PSI Issue Brief
SOCIAL MARKETING AND COMMUNICATIONS FOR HEALTH

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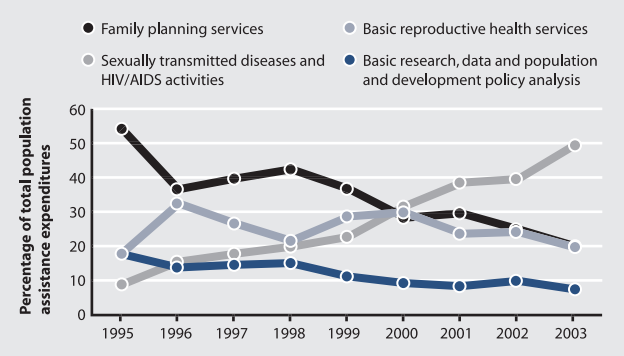
Family Planning and HIV Prevention: Creating Synergies

Both family planning (FP) and its integration with HIV programs have been overshadowed by donor emphasis on other urgent health issues, namely HIV, malaria and tuberculosis. This is especially true in sub-Saharan Africa where the HIV epidemic is most acute, fertility rates are high and modern contraceptive use is low.[1] This occurs despite the high unmet need for FP in the region and the proven impact of FP programming on a broad range of development goals, including health, poverty reduction and environmental sustainability. FP and HIV prevention interventions are synergistic in efforts to prevent unintended pregnancies and HIV, and their integration contributes to lessening the burden of other health and socio-economic challenges faced in the developing world.

Family Planning Funding Diminishing, 1996-2003



Source: Prof. Joseph Speidel

This graph demonstrates the diminishing funding from worldwide sources going to family planning programs as compared to the growth in HIV program funding from 1996-2003.[2]

This brief discusses the lack of synergy between FP and HIV prevention interventions and the benefits increased synergy could bring. It discusses current limitations to contraceptive access and their effect on the potential for integration, and what PSI is doing to improve FP/HIV integration. PSI is committed to increasing and improving such integration in order to maximize health impact and cost-efficiency.

There are approximately 20 million women of childbearing age living with HIV. For these women, FP can play an important role in preserving health and improving quality of life by preventing unintended pregnancy and curbing the spread of HIV by reducing mother-to-child transmission. As AIDS treatment rolls out in developing countries, women with HIV are living increasingly long and healthy lives, with higher fertility. They are in need of FP counseling and services alongside HIV care. Programs must strive to capitalize on the synergy between FP and HIV services to maximize positive impact on women's reproductive health.

Women gather at a mobile HIV counseling and testing clinic to learn about different family planning options. Combining HIV and family planning programs can increase the impact of both interventions.

The Rationale for Integration

FP and HIV programs can — and should — be viewed as synergistic in their efforts to prevent HIV and unintended pregnancies and other health and non-health problems for the following reasons:

- FP/HIV integration can reduce vertical HIV transmission through the prevention of unwanted pregnancies in HIV-positive women and couples, and is a more efficient and cost-effective way of reducing mother-to-child transmission than drug treatment.[3,4]
- Both programs target sexually active populations engaging in unprotected sex and risking HIV infection or unintended pregnancy.
- Integration can increase the reach to key audiences that may not benefit from traditional programs (for example, reaching sex workers with FP messaging through voluntary counseling and testing [VCT], or reaching housewives with HIV prevention messaging through FP providers).
- Providers of counseling for HIV can be trained to integrate messages and services about FP and vice versa, strengthening capacity and increasing cost-effectiveness as well as decreasing vertical HIV transmission.

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- Both unintended pregnancies and HIV transmission can be prevented through condom use. Promoting condoms for contraception may decrease their disease-related stigma and facilitate condom use with regular partners.

Limitations on Contraceptive Access and Integration

For women in developing countries, commercial outlets such as pharmacies, shops and markets constitute the most important source of contraception after public sector health facilities. For men, a majority of condom users obtain supplies from private, commercial sources. Social marketing programs ensure that FP and HIV prevention products and services are accessible to the general population.

It is for these reasons that the President's Emergency Plan for AIDS Relief's (PEPFAR) prohibition of the procurement of contraceptives for PEPFAR-supported clinics represents a lost opportunity to address the high level of unmet need for FP among the HIV-positive women PEPFAR aims to support. Additionally, PEPFAR's prohibition against implementers promoting condoms to the general population for HIV prevention limits their use for contraception as well.

Challenges to integration are not limited to donor policy. An assessment in Cambodia showed that providers did not proactively approach clients about sexual and reproductive health and did not understand the benefit of integrating VCT and FP services and counseling. They felt it was time-consuming and saw little profit in offering integrated services.[5]

Integration in PSI Programs

PSI is integrating FP counseling and services into VCT centers and training FP providers to offer VCT. An integrated approach recognizes that the target groups' HIV and FP needs are often inextricably linked, and addressing sexuality is fundamental to both programs. Here are a few examples of integration in PSI programs:

- Many of PSI's VCT services have trained providers to ask questions about pregnancy desire and use of contraception during counseling. Questions include: Do you or your partner want children in the next two years? If not, are you or your partner using a method of contraception (if yes, what method)? If the client replies 'no' to these questions, the counselor is prompted to either refer the client or provide FP information or services according to what is available on site during post test counseling.

- In Cambodia, select Sun Quality Health private sector health franchises have integrated VCT, increasing access to VCT among FP clients and vice versa. Providers have been trained to assess risk for HIV using a standard curriculum for delivery of training and defined practical guidelines for integrating HIV counseling, service delivery and referral into existing FP services.

- In Madagascar, synergy of HIV prevention and FP services helps to meet the unique needs of adolescents whose behavior typically puts them at risk for both unintended pregnancies and HIV. PSI has integrated VCT into existing services including FP and treatment of sexually-transmitted infections. This helps meet the demand for high quality VCT services that are adapted to youth.

Moving Forward

More must to be done to meet the dual challenges of high rates of unintended pregnancies and HIV, including increasing access to and use of contraceptive methods by women living with HIV. Other opportunities to integrate FP and HIV programs include:

- Training providers to address sexual and reproductive health for people living with HIV;
- Developing services and messages that improve FP programs' ability to reach HIV-positive women;
- Strengthening dual protection messages that address both HIV and unwanted pregnancy;
- Positioning new condom brands for FP and dual protection against HIV and unintended pregnancy.

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[1] Strachen M, Agarwal K, et al. "Analysis of Family Planning Content in HIV/AIDS, VCT, and PMTCT Policies in 16 Countries." January 2004.

[2] Speidel J. "Return of the Population Growth Factor." Report on Hearings by the All Party Parliamentary Group on Population Development and Reproductive Health, January 2007.

[3] Reynolds HW, Janowitz B, Homan R, Johnson L. "The Value of Contraception To Prevent Perinatal HIV Transmission." Sex Transm Dis 2006; 33: 350–56.

[4] Considering operating costs both for HIV counseling and testing and for nevirapine services, the model (in the above cited paper) predicted it would cost $857 to avert one HIV-positive birth using the traditional PMTCT strategy. Including first-year costs of providing particular contraceptive methods, $663 would be needed to avert one such birth using the contraceptive strategy. Results also showed that for any given amount of money, increasingcontraceptive use averted more HIV-positive births than did the traditional PMTCT strategy. If, for instance, $20,000 were spent increasing access to PMTCT services, 23 HIV-positive births would be averted. If the same amount of money was spent increasing contraceptive use, 30 such births—22% more—would be averted.

[5] Population Services International. "Family Planning/HIV Integration Program Inventory," www.hivandsrh.org/workinggroup/programinventoryjul2006.doc, July 2006.