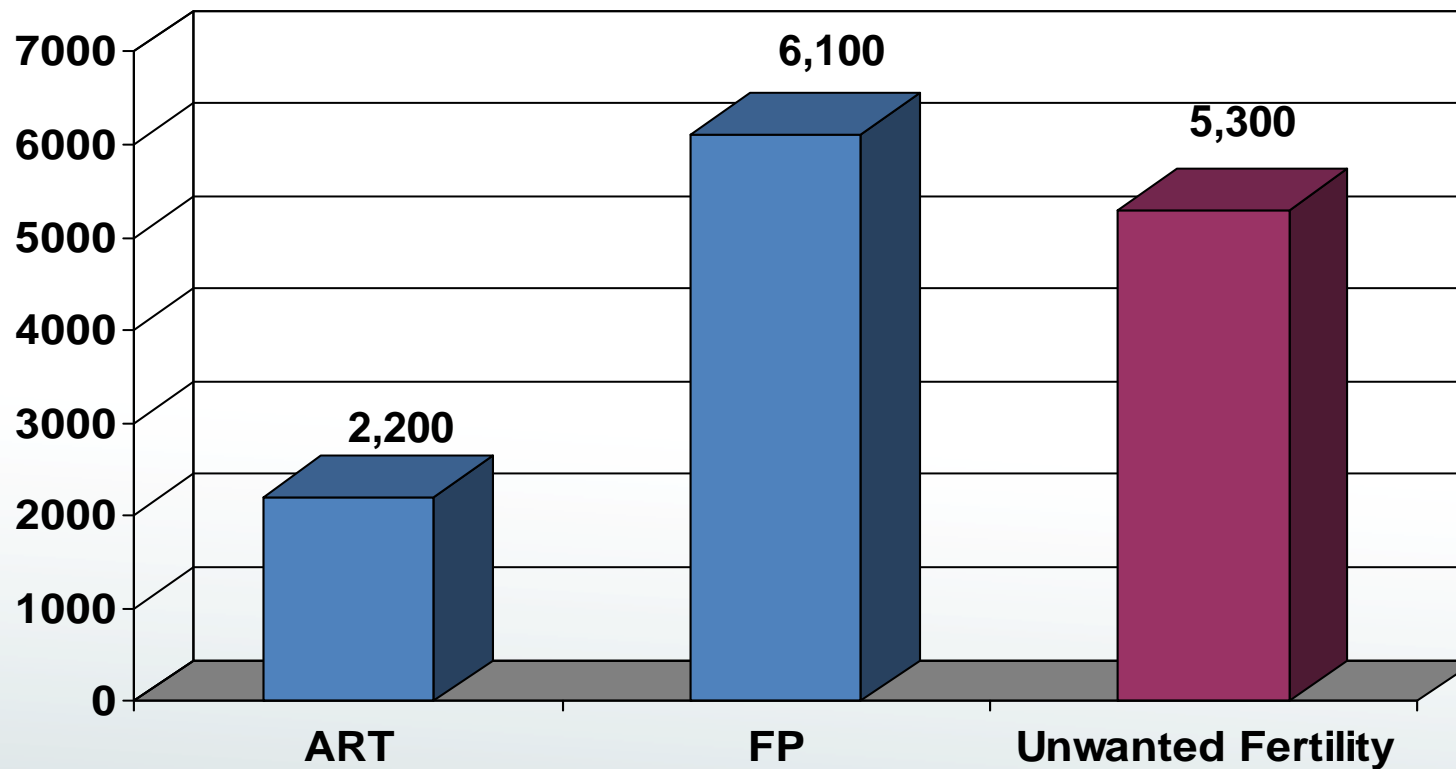
 # unintended births prevented

Sources: PEPFAR (2009), Reynolds (2008)

Impact of family planning on PMTCT – Uganda, 2007

Vertical Infections

Averted / Added



Source: Hladik, 2009

Women with HIV have unintended pregnancies

- 84% unintended pregnancies among PMTCT clients in South Africa (2006)
- 70% unintended repeat pregnancies among women with HIV in India (2008)
- 74% unintended pregnancies among women in an ART program in Rwanda (2007)
- 3 different studies by FHI found high levels of unintended pregnancies among PMTCT clients: 50% in Kenya, 60% in Rwanda, 70% in SA (2010)

Sources: Rochat et al., JAMA 2006;295:1376-8; Suryavanshi et al., AIDS Care 2008;20:1111-1118; Bangendanye et al., 3rd Peds CLS 2007

How best to increase access to FP among PLHIV?

- Strengthen traditional FP programs
- Integrate FP and HIV services



Obstacles to FP/HIV integration

- Funding constraints
- Lack of infrastructure/capacity at facility level
- Traditional PMTCT focus on prophylaxis for HIV+ pregnant women
- Limited “how to” evidence
- Political resistance to FP



Sources: Petrunev et al. 2010; Wilcher et al. 2008; Wilcher & Cates 2009



Current FP/HIV environment

- Broad policy support
- Increased interest by HIV donors
- Central to health systems strengthening
- Expansion of field-based efforts
- Programmatic tools/guidance available
- Commitment from MOH leadership
- Growth of behavioral, biomedical and programmatic evidence

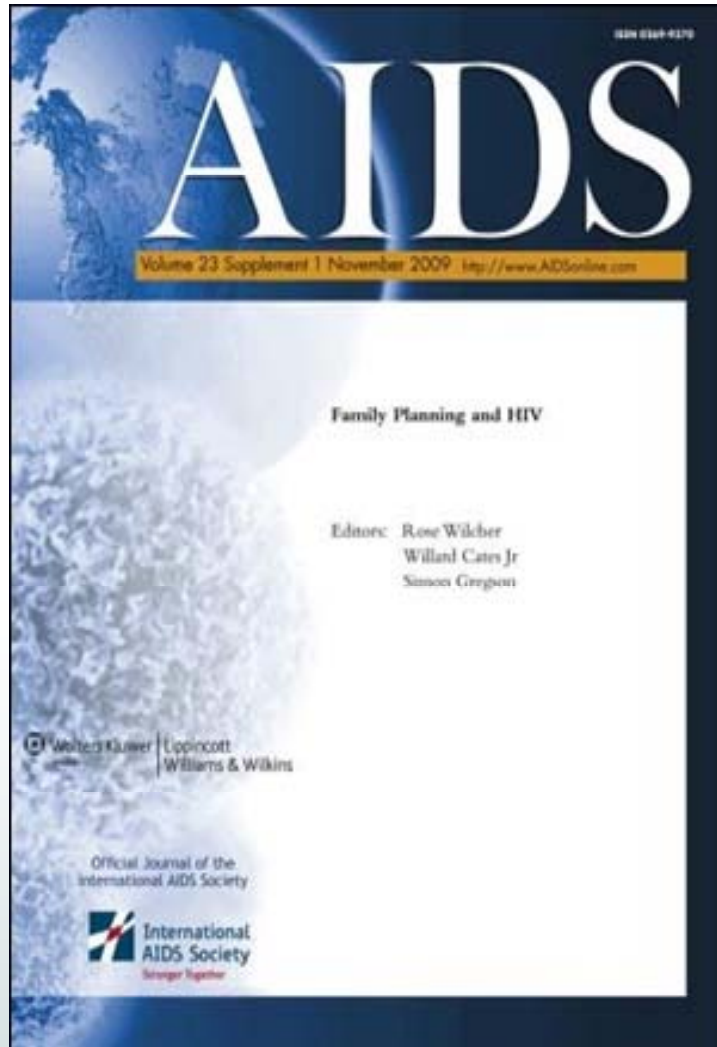
Signs of progress: Nigeria

- Referral-based model of integration implemented in 71 facilities
 - Training and job aides for VCT, ART, PMTCT, and FP providers
 - Integration coordinator identified at each facility
 - Referral system between FP and HIV clinics formalized
 - Clinic registers, monthly summary forms modified
- Evaluation findings
 - Major improvements in FP clinic attendance, FP uptake
 - Proportion of men attending FP clinic significantly higher among referred clients
 - Routinely collected data can be used for evaluation

Signs of progress: Kenya

- FP integration rolled out to 148 ART facilities
 - Sensitization meetings with facility staff
 - Training and job aides for ART providers on offering FP services
 - Supportive supervision
 - Some FP methods available on-site, depending on facility
- Evaluation findings:
 - FP use among female clients increased from 36% to 52%
 - Providers more likely to report provision of non-condom modern methods post-intervention (38% to 59%); condom provision stayed constant

More evidence



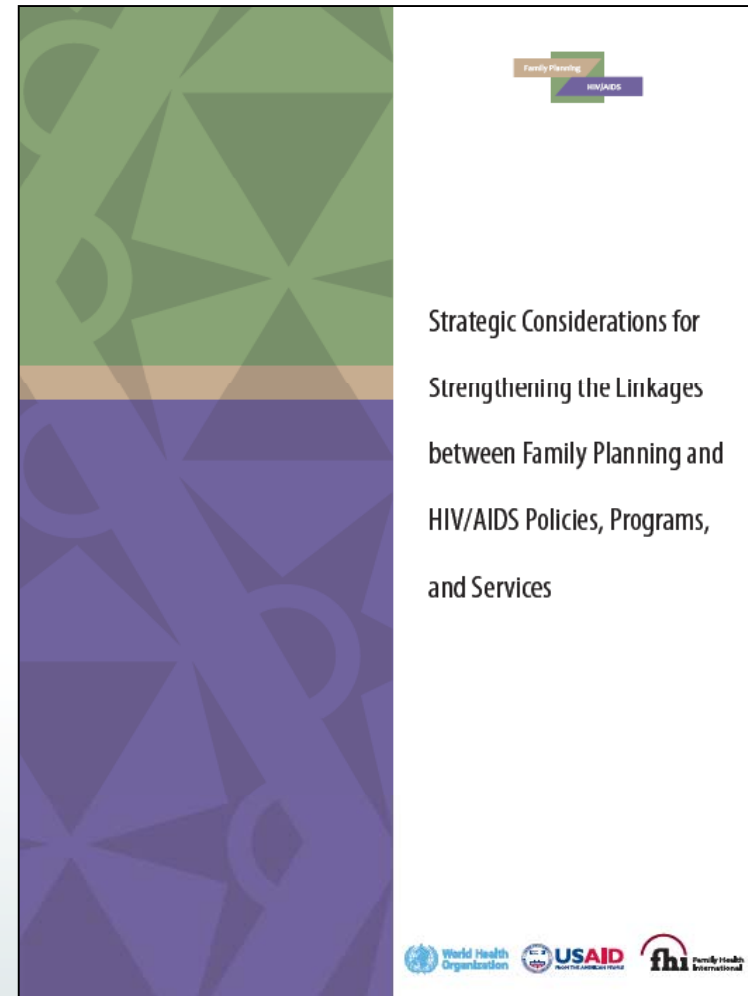
- AIDS supplement:
FP & HIV November 2009
- 13 studies
- New clinical, behavioral, and
programmatic evidence

Bottom line...

- Important advances have occurred in FP/HIV policy, science, programmatic support, and stakeholder interest
- But, many gaps remain

Programmatic framework

1. What type of service integration, if any, is needed?
2. To what extent should services be integrated?
3. What steps are needed to establish and sustain high-quality integrated services?
4. What information is needed to measure program success and inform program or service delivery improvement, replication, or scale-up?



Looking towards the future

- Identify and implement efficient, scalable, generalizable models
- Generate better cost-effectiveness and impact data
- Enhance measurement through routine M&E - “what gets measured gets done”
- Increase attention to gender-related constraints

FP/HIV integration: a “win-win-win”

- Extend benefits of FP to clients of HIV services
- Prevent new HIV infections
- Strengthen health systems

