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

Dr Michael Mbizvo
Director a.i., Department of Reproductive Health and Research (includes the UNDP, UNFPA, WHO, World Bank Special Programme of Research, Development and Research Training in Human Reproduction – HRP)

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

- 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
Responding strategically to the global HIV/AIDS challenge?

- Combination therapy
- Combination of prevention interventions
- Combination of services coverage
- Combination vaccine – 'prime' + 'boost'
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+)
The rationale for linkages or integration

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

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

<table>
<thead>
<tr>
<th>Peer-Reviewed Studies</th>
<th>HIV prevention, education &amp; condoms</th>
<th>HIV counselling &amp; testing</th>
<th>Element 3 of PMTCT</th>
<th>Clinical care for PLHIV</th>
<th>Psychosocial &amp; other services for PLHIV</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family planning</strong></td>
<td>54</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>25</td>
<td>16</td>
<td>5</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Maternal &amp; child health care</strong></td>
<td>7</td>
<td>15</td>
<td>10</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td><strong>GBV prevention &amp; management</strong></td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>STI prevention &amp; management</strong></td>
<td>129</td>
<td>9</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>23</td>
<td>10</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>Other SRH services</strong></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
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

- 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
KEY FINDINGS: Services and behaviour Outcomes

- 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
Lessons drawn and gaps

- 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

Proposed linkages

Existing services
- Family planning services (FPS)

VCT
- BCC
- Condoms
- STI
- Adolescent-friendly
- Infertility
- Male involvement

Expected outcome
- Increased access to HIV prevention and care
- Quality family planning services

Family planning services (FPS)

Infertility

World Health Organization
Reproductive Health and Research
Indicators

- 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/