

# THE BENEFITS OF INTEGRATING HIV AND FAMILY PLANNING PROGRAMS

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Offering family planning/reproductive health (FP/RH) and HIV/AIDS services together is central to ensuring universal access to reproductive health care and HIV prevention, treatment, care and support. Failure to integrate these services is a missed opportunity that may undermine the effectiveness of these programs.

An estimated 2.6 million people become infected with HIV annually. Women are particularly affected, making up 60 percent of people living with HIV in sub-Saharan Africa.<sup>1</sup> Sub-Saharan Africa also has high maternal mortality rates, and 53 million women in this region want to prevent pregnancy, but lack contraception.<sup>2</sup>

To curb HIV prevalence rates and address the demand for family planning across the globe, there is an overwhelming need to increase access to FP/RH and HIV/AIDS information and services through integration.

### WHAT IS INTEGRATION?

Integration is joining together FP/RH and HIV/AIDS services or programs to improve health outcomes. To be effective in improving health outcomes, integration should occur at the policy, operational, and service delivery levels.

### WHY INTEGRATE FP/RH AND HIV/AIDS SERVICES?

Without integrated FP/RH and HIV/AIDS services, women often need to make multiple trips to receive the comprehensive services they need. The additional travel creates a financial burden and results in lost productivity in their work and in the home. The provision of separate services can also result in higher levels of stigma and poor follow up because of insufficient referral systems.

#### Increase Access to Life-Saving Services to Improve Health

**Outcomes.** The provision of FP/RH information and services helps individuals and couples make informed health decisions that protect them against HIV/AIDS and other sexually transmitted diseases,<sup>3</sup> as well as unintended pregnancies. Integrating HIV/AIDS and FP/RH services expands access to comprehensive services regardless of their point of entry into the health care system. Increasing the number of health facilities that provide integrated services can help reach key affected populations more effectively.

**Promote Dual Protection.** Unintended pregnancy and the sexual transmission of HIV both result from unprotected sex. The provision of integrated FP/RH-HIV services enables clients to receive thorough information about healthy behaviors and the full range of tools available to them. This includes male and female condoms that protect against both unintended pregnancy and sexual transmission of HIV.



**Save Money.** Integrating services generates significant savings when compared to the costs of stand-alone services. One study found that providing family planning services in HIV antiretroviral therapy sites saves nearly \$25 for every dollar spent.<sup>4</sup> The study also found that providing family planning to HIV patients generated significant savings in preventing mother-to-child transmission (PMTCT) and orphans and vulnerable children (OVC) support costs. The savings that were generated in the 14 African countries by providing family planning ranged from \$62 to \$82 million. Integrating family planning and HIV/AIDS services is a cost-effective approach to service delivery by offering more women living with HIV access to family planning, reducing the number of new HIV infections resulting from mother-to-child transmission and reducing the costs associated with treatment services.

**Decrease Stigma and Discrimination.** Offering FP/RH and HIV/AIDS services at a single site can help overcome the stigma and discrimination<sup>5</sup> that impedes access to HIV/AIDS prevention, treatment and care. In places where issues around sex, HIV, and reproductive health are stigmatized, offering services in an integrated setting (versus a standalone HIV or family planning clinic) may better enable individuals to seek prevention, treatment, and care services.

### INTEGRATION IN ACTION: FAMILY PLANNING AND PREVENTING MOTHER-TO-CHILD TRANSMISSION (PMTCT)

Reducing unintended pregnancies among women living with HIV is one of four essential components of effective PMTCT programs, according to World Health Organization. The evidence base for the critical role of family planning within PMTCT programs is clear, however, the need remains largely unaddressed. In four sub-Saharan African countries where the percentage of women living with HIV who want, but cannot access family planning ranges from 51 to 99 percent; unintended pregnancies among these women are high due to limited or inaccessible contraceptive supplies.<sup>6-8</sup> In this region, voluntary contraceptive use currently prevents about 577,000 unintended pregnancies among women living with HIV. This number could nearly double if all women living with HIV who want to prevent pregnancy could access contraceptives.<sup>9</sup> Providing integrated contraceptive and HIV treatment and care services to women living with HIV enables them to decide if and when to have children, to avoid unintended pregnancy, and to prevent other sexually transmitted infections.

## POLICY RECOMMENDATIONS

**Increase Donor Funding and Policy Support.** Donors should provide robust and flexible funding for both FP/RH and HIV/AIDS programs, and promote policies that support integrated programming. These policies should work to ensure that individuals receive the services they want and need, regardless of where they enter into the health care system. In the U.S. context, PEPFAR (HIV/AIDS) funds should be made available to purchase and distribute contraceptives, as an HIV prevention strategy and as part of essential care and treatment services.

**Strengthen National Policy Environments.** Improving coordination and policy planning between in-country reproductive health and HIV/AIDS agencies and strategically allocating funding and implementing policies can help create an enabling environment for integration. Linking FP/RH and HIV/AIDS policies will support integration at the service delivery level and decrease confusion about the jurisdiction of national reproductive health and HIV/AIDS coordinating bodies. In countries where sound policies are currently in place, improved coordination will make implementation more effective.

**Integrate the Supply Chain and Expand Contraceptive “Method Mix.”** An integrated, efficient procurement and logistics system for FP/RH and HIV/AIDS supplies can help prevent shortages and stock-outs, a common occurrence that inhibits the delivery of integrated FP/RH and HIV/AIDS services. In many areas, greater attention to and investment in making the full range of contraceptives—including long-acting and permanent methods—available to women, including those living with HIV, is an urgent priority. Preparations should also be made to meet the anticipated increased demand for family planning services as a result of integration.

### Train and Sensitize FP/RH and HIV/AIDS Service Providers.

Trained and well-informed health providers are central to ensuring the delivery of quality, integrated services. The integration of FP/RH and HIV/AIDS services may also reduce staff shortage issues by streamlining services through one healthcare facility and allowing health providers to treat and counsel clients in one location at one time. Countries and donors should sustain investments to train health care workers and managers on delivering integrated FP/RH and HIV/AIDS services.



**Involve Civil Society.** Civil society can promote FP/RH and HIV/AIDS integration because they have a cultural, political, and social understanding of their communities. As a result, they can raise awareness about the availability of integrated services at the community level, including with key populations who may not be reached in mainstream programming or well-represented in national dialogues.

**Establish Measurement and Accountability Indicators.** A strong monitoring and evaluation framework is needed to measure and incentivize FP/RH and HIV/AIDS integration. A set of standard integration indicators, reported routinely, will increase the evidence base on the health impact and costs associated with integrated service delivery. Such indicators should be feasible, client- and service-focused, and promoted in global indicator frameworks, including the UN General Assembly Special Session on HIV/AIDS list of core indicators.

## ENDNOTES

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