Policy Brief

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SUPPORTING THE INTEGRATION OF FAMILY PLANNING AND HIV SERVICES

Nearly half of the 1.2 million youth ages 15 to 24 who become infected with HIV each year do not have accurate and complete information about preventing unintended pregnancy or HIV.

2.7 MILLION

The number of individuals newly infected with HIV each year, 45 percent of whom are between ages 15 and 24.

The more than 200 million women with an "unmet need" for family planning include women who are HIV positive and those at risk of HIV.

The rationale for integrating family planning/reproductive health (FP/RH) and HIV services, especially in high HIV-prevalence settings, has long been apparent: Sexually active individuals are at risk of both unintended pregnancies and HIV (see Box 1). The integration of these two sets of services share the key intended health outcomes of prevention of new HIV infections and prevention of unintended pregnancies. Years of experience in reproductive health settings demonstrate that individuals make greater use of services if they are easy to access. Visits to a health facility represent costs to clients and health systems, and making the most of these visits can have enormous benefits in the uptake of services and efficient program operations.

One of the biggest challenges to integrating FP and HIV services is generating the political will to bring together programs that have been physically, financially, and managerially separate.[1] When policymakers understand the savings and benefits of integrating FP and HIV services, they are more likely to support it.

This policy brief highlights why service integration makes political and program sense, and describes the lessons learned from successful integration strategies in Ethiopia, Kenya, Lesotho, and Uganda.[2] This brief also urges policymakers and program managers to make integrated services routinely and widely available.

Integration Strengthens Health Services and Systems

A 2008 review of the literature on linking reproductive health and HIV services found that integration leads to higher-quality and better-utilized services. The majority of studies showed improvements across all health and behavioral outcomes measured. Integration led to increased access to and uptake of services—including use of modern contraceptives, increased HIV testing and condom use, and improvements in overall quality of services. The review adds to the evidence that by responding to clients' overlapping health needs, integration of HIV/RH services pays off in multiple ways.[3]

Integrated programs make better use of limited resources, thus contributing to improved financial sustainability. A study estimated that adding FP to services to prevent mother-to-child transmission (PMTCT) of HIV in 14 high HIV-prevalence countries would double the impact of providing PMTCT services alone. The estimated cost of expanding PMTCT in these countries was $45 million in 2007, and the individual cost of each child infection averted was $1,300. A recent update of that study (not yet published) indicates that with new, more effective PMTCT regimens, more HIV infections can be averted at a lower cost per infection averted. Yet, even with universal access to these new regimens, 100,000 new infant infections would occur that could have been prevented by expanded FP services.[4] In addition, by systematically adding FP to PMTCT programs, the costs of treatment would substantially decrease: For every $2,600 spent on FP, the deaths of seven children and one mother would be averted, four unintended HIV-positive births would be averted, and the unintended births of 20 infants who would be orphaned would be averted. The cost of averting each child infection would be cut nearly in half.[5]

BOX 1

What Is Integration of FP/RH and HIV Services?

Integration refers to combining components of FP/RH and HIV services that are currently separate, with the goal of maximizing coverage and health outcomes for the client and optimizing the wise use of scarce resources. Integrating services can take various forms: FP services can be integrated into HIV counseling and testing programs, into prevention of mother to-child-transmission services, or into care and treatment programs. HIV testing, prevention, and counseling can be added to existing FP, maternal-child, or primary health care services. FP/RH and HIV services can be made available in the same location during the same visit and perhaps by the same provider. Services can also be linked by referring a client from one service to another.

Studies Demonstrate Financial Benefits of FP/HIV Integration

- A multiple-country study found that at the country level, the minimum cost savings to be realized from averting unintended HIV-positive births through adding FP services ranged from $26,000 in Vietnam to $2.2 million in South Africa. These variations reflect different levels of HIV prevalence and the scope of unmet need for FP.
- A costing study in India, in which separate RH and HIV counseling and testing services were integrated, demonstrated that providing integrated services also produced a small net profit (program revenues exceeded program costs). The provision of services increased and financial sustainability improved.
- In the high-prevalence environment of South Africa, a study found that when providers have the time to offer the additional services, it is more cost-effective to integrate HIV counseling and testing services within existing FP centers than to set up stand-alone centers.

Sources: Rose Wilcher et al., "From Effectiveness to Impact: Contraception as an HIV Prevention Intervention," *Sexually Transmitted Infections* 84, supplement (2008): 1154-60; Rumeli Das et al., *Strengthening Financial Sustainability Through Integration of VCT and Other RH Services* (Washington DC: Population Council, 2007); and Rick Homan et al., "Cost of Introducing Two Different Models of Integrating VCT for HIV Within Family Planning Clinics in South Africa," presentation at the International Conference on Linking Reproductive Health, Family Planning and HIV/AIDS Programs in Africa, Oct. 9-10, 2006, in Addis Ababa, Ethiopia.

Benefits of Integrating FP/HIV Services for Programs and Clients

- Maximized productive use of scarce resources.
- Enhanced ability to prevent new HIV infections, especially among infants and youth.
- Improved access to and better-quality HIV/FP/RH services tailored to meet the needs of people living with HIV.
- Greater support for dual protection against unintended pregnancy and disease.
- Reduced stigma and discrimination.
- Better coverage of key populations and areas of high HIV prevalence.
- Reduced care-seeking burden for individuals.
- Enhanced community involvement and participation.

Integration Better Responds to Clients' Needs

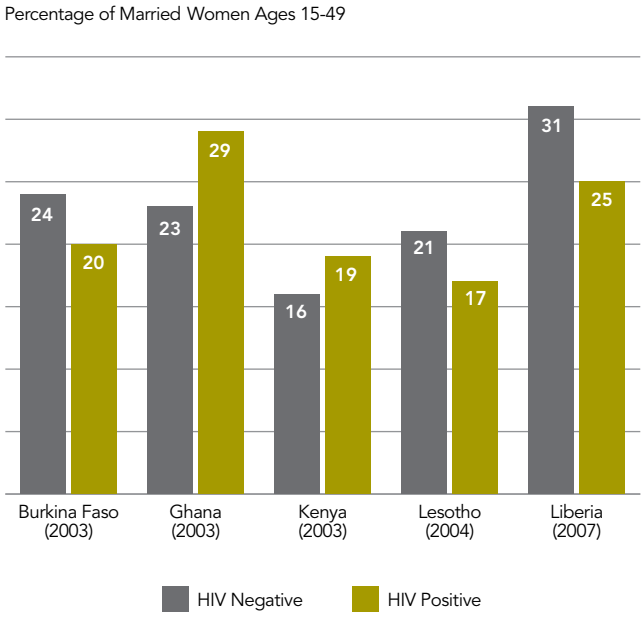
In addition to strengthening health systems, integrated services also help women and men better meet their needs for care. The following sections illustrate some of the benefits to clients of FP and HIV integration.

Integration reduces the unmet need for family planning. The more than 200 million women with an "unmet need" for FP include women who are HIV positive and those at risk of HIV (see Figure 1). In a five-country study among women attending HIV counseling and testing centers, 15 percent to 67 percent of all women (HIV positive or negative) were identified as having an unmet need for FP.[6] Among HIV-positive women in the Rakai District of Uganda, 87 percent of women who said they had not intended to become pregnant were not using a modern FP method.[7] In response to this situation, the reauthorized PEPFAR legislation recognizes that integrating these two vital sets of services would prevent new HIV infections, better satisfy unmet demand for FP, and improve the health of women, men, and children.[8]

Integration addresses overlapping health needs, especially among youth. The great majority of HIV infections are sexually transmitted, placing individuals in high-prevalence countries at greater risk of HIV. In total, 2.7 million individuals are newly infected with HIV each year, 45 percent of whom are between the ages of 15 and 24.[9] Sexually active youth are especially vulnerable:

FIGURE 1

Unmet Need for Family Planning Remains High Regardless of HIV Status.



Source: ICF Macro, Demographic and Health Surveys, 2003-2007.

- Of the 333 million cases of sexually transmitted infections (STIs) that occur each year, the highest rates of infection occur among youth ages 20 to 24, followed by those ages 15 to 19.[10]
- Having an active STI places an infected individual at heightened risk of acquiring HIV. STI management is a key strategy for reducing HIV transmission.[11]
- Nearly half of the 1.2 million youth ages 15 to 24 who become infected with HIV each year do not possess accurate and complete information about preventing either an unintended pregnancy or HIV.[12]

When FP/RH services are integrated with HIV-related services, providers can address client concerns in an efficient and comprehensive way. Integrating FP/RH and HIV services helps women and men avoid adverse outcomes and meet their own reproductive intentions.

Integration reduces stigma. Clients feel more comfortable entering a multipurpose clinic where their own health concerns are not inherently apparent. Integrating HIV counseling into FP/RH settings also requires creating the physical space for conducting confidential discussions on medical and social issues related to HIV.[13] Such improvements to infrastructure not only respond to the client's rights to privacy and confidentiality, but also reduce the fear of stigma that keep clients from accessing services that they believe are not confidential. Provider-Initiated Testing and Counseling enables providers to recommend HIV counseling and testing as a standard component of medical care, regardless of the purpose of the health visit, and makes HIV testing more accessible in a neutral environment that offers a variety of services.[14]

Awareness of the benefits to health systems and the responsiveness to clients' needs underlie many of the advances that have been made at the policy level to support the integration of FP and HIV services. Because integration of FP and HIV services is relatively new, highlighting approaches and field successes further clarifies how to move forward in bringing FP/RH and HIV services together.

Strategies for Integrating Family Planning and HIV Services

Although many countries now have policies that support the integration of FP and HIV services, few programs have marshaled the political will to implement those policies and integrate services successfully. FP and HIV integration policies generally include four common approaches:

- Integrating FP into HIV counseling and testing.
- Integrating HIV counseling and testing (C&T) into FP services.
- Integrating FP into services to prevent mother-to-child transmission of HIV.
- Integrating FP into HIV treatment, care, and support programs.

The benefits of these four integration strategies and examples of where they have been implemented are described below.

INTEGRATING FAMILY PLANNING INTO HIV COUNSELING AND TESTING

Linking FP and HIV C&T is a common form of integration. Both services provide individual counseling to the client that aims to reduce unintended consequences and improve health. Integrating C&T and FP services can increase the number of clients who receive comprehensive sexual health information and services. This integration strategy has several advantages:

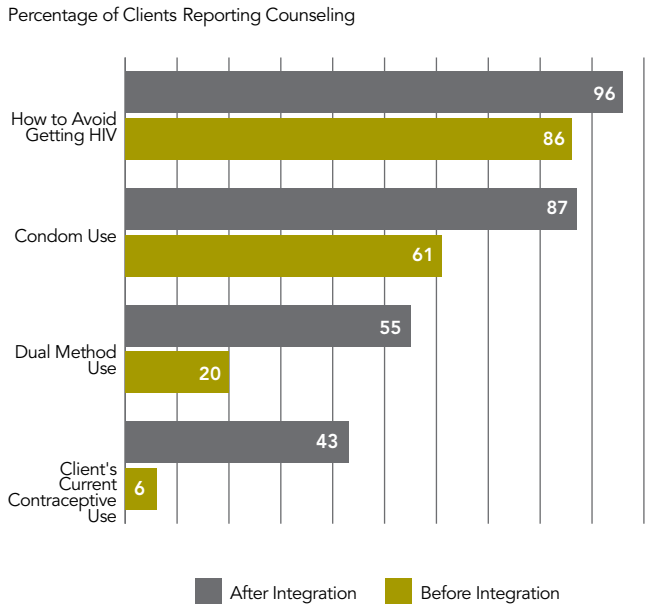
- Opportunities to advocate for condom use for dual protection against unintended pregnancy and HIV infection.
- Reaches underserved clients, such as men and youth.
- Attracts more clients than any other health service.

Ethiopia: Family Planning Enhances Voluntary Counseling and Testing

In Ethiopia, integrating FP into C&T services led to increased effectiveness of both programs.[15] The strategy broadened the coverage of the FP program, reaching unmarried men and women and those who do not yet have children as new clients.[16] The number of clients reporting that they were counseled on both HIV and pregnancy prevention, on condom use, and on dual method use significantly increased (see Figure 2).[17] Most clients felt that the counseling sessions provided a good opportunity to learn about FP options, and an increase in contraceptive uptake.[18]

FIGURE 2

Integration of Family Planning Into HIV Counseling and Testing in Ethiopia Reached More Clients With Information.



Source: Duff Gillespie, Heather Bradley, and Aklilu Kidanu, "Integrating Family Planning Into VCT Programs in Ethiopia: Does it Work?" presentation at Gates Institute for Population and Reproductive Health, Baltimore, Nov. 14, 2008.

INTEGRATING HIV COUNSELING AND TESTING INTO FAMILY PLANNING SERVICES

This strategy is essential where HIV prevalence is high and the need to expand access to HIV testing services is urgent.[19] Adding C&T to standard FP services broadens the reach of HIV prevention messages, and has these additional benefits:

- Enables tailoring FP messages and methods to the client's HIV status and desire to prevent a pregnancy or conceive as safely as possible.
- Addresses the client's individual circumstances and level of risk; for example, a spouse working away from home for long periods of time, or a person who has multiple and concurrent partners.
- Facilitates referring HIV-positive clients for care, treatment, and support.
- Reduces stigma in accessing C&T, and promotes increased uptake of HIV services.
- Increases opportunities for repeat testing during regular FP visits.

Kenya: Introducing HIV Counseling and Testing at Family Planning Facilities

In Kenya, the Ministry of Health piloted two different models of C&T at 23 FP facilities in the Central Province: "testing" in the FP facility and "referral" to specialized C&T services in the same facility or to another C&T service. Both models were acceptable to clients and providers and feasible to implement.

The introduction of the new counseling strategy improved quality of services and resulted in more frequent discussion about STIs and HIV/AIDS, and increased condom use, with or without another method. Provider mention of HIV testing during FP counseling increased from 39 percent to 88 percent. Between one-half and three-quarters of FP clients who were offered an HIV test agreed to have it. The additional time to provide the C&T service was less than five minutes, representing a substantially lower cost per client than C&T at a stand-alone center.[20]

INTEGRATING FAMILY PLANNING INTO SERVICES THAT PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV

A comprehensive PMTCT program extends from the antenatal care period through the first two years postpartum. Including FP in PMTCT programs provides multiple opportunities to counsel on FP: during antenatal care; before the mother is discharged from the health facility; and when she brings the baby in for checkups and immunizations. Integrating FP and PMTCT is especially important because it:

- Helps women avoid a subsequent pregnancy through the use of short-acting, long-acting, and permanent contraceptive methods for both males and females.
- Encourages exclusive breastfeeding (as appropriate) and the initiation of an effective contraceptive before the return of fertility (six months postpartum for women who are exclusively breastfeeding).
- Enables HIV-positive women who desire a pregnancy to practice dual-method use until their level of infection has been effectively lowered through antiretroviral drugs.

Outreach through community-based health workers and education programs has an important role in encouraging all women regardless of their HIV status to seek antenatal care, to return to the clinic for postpartum care, and to use an effective FP method.

Lesotho: Strengthening Postpartum Care in PMTCT Settings Improves Family Planning Uptake

In Lesotho, program managers reached out to women enrolled for PMTCT services before they delivered, and strengthened the postpartum care program to help these women avoid an unplanned pregnancy.[21] The postpartum services package included a visit at discharge (or within 48 hours for women who delivered at home); a second visit a week later; and a final visit at six weeks postpartum. All visits included a physical exam for the mother and baby, as well as counseling on breastfeeding, infant care, and the healthy timing and spacing of pregnancies. Contraceptive options were discussed and provided at the six-week visit.

As a result of the intervention, 81 percent of women who returned for their six-week visit received a FP method of their choice. Providers' knowledge and practice improved, and clients viewed the postpartum visits as important to their health and the health of their babies. Overall, clinics saw more than a doubling in the number of women attending postpartum care visits.[22]

INTEGRATING FAMILY PLANNING INTO HIV TREATMENT, CARE, AND SUPPORT PROGRAMS

With access to care and treatment, many persons living with HIV/AIDS (PLHA) are able to maintain a good quality of life and fulfilling sexual relationships. Unmet need for FP, however, is high among this population.[23] Comprehensive treatment, care, and support programs are therefore an ideal opportunity to provide ongoing FP services to PLHA. The benefits of incorporating FP into care and treatment include:

- Helps prevent unintended pregnancies among PLHA and reduces the risk of new HIV infections among infants.
- Helps women who desire a pregnancy to conceive more safely and encourages them to space pregnancies three years apart.
- Reaches men and youth with FP counseling and methods.
- Reduces the burden on clients of seeking care.

Uganda: Integrated Services Meet the Family Planning Needs of Clients Receiving Care and Treatment

In Uganda, NGOs have successfully pilot-tested integrating FP counseling and services into HIV/AIDS care and treatment services, and are now scaling up integrated services in facilities across the country.[24] Integrated care and treatment services include FP counseling (group talks and one-on-one sessions) and provision of condoms, emergency contraception, oral contraceptive pills, and injectables.

Clients preferring IUDs, implants, and sterilization are referred to larger facilities with which the NGOs have partnerships.

Clients reported satisfaction with the new services: Ninety-five percent reported receiving FP counseling during regular care and treatment visits, leading to a significant increase in the number of FP users. Adding FP did not interfere with standard services for antiretroviral therapy.[25] The success of the effort was due, in part, to the involvement of PLHA in helping to define the integration strategy and program messages.[26]

Recommendations for Advancing FP/HIV Integration

A key to advancing FP/HIV integration is increasing political commitment by demonstrating the health, social, and economic benefits that integrated services offer. However, political support alone is not sufficient to successfully integrate services; programmatic guidance is also needed to improve health services. The following recommendations address integrating services at the policy and program levels.

POLICY LEVEL

Because the existing health system may separate responsibility for addressing reproductive and HIV-related health concerns, a first step in integration is to adopt policies that support integrated and client-focused services. Those who make and influence health and development policy need to:

- **Establish a national integration task force.** The group should draw from both FP and HIV government officials and key stakeholders, including people living with HIV and AIDS and youth. The task force should provide guidance in developing a national plan, as well as strategies for implementing integrated services.[27]
- **Gather and use country-level data and information.** Decisions about where opportunities to integrate are greatest should be based on current HIV and FP data.
- **Advocate for and support integrated services.** Advocacy efforts should be directed at all levels: policy, facility, provider, and community. This broad approach will help ensure effective policy development and implementation.
- **Focus on a broad range of policies.** In addition to official policies, documents such as guidelines, strategic plans, and coordination mechanisms also need to foster effective linkages between RH and HIV programs and services.
- **Ensure that new and scaled-up services are comprehensive in addressing HIV and RH needs.** A full range of services should be offered that responds to the needs of men, women, couples, and youth throughout their lives, and includes sensitivity to the client's right to privacy and to the risk of gender-based violence.[28]
- **Involve youth.** As a key target audience, youth input in designing and expanding youth-friendly services helps ensure that their needs for affordable, confidential, convenient, and nonjudgmental services are met.[29]

PROGRAM LEVEL

Integration of FP and HIV services is a logical way to respond effectively to the need for comprehensive reproductive health services. However, integrated services must be tailored to local circumstances, and program managers need guidance and examples of how integration policies have successfully been implemented. Policymakers and program managers should:

- **Elicit stakeholder support.** As in policy development, involving relevant HIV and FP stakeholders, including PLHA, women, and youth, allows their experience to inform the ways that integrated services are provided. It is particularly important to include clients and service providers in the planning stage so that their needs can be addressed.
- **Understand which strategies are feasible and responsive.** A needs assessment should guide the decision about what services to integrate and identify multiple potential entry points for HIV and FP care. The Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages provides a useful approach for assessing policies, systems, and services.[30]
- **Foster high-quality services through in-service training and supportive supervision.** As service-delivery expectations change, providers will need training, oversight, and support in meeting their new job requirements. Ongoing training and supportive supervision of front-line staff are critical to help staff meet the challenge of a changing client load and increased responsibilities per client.
- **Secure continuous supply of RH and HIV commodities.** Ensuring an adequate and consistent supply of drugs, contraceptives, and other commodities for HIV testing and treatment is imperative to the success of a newly integrated program. Understanding the existing supply chain will indicate where changes or improvements are needed to serve the new program structure.

Careful implementation of FP and HIV services ensures greater and broader success.[31] Integrated services will attract new and underserved FP and HIV clients, avert deaths and disease, improve health and well-being, and strengthen health systems—investments well worth making!

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