



Family Planning and HIV Integration: An Essential Strategy for Preventing Pediatric HIV and Protecting Maternal and Child Health

The Elizabeth Glaser Pediatric AIDS Foundation is a global leader in the fight against pediatric HIV and AIDS, and has reached nearly 12.2 million women with services to prevent transmission of HIV to their infants. The Foundation works at 5,500 sites in 17 countries to implement prevention, care, and treatment services; to further advance innovative research; and to execute strategic and targeted global advocacy activities in order to bring dramatic change to the lives of millions of children, women, and families worldwide.

In pursuit of its mission, the Foundation strives to ensure integration of HIV policies, programs, and services and maternal and child health policies, programs, and services. Ultimately, the goal of this integration is to organize and manage health services “so that people get the care they need, when they need it, in ways that are user-friendly, achieve the desired results, and provide value for money.”¹

Background

There is global consensus that all people have the right to determine the number and spacing of their children, and that virtual elimination of pediatric HIV is possible.^{2,3} A key component of the United Nations’ global plan for eliminating new HIV infections among children is to reduce unmet need for family planning among HIV-positive women to zero.³ In order to prevent pediatric HIV and protect maternal and child health, it is critical that all men and women are provided with essential HIV services and voluntary family planning services. One way to ensure that people are able to access and effectively utilize these services is to provide integrated HIV and family planning care.

There is no globally accepted definition or one-size-fits-all model of integration. Generally, “integration” refers to strategies for linking, connecting, or bringing together different kinds of health policies, programs, or services.

Protecting the Health of All Women and Children

HIV prevention, care, treatment, and support services play an important role in protecting the health of all women and children, regardless of HIV status. While HIV counseling, testing, and prevention help ensure that HIV-negative women of reproductive age remain uninfected, these same services allow HIV-positive women to improve their health and prevent HIV transmission to their infants. Integrating HIV care, treatment, and support services with maternal and child health services can also increase retention in HIV treatment programs.^{4,5}

Voluntary family planning services support people of reproductive age to make informed decisions and exercise personal choices to achieve their fertility goals. Healthy timing and spacing of pregnancies helps women have safer pregnancies and bear healthier children, thereby reducing child and maternal mortality in accordance with Millennium Development Goals (MDGs) 4 and 5. Family planning services also contribute to MDG 6 (combating HIV/AIDS, malaria, and other diseases) by educating clients about the use of primary prevention methods, such as condoms, for prevention of HIV and other sexually transmitted infections.

Family Planning and Prevention of Mother-to-Child Transmission (PMTCT)

Family planning is a key component of the World Health Organization’s four-pronged framework for PMTCT.⁴ Comprehensive family planning services can support PMTCT efforts by providing HIV-positive women with the information and services they need to prevent unintended pregnancies. Conversely, unmet family planning needs among HIV-positive women can lead to an increase in pediatric HIV infections. For example, a study in Uganda estimated that unwanted fertility among HIV-positive women accounted for 24.5% of pediatric HIV infections and 19.8% of pediatric AIDS-related deaths.⁶ For HIV-affected couples (where either the man, woman, or both are HIV-positive) who want to have children, providing HIV and family planning services in an integrated fashion can help ensure access to PMTCT interventions, thereby reducing the risk of HIV transmission to their infants.

Strengthening Systems and Improving Quality of Care

Systematically integrating family planning and HIV services can lead to more efficient and cost-effective programs by:

- increasing use of health services,
- improving HIV-positive clients' access to family planning and reproductive health services,
- reducing stigma and discrimination against people living with HIV,
- improving continuation and follow-up of family planning methods for HIV-positive clients,
- avoiding added complexity of HIV care due to unintended pregnancy,
- reducing unintended pregnancies, particularly among HIV-positive women, and
- promoting planning and spacing of pregnancy for all women.⁷⁻⁹

Providing these essential health services in an integrated manner can increase the cost-effectiveness and efficiency of services through fewer clinic visits and provision of multiple services by a single provider at a single location. These efficiencies can lead to reductions in per-patient costs¹¹⁻¹² while leveraging vertical (i.e., disease-specific) funding to strengthen the overall health system.

Clients may also be more likely to seek health services and adhere to important health interventions if they can access services and supplies promptly and conveniently. For example, evidence from the MTCT-Plus Initiative's country programs has shown that enrolling HIV-positive women and their children into HIV-related services through maternal, child, and reproductive health facilities can lead to increased enrollment and retention in HIV care and treatment programs.¹³ In another example, integration of HIV testing and counseling into 23 family planning sites in Kenya substantially increased both condom use and HIV testing. The additional time to provide HIV testing and counseling was less than five minutes, representing a substantially lower cost per client than at a stand-alone HIV testing center.¹⁴

A Strategy for Integration

There are many factors to consider when integrating family planning and HIV services; these factors can be divided into three broad categories¹⁶:

- 1. Establishing a shared vision, understanding, and buy-in.** Achieved through training and sensitization of staff and leadership at all levels of the health care system on the importance of integration, harmonization of training curricula, and cross-training of providers and program managers in family planning and HIV.
- 2. Ensuring that effective systems are in place to support integrated service delivery.** The relationships and communication between

program components are as critical to achieving optimal outcomes as the strength of the programs themselves. At the highest levels of the health system, this includes strategic planning and budgeting with relevant stakeholders. At the service-delivery level, this may include improved patient flow, colocation of integrated services, coordinated commodity supply chains, and effective referral systems.

- 3. Sustaining quality through effective monitoring and evaluation.** Ensuring high-quality health services requires effective systems for routine monitoring and evaluation. This includes data collection and reporting, routine sharing of data between programs, and joint problem-solving and quality-improvement to enhance overall program performance.

Common Approaches to Family Planning and HIV Integration

Depending on a country's context, HIV interventions may be integrated into family planning programs or vice versa. Certain services lend themselves naturally to integration, including the following:

- **Family planning and HIV testing and counseling.** Integrating HIV testing and counseling services with voluntary family planning services is a practical way to provide clients with individualized counseling to help them reduce the risks of unintended pregnancy and HIV acquisition or transmission. For example, the client-provider interaction during a family planning visit can provide an opportunity to offer HIV testing and counseling, as well as to promote condom use as dual protection against unintended pregnancy and sexually transmitted infections, including HIV.
- **Family planning and PMTCT.** Unmet need for family planning is high among people living with HIV. By making voluntary family planning services (both counseling and commodities) available to HIV-positive clients, programs can increase uptake of contraceptives, support informed fertility decisions, and reduce unintended pregnancies. In HIV discordant couples where the woman is HIV-negative, family planning counseling, particularly regarding condom use during pregnancy and breastfeeding, can help ensure that the woman—and her infant—remain HIV-negative.

Providing HIV and family planning services together may help reduce HIV-related stigma by mainstreaming HIV services with often more widely accepted family planning services.¹⁵

- **Family planning and HIV care and treatment.** Integrating family planning services with HIV care and treatment services provides an opportunity to tailor family planning counseling and services to the needs and desires of HIV-positive clients. For example, counseling about condom use for dual protection can help prevent HIV transmission between partners and unintended pregnancies. For HIV-positive clients who want to build a family, integrated services can contribute to healthy timing and spacing of births as well as appropriate use of PMTCT interventions; this in turn can help HIV-positive women have safer pregnancies and healthier children.

The Work of Foundation-Supported Country Programs in Family Planning and HIV Integration

The following examples are from Foundation-supported programs. In each of these countries, the Foundation worked in collaboration with the local government and other implementing partners to address the issue of family planning and HIV integration.

In **Rwanda**, the contraceptive prevalence rate increased from 10% in 2005 to 45% in 2010, while the total fertility rate has declined from 6.1 in 2005 to 4.6 in 2010.^{18,19} The national government set a strong precedent in the early 2000s by introducing voluntary family planning services into antenatal care. More recently, in collaboration with the Foundation and other partners, the government of Rwanda developed a model for integrating family planning and HIV services. Some key factors that have been addressed by this collaborative model include leadership and coordination, commodity management, training, community sensitization, logistics, and monitoring and evaluation. Other initiatives include follow-up of HIV-discordant couples and national family planning campaigns initiated by the Rwandan Parliamentarian Network on Population and Development. It is anticipated that these efforts will succeed in reducing the unmet need for family planning and that women, including those living with HIV, will increasingly be able to decide if, when, and how often they want children while giving them the ability to deliver HIV-negative infants and reduce transmission of HIV and other sexually transmitted infections through dual protection methods.

Cameroon's family planning program was struggling as resources for family planning efforts dwindled and trained providers began retiring. Almost simultaneously, HIV and AIDS took hold in the region. As HIV prevention and treatment options and HIV-specific funding became available, the Cameroon Baptist Convention Health Board (CBCHB), the Foundation's implementing partner in Cameroon, took advantage of complementary funding available through USAID's AWARE/HIV and AWARE/Reproductive Health programs for integration of HIV

and family planning services.²⁰ With AWARE support, the CBCHB was able to strengthen managerial and clinical capacity among all levels of staff. Family planning practicum sites were revitalized and the supply chain for HIV and family planning commodities was improved, leading to enhanced infection prevention, medical monitoring, and overall service quality. Substantial improvements in family planning uptake were seen as well, including a dramatic increase in condom users.

Côte d'Ivoire revised its PMTCT policy in 2007 in accordance with WHO recommendations to include HIV counseling and testing in voluntary family planning services. The intent was to bring most HIV services into primary health facilities, prevent HIV infection among women of reproductive age, and improve postpartum follow-up of mother-infant pairs (particularly for HIV-positive mothers). Foundation staff helped train and mentor health care providers and administrators to provide a range of maternal, child, and reproductive health services, including family planning and HIV services. While continuing to train more providers, overcome infrastructure challenges (e.g., limited private space for counseling), and strengthen referrals, the program has successfully integrated family planning and HIV services at more than 200 PMTCT sites. Each family planning client is counseled about HIV and offered a rapid test (with same-day results) and clients' partners are also invited for testing; HIV-positive clients are referred to HIV care, support, and treatment services. Providers also follow up with HIV-positive mothers to encourage uptake of early infant diagnosis and general child health services.

Common Challenges with Family Planning and HIV Integration

While many programs have achieved some level of success in integrating these essential health services, challenges are common in the following areas:

Policy: A lack of political buy-in and support can impede effective integration of health services. High-level political support is critical, as are meaningful national strategies, guidelines, and tools for integration.

Service delivery: Where existing vertical programs are strong, integrating new or additional services may raise concerns about the potential effect on service quality. Carefully considering each program's needs and strengths can inform the best approach to integration, and help ensure continued delivery of high-quality services.

Workforce capacity: Skilled health care providers are often in short supply. Task shifting can help fill service gaps, but a lack of adequate, coordinated training on integrated family planning and HIV remains a challenge in many countries.

Monitoring and evaluation: Accurate data to inform health system design and planning are crucial. Different health programs often have separate reporting and accountability streams, and the collection and reporting of additional indicators on the integrated services may be burdensome.

Infrastructure: Space is often limited, creating a barrier to service expansion. This is a particular challenge when private, separate space is necessary, such as for counseling, laboratory services, or medical procedures.

Supply chain: Shortages and stock-outs of drugs and commodities can severely undermine a program's success. Programs with strong existing procurement and distribution systems may be hesitant to integrate, fearing that the integration could affect the quality of the system.

Conclusion

Integrating family planning and HIV services benefits clients, health care providers, and health systems. Clients receive comprehensive, high-quality care tailored to their needs. Health providers receive sensitization and cross-training on family planning and HIV issues, representing an opportunity for career advancement through the acquisition of highly sought-after skills (e.g., prescribing antiretrovirals, providing long-acting and permanent contraceptive methods, or managing clients with complex health needs). For the health system, integration of services can contribute to improvements in service efficiency by reducing the number of clinic visits required to deliver both services.

Improving access to family planning—particularly among HIV-positive women—is critical for protecting maternal and child health. Integration of HIV services and voluntary family planning services is an important strategy for reducing the unmet need for these services, and in turn, for achieving MDGs 4, 5, and 6 and the virtual elimination of pediatric HIV.

9. USAID/Extending Service Delivery (ESD) Project. Healthy Timing and Spacing of Pregnancies: A Pocket Guide for Health Practitioners, Program Managers, and Community Leaders. Washington, DC: USAID/ESD; 2009.
10. Homan R, Mullick S, Nduna M, Khosa D. Cost of introducing two different models of integrating VCT for HIV within family planning clinics in South Africa. Paper presented at: International Conference on Linking Reproductive Health, Family Planning and HIV/AIDS Programs in Africa; October 9–10, 2006; Addis Ababa, Ethiopia.
11. World Health Organization (WHO), United States Agency for International Development (USAID), and Family Health International (FHI). Strategic Considerations for Strengthening the Linkages between Family Planning and HIV/AIDS Policies, Programs, and Services. Geneva, Switzerland: WHO; 2009. <http://www.fhi.org/NR/rdonlyres/gvhp66mqrohzzmvr4w1ftyftcpdsql4q7zp6ec5ek2mo2jqc7phprzeng22xpvhbnmxyg/FPHIVstrategicConsiderations1.pdf>. Accessed June 2011.
12. Yoder PS, Amare Y. Integrated Family Planning and VCT Services in Ethiopia: Experiences of Health Care Providers. Calverton, MD: Macro International; 2008. Qualitative Research Studies No. 14. <http://www.measuredhs.com/pubs/pdf/ORS14/ORS14.pdf>. Accessed June 2011.
13. Abrams EJ, Myer L, Rosenfield A, El-Sadr WM. Prevention of mother-to-child transmission services as a gateway to family-based human immunodeficiency virus care and treatment in resource-limited settings: Rationale and international experiences. *Am J Obstet Gynecol* 2007;197:S101–106.
14. United Nations Population Fund (UNFPA) and EngenderHealth. HIV Prevention in Maternal Health Services: A Programming Guide. Geneva, Switzerland: UNFPA; 2004. http://www.unfpa.org/upload/flip_pub_file/319_filename_hiv_prevention_MH_program_gde.pdf. Accessed April 2010.
15. President's Emergency Plan for AIDS Relief (PEPFAR). Integrating HIV/AIDS and maternal health services: Donor and policy perspective. Presentation given at: Woodrow Wilson International Center for Scholars; December 3, 2009; Washington, DC. <http://www.wilsoncenter.org/events/docs/Moloney-Kitts%20Final.ppt>. Accessed June 2011.
16. Elizabeth Glaser Pediatric AIDS Foundation. Maternal and Child Health and HIV Linkages and Integration: An Essential Strategy for Preventing Pediatric HIV and Ensuring the Health of Women and Children. Washington, DC: EGPAF; 2010.
17. These definitions are adapted from two publications: (1) World Health Organization (WHO), United States Agency for International Development (USAID), and Family Health International (FHI). Strategic Considerations for Strengthening the Linkages between Family Planning and HIV/AIDS Policies, Programs, and Services. Geneva, Switzerland: WHO; 2009. (2) WHO, United Nations Population Fund (UNFPA), Joint United Nations Programme on HIV/AIDS (UNAIDS), and International Planned Parenthood Federation (IPPF). Linking Sexual and Reproductive Health and HIV/AIDS, Gateways to Integration: A Case Study from Serbia. Geneva, Switzerland; and London, UK: WHO, UNFPA, UNAIDS, and IPPF; 2009.
18. Republic of Rwanda. Rwanda Demographic and Health Survey 2005. Institut National de la Statistique Ministère des Finances et de la Planification Économique Kigali, Rwanda and ORC Macro Calverton, MD.
19. Republic of Rwanda and ICF Macro. Rwanda Demographic and Health Survey 2010: Preliminary Results. Presented at: DHS Preliminary Results, Alpha Palace Hotel, Kigali, Rwanda; June 16, 2011.
20. The CBCHB is the Foundation's local implementing partner in Cameroon. The Foundation provides financial support and technical assistance to the CBCHB to strengthen program quality and foster local ownership and sustainability.

Acknowledgments

This brief was written by Rebecca Bennett (consultant) and Corinne Mazzeo. The authors gratefully acknowledge the Foundation's staff in Côte d'Ivoire and Rwanda, as well as the staff of the Cameroon Baptist Convention Health Board for their contributions to this document.

The Foundation-supported country program activities described in this brief were implemented in collaboration with a variety of partners, including each country's ministry of health. These activities were funded in part by the U.S. Centers for Disease Control and Prevention (CDC) and the United States Agency for International Development (USAID) through the President's Emergency Plan for AIDS Relief (PEPFAR), and by the Foundation's many private donors.

This publication was supported by CDC through PEPFAR under Cooperative Agreement U62/CCU123541, as well as the generous support of private donors. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC or other Foundation sponsors.

1. World Health Organization (WHO). Integrated Health Services: What and Why? Technical Brief No. 1. Geneva, Switzerland: WHO; 2008.
2. United Nations, Final Act of the International Conference on Human Rights (Proclamation of Tehran), 1968, http://untreaty.un.org/cod/avl/pdf/ha/fatchr/Final_Act_of_TehranConf.pdf. Accessed July 2011
3. UNAIDS 2011, Global Plan Towards the Elimination of New HIV Infections among Children by 2015 and Keeping Their Mothers Alive, http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110609_JC2137_Global-Plan-Elimination-HIV-Children_en.pdf. Accessed June 2011
4. World Health Organization (WHO) and United Nations Children's Fund (UNICEF). Guidance on Global Scale-Up of the Prevention of Mother to Child Transmission of HIV: Towards Universal Access for Women, Infants and Young Children and Eliminating HIV and AIDS among Children. Geneva, Switzerland: WHO; 2007. http://www.unicef.org/aids/files/PMTCT_enWEBNov26.pdf. Accessed September 2010.
5. United Nations Children's Fund (UNICEF). Preventing mother-to-child transmission (PMTCT) of HIV. http://www.unicef.org/aids/index_preventionyoung.html. Published 2010. Accessed September 2010.
6. 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. doi:10.1371/journal.pone.0007691.
7. World Health Organization (WHO), United Nations Population Fund (UNFPA), Joint United Nations Programme on HIV/AIDS (UNAIDS), and International Planned Parenthood Federation (IPPF). Linking Sexual and Reproductive Health and HIV/AIDS—Gateways to Integration: A Case Study from Haiti. Geneva, Switzerland; New York, NY; and London, UK: WHO, UNFPA, UNAIDS, and IPPF; 2008.
8. World Health Organization (WHO), United Nations Population Fund (UNFPA), Joint United Nations Programme on HIV/AIDS (UNAIDS), and International Planned Parenthood Federation (IPPF). Linking Sexual and Reproductive Health and HIV/AIDS—Gateways to Integration: A Case Study from Kenya. Geneva, Switzerland; New York, NY; and London, UK: WHO, UNFPA, UNAIDS, and IPPF; 2008.



USAID
FROM THE AMERICAN PEOPLE