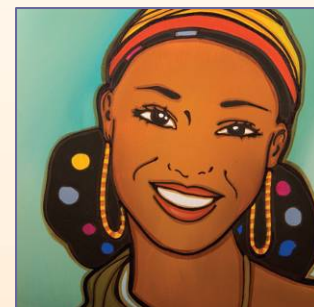


# Integrating HIV and family planning services: Evidence at hand, evidence needed

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International Conference on Family Planning: Research and Best Practices  
Munyonyo, Uganda, 15-18 November 2009



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# Factors continuing to influence the HIV/AIDS pandemic

- Behavioural (high-risk sexual behaviour)
- Biological (e.g. higher acquisition risk for women, particularly young women, than for men)
- Cultural (e.g. vaginal practices; male circumcision)
- Social (e.g. labour migration patterns)
- Route of transmission (blood and blood products; contaminated needles; sexual transmission)
- Poor access to services (prevention, treatment, care)
- Availability of new medicines and preventive technologies



# Why continue family planning research: global realities

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- A key health and development issue
- 137 million couples with unmet need
- 80 million unintended pregnancies every year
- Unintended infections (HIV/STI) alongside unintended pregnancy, thus services linkages
- Both adolescents and adults have high unmet and evolving need



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# Responding strategically to the global HIV/AIDS challenge?

- **Combination therapy**
- **Combination of prevention interventions**
- **Combination of services coverage**
- **Combination vaccine – 'prime' + 'boost'**



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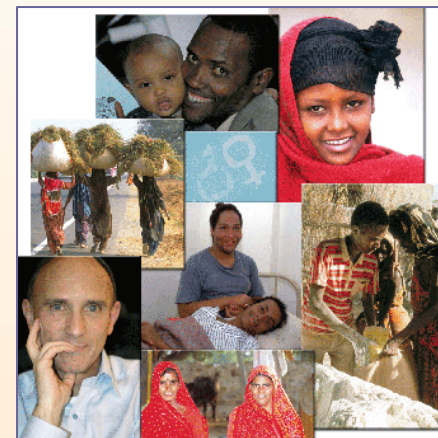


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# Responding contextually to fundamental drivers of the HIV/AIDS pandemic

## Vulnerability based on:

- Inequality (gender)
- Poverty (wealth)
- Discrimination (stigma)
  - lack of leadership commitment (–)
  - inadequate financing (–)
  - silence of epidemic
  - activism (+) (1986: founding of International Steering Committee of People Living with HIV – now GNP+)



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# The rationale for linkages or integration

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- Both serve the same target population - the sexually active - men, women and young people
- Both promote safe and responsible sexual behaviour
- Has potential to increase dual protection and condom use
- Reduces MTCT and stigma with HIV/AIDS
- Minimizes missed opportunities to increase access and coverage for vulnerable and high-risk groups



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# The rationale for linkages or integration *(cont'd)*

- Builds on existing programmes, structures and institutions and promotes universal access to both
- Provides tailored sexual and reproductive health services for people living with HIV
- Potential for cost savings, eliminates duplication, promotes coordination and efficiency
- Increase reach of HIV prevention messages, counselling, and testing services
- Reduce unintended pregnancies, including among HIV+ couples



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# Service linkages entail

- An approach in which health care providers use opportunities to engage clients in addressing their sexual and reproductive health needs, including HIV/AIDS, simultaneously



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# Objectives of a WHO, UNFPA, IPPF, UCSF Cochrane Group systematic review on SRH/HIV linkages

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- To gain a clearer understanding of the effectiveness, optimal circumstances, and best practices for strengthening SRH and HIV linkages



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# SRH-HIV Linkages Matrix

Peer-Reviewed Studies Promising Practices	HIV prevention, education & condoms	HIV counselling & testing	Element 3 of PMTCT	Clinical care for PLHIV	Psychosocial & other services for PLHIV
Family planning	54 / 25	6 / 16	2 / 5	1 / 4	6 / 5
Maternal & child health care	7 / 10	15 / 10		2 / 3	1 / 4
GBV prevention & management	4 / 10	1 / 2	1 / 2	1 / 1	0 / 1
STI prevention & management	129 / 23	9 / 10	1 / 2	4 / 2	5 / 2
Other SRH services	0 / 5	1 / 2	0 / 1	2 / 0	1 / 0



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# Overall findings

- The majority of studies showed improvements in all outcomes measured
  - A few mixed results
  - Very few negative findings
- Linking SRH and HIV services was considered beneficial and feasible, especially in:
  - Family planning clinics
  - HIV counselling and testing centres
  - HIV clinics
- Promising practices tended to evaluate more recent and more comprehensive programmes
  - 71% of peer-reviewed studies reported only one type of linkage
  - 57% of promising practices reported five or more linkages, while just 9% had only one type of linkage



# Sub-analysis of studies linking family planning with HIV/AIDS interventions

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- 16 studies (10 peer-reviewed and 6 promising practices)
- 9 point scale study rigour
- Family planning to HIV VCT clients
- Family planning to MCH clients
- Family planning to PLWH
- Family planning adding HIV services
- VCT-family planning training to VCT providers



# Reported outcomes

- Health outcomes – none reported
- Behavioural outcomes – condom use, sex partners, contraceptive use
- Knowledge/attitudes – male and female condom, HIV and STI facts
- Process outcome – services access, uptake; availability of drugs; provider training; provider implementation; provider attitude; quality of services; cost



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# KEY FINDINGS: Services and behaviour Outcomes

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- Progressive integration of primary care services including family planning into community VCT associated with higher family planning uptake

*Peck et. al. King et. al.*

- VCT clients twice more likely to use a condom and 3 times more likely to use a dual method (condom and hormonal) than women who did not receive VCT

*Rasch et. al.*

- Increased condom use with full or partial integration

*Mullick et. al.*

- Family planning counselling and methods had positive effect on VCT



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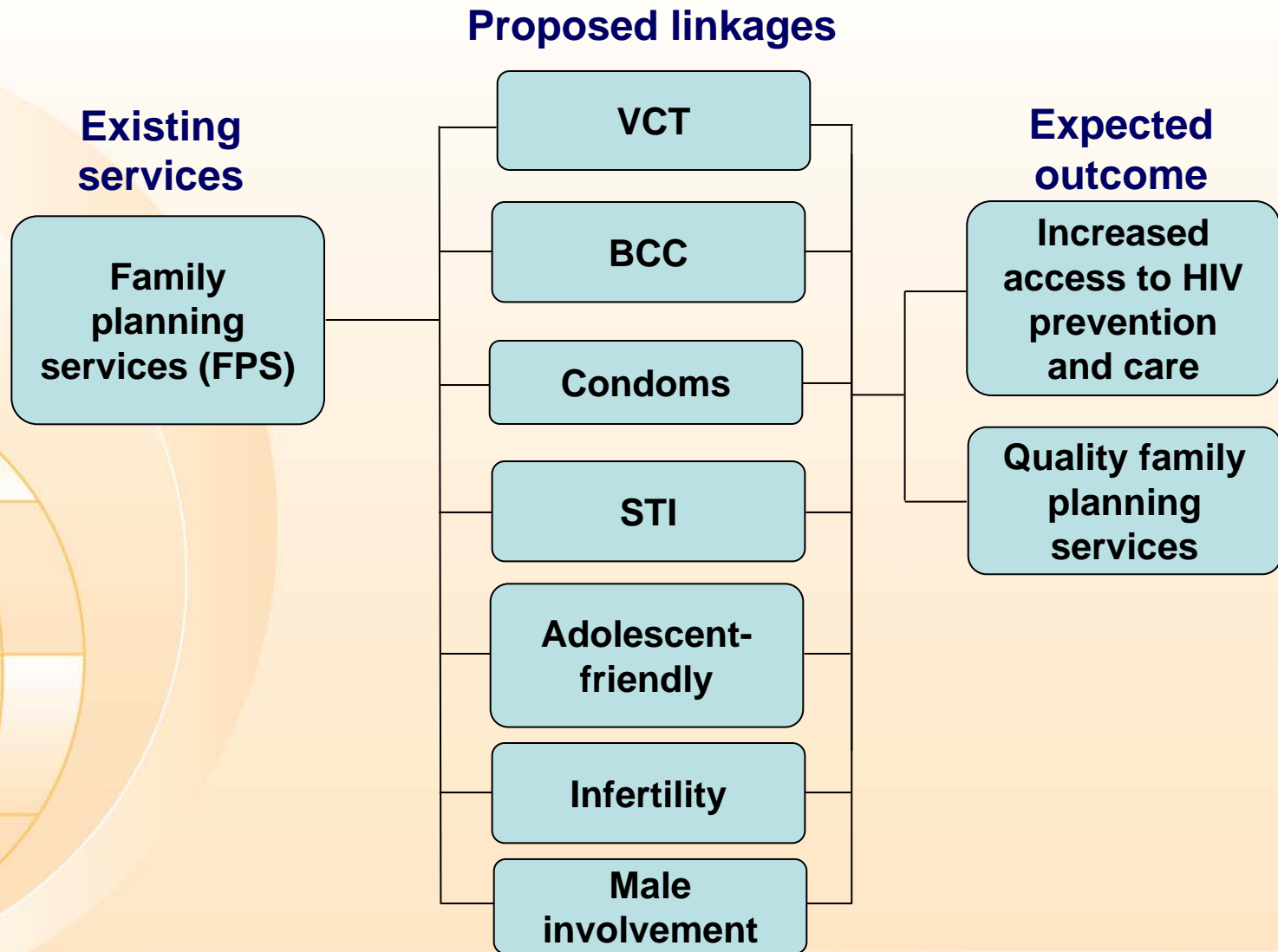
# Lessons drawn and gaps

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- Linking family planning and HIV interventions is feasible and effective
- Increase in uptake of both HIV and family planning services
- No studies report HIV incidence following linkages
- Similarly, data on unmet need addressed and contraceptive prevalence rate as long-term outcome variables needed
- Theoretically, integration is cost-effective but more studies needed
- Need for designs that compare short and long-term benefits



# Family planning services



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# Indicators

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- Proportion of FPS sites offering counselling and HIV testing, care or referral
- Proportion of FPS site users counselled on HIV and tested, treated or referred
- Proportion of people using any family planning method who accept to use a condom (for family planning, STI or HIV prevention)
- Proportion of FPS site users receiving behaviour change communication (BCC)
- Proportion of FPS site users counselled, referred or treated for STI and for infertility



# Conclusion

**Sexual and reproductive health services expand entry points for accessing HIV prevention and care, increase efficiency and cost-effectiveness of programmes**



"What we have been doing is like mopping the floor while the roof is leaking"

*Maggwa N (2006)*

<http://www.who.int/reproductivehealth/en/>



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