



# Increasing support for family planning as HIV prevention: Identification of influential individuals and stakeholder perceptions

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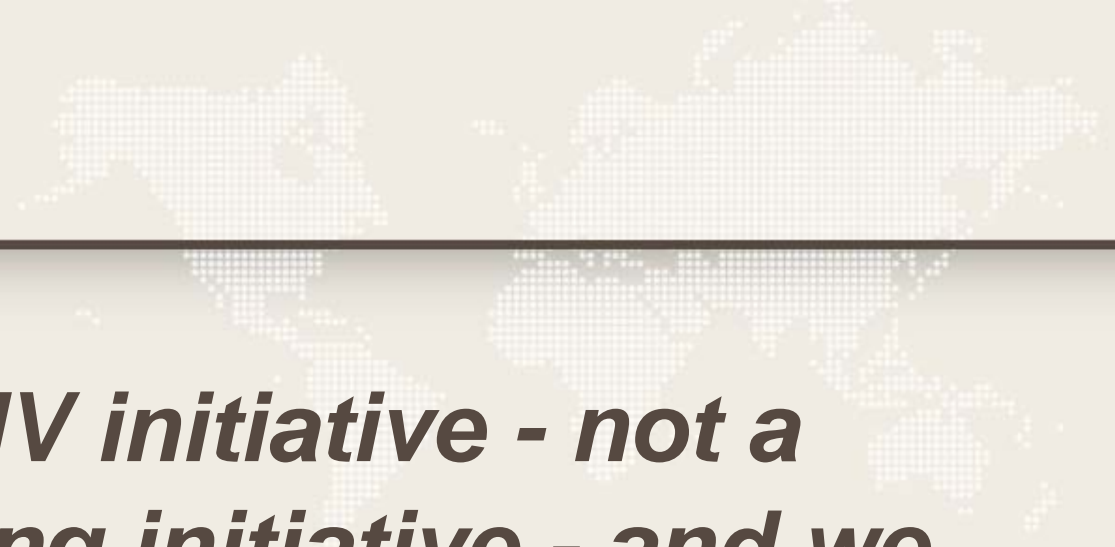
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IMPROVING LIVES  
**WORLDWIDE**

**International Conference on Family Planning:  
Research and Best Practices**

**Kampala, Uganda**

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***“This is an HIV initiative - not a family planning initiative - and we are not going to use HIV money for these other things.”***

# Presentation outline



HIV stakeholder identification

Key informant selection & interviews

Interview findings

Conclusions

# WHO/UN PMTCT Strategy

**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**

Source: WHO, 2002.

# So then why is Prong 2 neglected?

Time

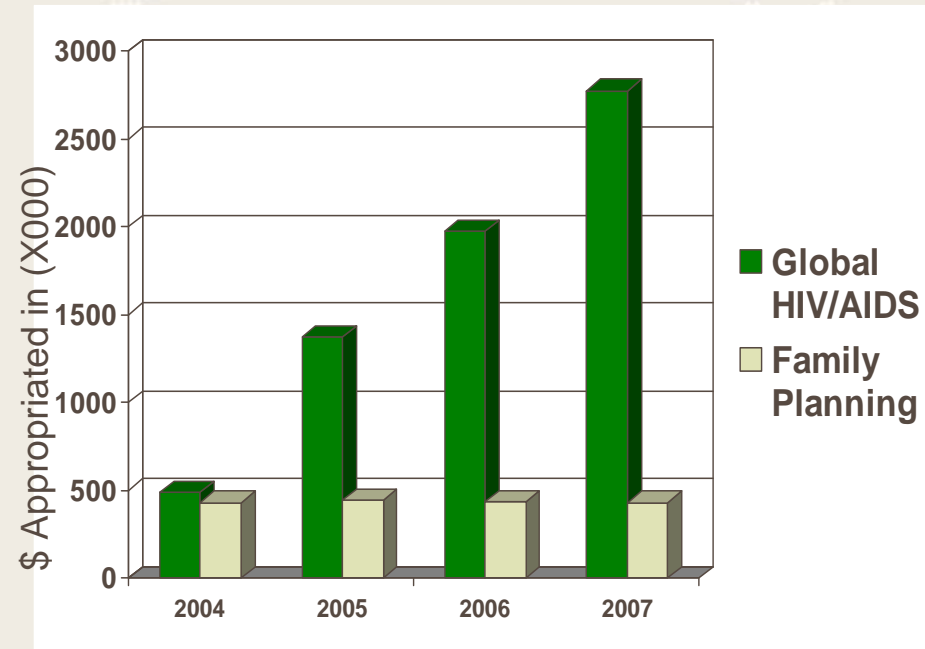
Money

Territoriality/friction

Human rights

Lack of evidence

Lack of information



# So then why is Prong 2 neglected? Overall project goals

Identify the most influential individuals in the international HIV/AIDS field

Determine the barriers to supporting or implementing the strategy and factors that might facilitate its adoption

Reach influential individuals with targeted advocacy

# Phases I (Global) & II (India)

## Phase I

2007-2009

Focused on global level

Funded by USAID

## Phase II

2009

Focused on Andhra Pradesh,  
India

Funded by Hewlett Foundation

# Who's who in HIV/AIDS: stakeholder identification

## *What is a stakeholder?*

Actors (persons or organizations) who have a vested interest in the policy/issue that is being promoted

All parties who will be affected by or will affect this issue

## *Who were our target stakeholders?*

Researchers, program managers, donors, policy makers, advocates, and other public figures

# Who's who in HIV/AIDS: Global

Data Search	# of stakeholders found
Published research, conference presentations, NIH PMTCT grants	117
HIV program planners and managers (Global Fund, PEPFAR, World Bank, Gates Foundation)	131
<i>Kaiser Daily HIV/AIDS Reports</i>	31
Leadership of major AIDS organizations, normative bodies, international task forces, working groups, research organizations, and advocacy groups	218
<b>TOTAL</b>	<b>497</b>

# Who's who in HIV/AIDS: India

Data Search	# of stakeholders found
Government Officials	204
Leaders	51
Program Implementers	61
Public Figures	6
Researchers	4
<b>TOTAL</b>	<b>326</b>

# Interview questions

Opinion about contraception for PMTCT

Perceived barriers to implementation

Perceived facilitators for implementation

Common objections of colleagues to integration

Who they think could have a potentially influential effect on others

What types of information they access with regard to the topic

*“There is a tendency...[in] some parts of the HIV community to see their primary area of work as being rather more narrowly defined HIV services, and saying, ‘Family planning is important, sure, but that's not our responsibility.’ ...you'll find that reproductive health people are struggling with family planning service generally and they kind of feel like they don't have the means [to offer HIV services] ...if a woman has HIV, programs are available and they are so well resourced so surely they [HIV providers] should be doing it.”*

# Interview findings: Global

The two most frequently cited barriers to linking FP with HIV/AIDS services:

Lack of resources to link FP and HIV/AIDS services

Lack of infrastructure or capacity to provide integrated services at the facility level

# Interview findings: Global

Lack of:

- National-level leadership

- Targeted advocacy to decision-makers

- Knowledge and/or understanding of FP's contributions to HIV prevention

Separation of or competing resources

Cultural or religious resistance to family planning

Seeing the responsibility as lying elsewhere

Separation of family planning and HIV/AIDS programs

# Interview findings: Global

Political resistance to family planning

Lack of global-level leadership

Lack of influential individuals as 'champions'

Separation of policies

Lack of monitoring and evaluation systems

Indifference at policy or donor levels

Lack of visibility in published literature or technical conferences on the benefits of integrating FP and HIV/AIDS services

# Interview findings: India

## Most frequently cited barriers to linking FP with PPTCT services:

Lack of incentives

Integration is not a priority and is not mainstreamed

Stigma

Lack of resources and capacity to implement integrated services

Hospital systems issues

# Interview findings: India

## Most frequently cited barriers to linking FP with PPTCT services:

Lack of supportive policies

Vertical, parallel programs

RCH and PPTCT services are not generally accessible

Private sector challenges

# So what?

Most participants focused almost exclusively on barriers rather than facilitators

Complex array of challenges

Irony in the call for champions (presumably influential people like themselves)

Needs include: strengthened education, advocacy, and research efforts; fundamental changes in funding mechanisms and policy structures

# What comes next?

*“We have to prioritize integration [in Andhra Pradesh]... We need to educate [stakeholders] on the benefits of integration, urge top officials to make it a priority so that enough resources are allocated for these initiatives. A state-level advocacy campaign aimed at changing the mindset of the people can increase support for integration.”*

**Advocacy for the global and India efforts is ongoing**

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