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

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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 transmission from an HIV+ woman to her infant
- Support for mother and family


Family planning and effective use of contraceptives
So then why is Prong 2 neglected?

Time
Money
Territoriality/friction
Human rights
Lack of evidence
Lack of information

$ Appropriated in (X000)

- Global HIV/AIDS
- Family Planning
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

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<td>Published research, conference presentations, NIH PMTCT grants</td>
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<tr>
<td>HIV program planners and managers (Global Fund, PEPFAR, World Bank, Gates Foundation)</td>
<td>131</td>
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<td><em>Kaiser Daily HIV/AIDS Reports</em></td>
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<td>Leadership of major AIDS organizations, normative bodies, international task forces, working groups, research organizations, and advocacy groups</td>
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<td><strong>TOTAL</strong></td>
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Who’s who in HIV/AIDS: India

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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

Ironic 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
Acknowledgments

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