
Family Planning for People Living with HIV/AIDS

Rose Wilcher

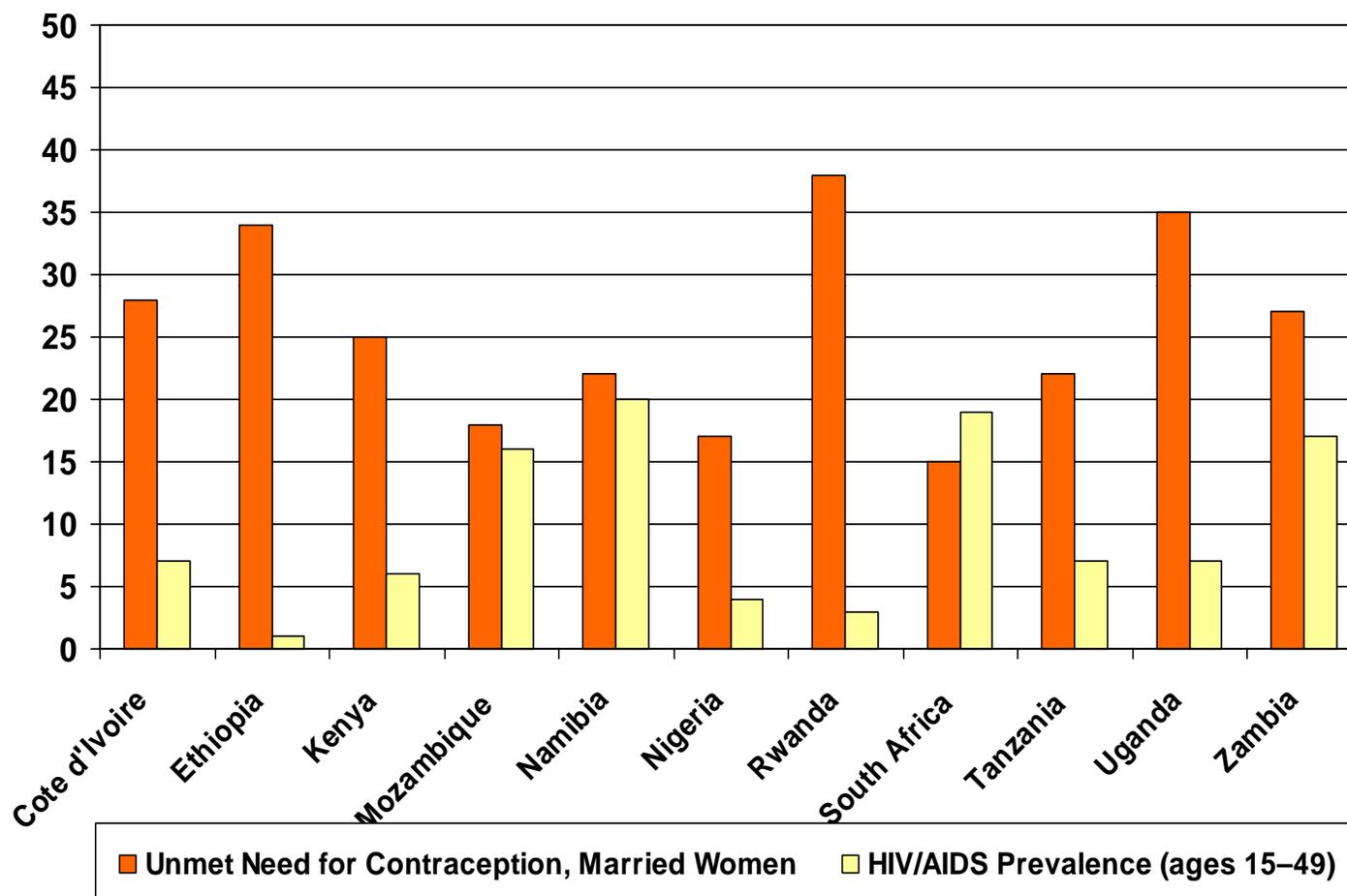
Senior Technical Officer
Family Health International

**Reducing Inequities – Ensuring Universal Access to
Family Planning**

June 30, 2009



HIV and Unmet Need for Contraception



Sources: Guttmacher Institute, 2007 and PEPFAR, 2007

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)

Benefits of FP for PLHIV

- Protects the right of women with HIV to determine the number and spacing of children
 - Reduces unintended pregnancies
 - Improves maternal and infant health
 - Prevents vertical transmission of HIV
-

How best to increase access to FP among PLHIV?

- Integrate FP and HIV services
- Strengthen traditional FP programs



What do we mean by “integration”?

UNFPA-WHO-UNAIDS definition:

- "Refers to how different kinds of reproductive health and HIV services or operational programs can be joined together to ensure and perhaps maximize collective outcomes. This would include referrals from one service to another. It is based on the need to offer comprehensive services."
-

Reduce Missed Opportunities



Clients Seeking
HIV-related Services

AND

Clients Seeking
FP Services



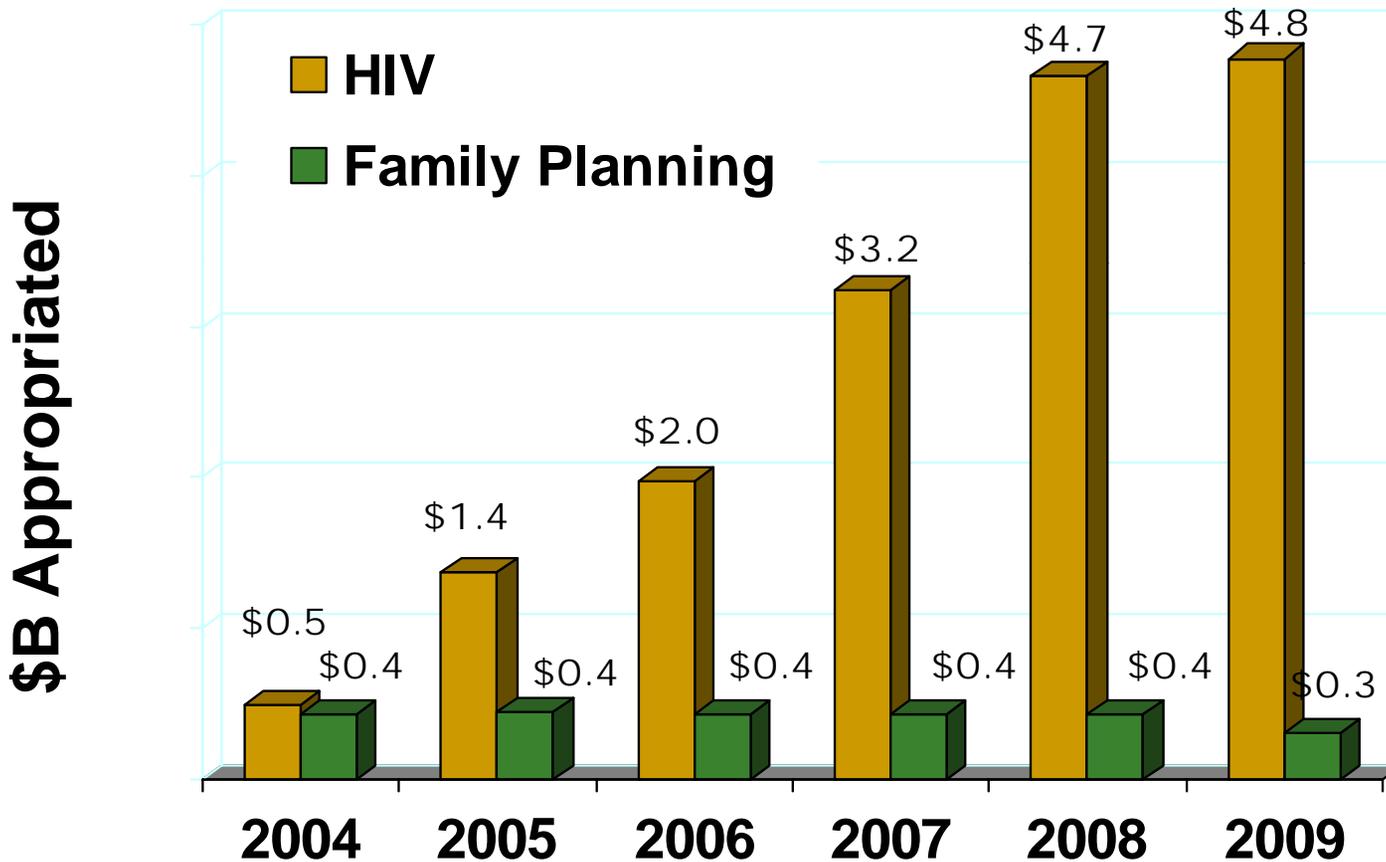
Share common needs:

- ❑ **often both sexually active and fertile**
- ❑ **are at risk of HIV infection or might be infected**
- ❑ **need access to contraceptives**
- ❑ **need to know how HIV affects contraceptive options and vice versa**

FP/HIV Integration Progress

- Strong international policy support
 - Country-specific technical working groups on FP/HIV integration
 - Integrated services are acceptable to clients and providers
 - Integrated services do not negatively affect the quality of the base service
-

Funding Trends in HIV and FP



Source: CRS (2008)

FP/HIV Integration Challenges

- Several potential models
 - FP/HIV counseling & testing
 - FP/PMTCT
 - FP/HIV care and treatment
 - FP/Home-based care



- Many pilot projects; few rigorously evaluated
-

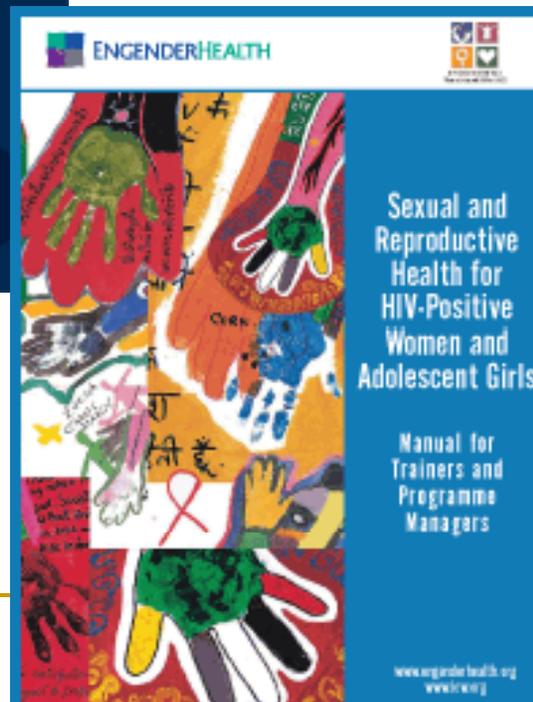
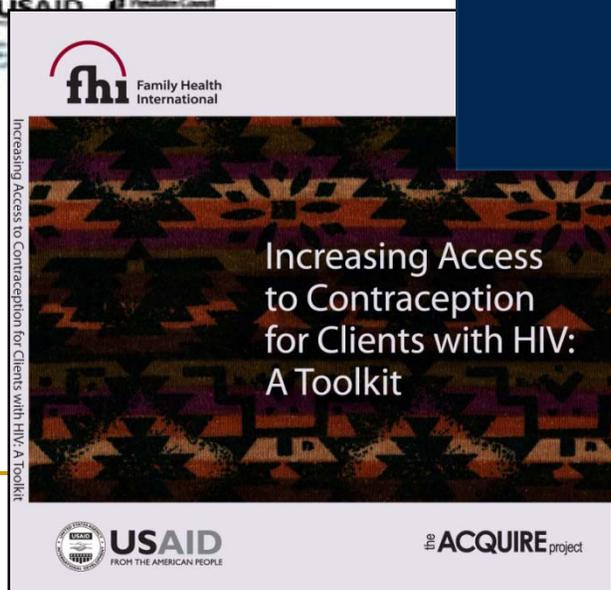
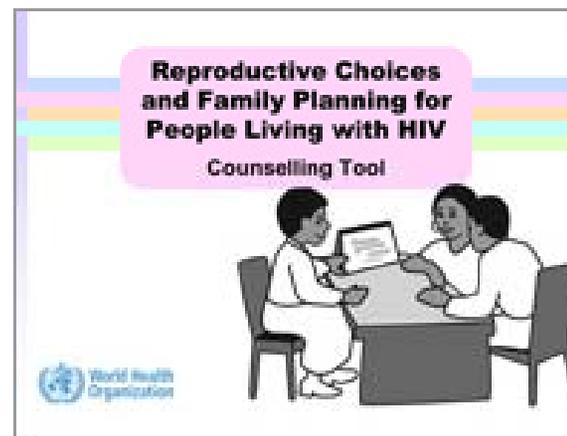
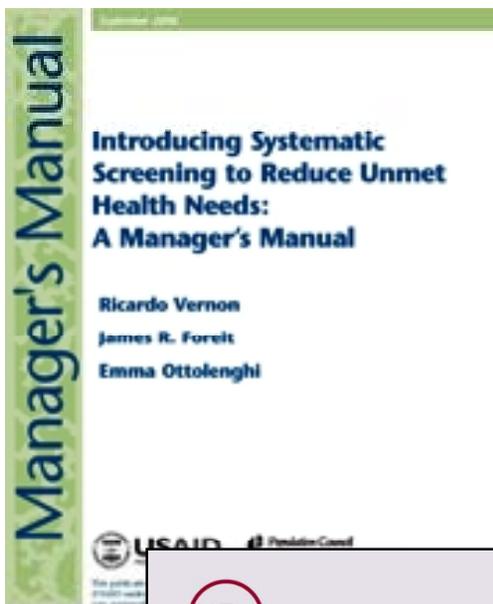
FP/HIV Integration Challenges

- No “one-size-fits-all” approach
 - Various operational considerations
 - Must address FP provider biases against and preparedness to serve HIV+ clients
-

FP/HIV Integration: Technical Inputs

- Range of interventions needed across different levels of the health system
 - policy environment
 - technical capacity of providers, supervisors, and other health workers
 - facility set-up and systems
 - commodity supply
 - community involvement
-

FP/HIV Integration Resources

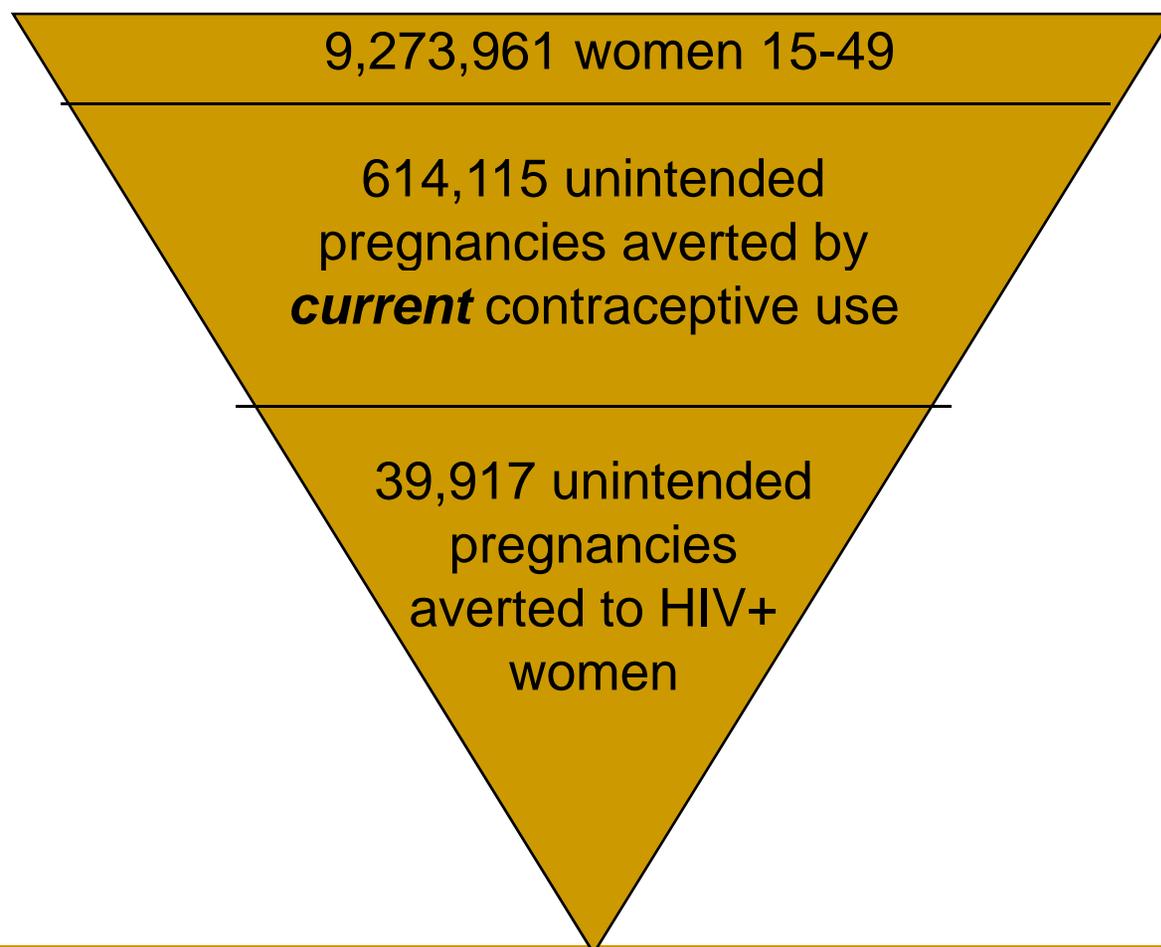


More Research Needed

- Does integrating FP and HIV services result in improved health outcomes when compared to implementing these services/programs separately?
 - Are the incremental costs of linking services equal to or less than the cost of providing services separately?
 - How effective are referral-based models of FP/HIV integration for uptake of methods not immediately offered in the HIV service?
-

What is the Current Benefit of Contraceptive Use in Tanzania?

- 22.5% CPR
- 6.5% HIV prevalence



What is the Potential Benefit of Contraceptive Use in Tanzania?

- 24% of births are unintended

