Stephen O'Brien: Integrating HIV and family planning services
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Parliamentary Under Secretary of State Stephen O'Brien speaks at the International Conference for Family Planning in Dakar, Senegal

Let me start my remarks today, on World AIDS Day, in joining with you all to pay tribute to those who have relentlessly led action against the epidemic, particularly those living with HIV, and also to remember the millions of people who have lost their lives to AIDS.

These efforts have delivered successes over the last decade:

- nearly 7 million people are now on treatment,
- the epidemic has stabilised in most regions with a 17% reduction in new infections in 2008 compared to 2001, and
- the price of first line AIDS drugs has fallen considerably.

For example, the Clinton Health Access Initiative, with UK support, has managed to significantly lower the cost of one life-saving first-line AIDS drug. We calculate the cost savings from the UK's investment alone will enable an additional half a million people to access treatment.

But there is of course a tremendous way to go, particularly for women who bare a disproportionate burden of the disease.

Globally AIDS is one of the leading causes of death among women of reproductive age - and a major cause of maternal ill health, particularly in high prevalence settings.

That is why it is highly significant that World AIDS Day coincides this year with the International Family Planning Conference. It is important that the dual issues of HIV and family planning are discussed together, and I want to highlight three reasons why.

**Choices for women and men**

Firstly, it is about a comprehensive approach. Women and men, including those who are living with HIV and AIDS, need access to a comprehensive range of affordable and quality information, services and supplies that will empower them to make informed reproductive health choices. Choices that will protect their right to health and prevent infection of HIV and other sexually transmitted infections (STIs). Choices that protect their right to have the number of children they desire at the timing of their choice, as well as access safe abortion services if needed.

A comprehensive approach will meet the needs of individual circumstances and preferences. For example, some people may choose to use condoms - evidence tells us that correct and consistent use provides significant protection against unwanted pregnancy and STIs including HIV.

For women unable to persuade their husband or partner to wear a male condom, the female condom is an important female-initiated option which gives women greater control. But globally in 2009, only one female condom was available for every 36 women! That is not enough! We need to considerably increase access to affordable, quality female condoms and do this more effectively than we have to date.

**Female condoms**

That is why I am delighted today to be able to announce that the UK Government will be providing an additional £5 million to the United Nations Population Fund (UNFPA) Global Programme to Enhance Reproductive Health Commodity Security. At current prices this will enable UNFPA to procure at least 13.5 million female condoms. By committing our resources up front and working with others to negotiate with manufacturers, we can leverage price reductions which will enable even more commodities to be bought - saving even more lives.
And yet for many other women, condoms are not a realistic long-term option. For those who are married, who want to conceive, or those at risk of sexual violence - for these women, there is a critical need to develop female initiated HIV prevention options, such as a safe and effective microbicide. Once developed and shown to be safe, microbicides will provide women with a new method of protecting themselves from HIV, without restricting their choices to bear children. For women who want to avoid pregnancy, advances in microbicide development could, in the longer term, support new dual protection technologies – a ring to act as a microbicide against HIV and also as a contraceptive to prevent unplanned pregnancies.

**Family planning and HIV services**

So firstly we need a comprehensive approach to family planning that incorporates HIV. Secondly, we need to improve how sexual and reproductive health and HIV services are integrated so that clients are better provided for. This means making a number of different services available 'under one roof', without compromising quality of care. For example, we have seen successes in integrating the prevention of mother to child transmission of HIV within antenatal and delivery care. Providing pregnant women living with HIV with antiretroviral prevention and treatment reduces the risk of a child being born with the virus to less than 5%—and just as importantly keeps their mothers alive to raise them.

Although international consensus on the value of integrated services is strong and growing, vertical programming is too often the reality on the ground, usually reflecting the structure of organisations and funding mechanisms. And we need to admit that gaps remain in the availability of skilled and experienced staff needed to translate integrated services into practice.

**Reaching those most at risk of HIV**

But thirdly, we must also recognise that particular vulnerable groups at higher risk of pregnancy and infection, such as adolescent girls, women living with HIV, and sex workers, may also need tailored services. These groups are sadly often subject to considerable stigma and discrimination in health care settings. In order to improve services, we need greater understanding of how to best meet sexual and reproductive health and HIV prevention, treatment, care and support needs of these key populations in specific contexts. And we must not forget men, and men who have sex with men specifically, who are underserved by both HIV and sexual and reproductive health programmes.

Because of these three reasons – the need for a comprehensive approach to contraception, the need to improve the integration of quality HIV and sexual and reproductive health services, and the need to reach those most vulnerable to unwanted pregnancy and HIV infection – the HIV and sexual and reproductive health communities must work together.

Before ending I will briefly touch upon the issue that you will be discussing further after this plenary ends - the recent research findings which have raised concerns about the potentially higher risk of HIV acquisition and transmission, among women using hormonal contraceptives. Most experts agree that the evidence remains inconclusive, and the policy implications potentially confusing. I would like to take this opportunity to let you know that like our colleagues in USAID, we in DFID urge cautious interpretation until further consultation and conclusive research is undertaken. In the meantime, we continue to promote the use of male and female condoms alongside highly effective methods of contraceptives to ensure dual protection.

**Conclusion**

DFID’s commitment to increase access to reproductive, maternal and newborn health services with access to family planning and safe abortion, offers important opportunities for integration, particularly in countries where creative collaborations between HIV and other services are urgently needed. I look forward to the outcome of your important discussions on these issues this afternoon.

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