WHO's initiatives to reduce the joint risk of unwanted pregnancy and HIV infection

International Conference on Family Planning
29 November - 2 December 2011, Dakar, Senegal

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Mission of HRP
To help people lead healthy sexual and reproductive lives

Vision statement
The attainment by all peoples of the highest possible level of sexual and reproductive health
Confronting sexual and reproductive health challenges including HIV: a human rights, health and development imperative

"We must do more for the teenage girl facing an unwanted pregnancy; for the married woman who has found she is infected with the HIV virus; and for the mother who faces complications in child birth …"

Ban Ki-moon
United Nations Secretary General 2010
Mobilizing around a global momentum
UN Secretary General's *Global Strategy for Women's and Children's Health*: an opportunity for joint actions

<table>
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<th>Components</th>
<th>Role of UN agencies and partners</th>
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<td>Country-led health plans</td>
<td>Define norms, regulations and guidance to underpin efforts</td>
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<td>Comprehensive, integrated package of essential interventions and services</td>
<td>Help countries align their national practices</td>
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<td>Integrated care</td>
<td>Work together and with others to strengthen technical assistance to scale-up</td>
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<td>Health systems strengthening</td>
<td>Encourage links between sectors and integration with other international efforts</td>
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<td>Health workforce capacity building</td>
<td>Support systems that track progress and identify funding gaps</td>
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<td>Coordinated research and innovation</td>
<td>Generate and synthesize research-derived evidence and provide a platform for sharing best practices, evidence on cost-effective interventions and research findings</td>
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Why address the joint risk of unwanted pregnancy and HIV infection: mutually reinforcing health burden

**Maternal mortality**

Estimated that 27% of maternal deaths can be prevented by meeting **unmet need for family planning**.
Why it is essential to mount a combined response: combating related risk factors

Unmet need for family planning
Why it is essential to mount a combined response: evidence of failure with isolated response

HIV Global burden
Eight commonalities across initiatives

- Common vision and aims (*healthy women, population, healthy children*)
- Common population
- Common health services
- Common health providers
- Common behaviours
- Common elements of health systems
- Critical dependencies
- Cost efficiency

Integrated responses that strengthen the systems to improve all outcomes
Current situation on family planning

Constraints:

- 26 countries have CPR below 20%
- 215 million women have an unmet need for family planning
- Decreased investment in contraceptive research and development by industry, despite increased demand
- Active mis- and disinformation

Opportunities:

- Renewed interest in supporting family planning internationally
- Questions on HC and HIV
Current situation regarding HIV

- Momentum on elimination of mother-to-child transmission (eMTCT) & keeping their mothers alive
- Opportunities for pre-exposure prophylaxis and treatment for prevention
- Efficacy of microbicides – Tenofovir gel
- Momentum on multipurpose prevention technologies (MPTs)
- Dedicated funding accessible
Mounting a concerted collaborative response on the joint risks: intervention delivery approaches by WHO and partners

- SPP
- Strategic Approach, IRP, SRH/HIV linkage tool
- Overlap

2004 to 2011
2004 - 2011

- **SPP sub-regional workshops: host countries**
  Armenia, Benin, Cambodia, China, Egypt, Ethiopia, Fiji, Indonesia, Jamaica, Kyrgyzstan, Mexico, Nigeria, Panama, Senegal, South Africa, Sri Lanka, Sudan, Switzerland, Tanzania, Thailand, Uruguay, Zambia

- **Rapid Assessment Tool**
  Benin, Botswana, Burkina Faso, Cambodia, Central African Republic, Côte d'Ivoire, Georgia, Ghana, Guinea-Bissau, Guyana, India, Kyrgyzstan, Lesotho, Malawi, Morocco, Namibia, Nepal, Niger, Pakistan, Peru, Philippines, Russia, Sudan, Suriname, Tanzania, Tunisia, Uganda, Viet Nam, Zambia, Zimbabwe

- **Strategic Approach**
  Guatemala, Guinea, India, Kyrgyzstan, Madagascar, Malawi, Mali, Moldova, Russia, Senegal, Ukraine

- **Implementation Research Platform**
  DR Congo, Ethiopia, Guinea, Mozambique, Nigeria, Zambia
WHO response to HIV prevention

- SRH linkages and **improve quality** and access
- Evaluating **prevention and control** activities
- Monitoring and **evaluation** of service performance and impact
- Monitoring changes in **epidemic trends**
- Detecting changes in risk **behaviours** and vulnerabilities
- Determining **critical enablers**
- Informing **priority-setting** and resource allocation
- Identifying **research** needs and facilitating research
- Identifying most at risk **populations**
- Planning process of public **health services**
HRP/WHO research contributes to revised WHO recommendations, manuscript and policy brief on PMTCT

Triple antiretroviral compared with zidovudine and single-dose nevirapine prophylaxis during pregnancy and breastfeeding for prevention of mother-to-child transmission of HIV-1 (Kesho Bora study): a randomised controlled trial

The Kesho Bora Study Group

Summary

Background

Breastfeeding is essential for child health and development in low-resource settings but carries a significant risk of transmission of HIV, especially in late stages of maternal disease. We aimed to assess the efficacy and safety of triple antiretroviral compared with zidovudine and single-dose nevirapine prophylaxis in pregnant women infected with HIV.

Messages

- 43% reduction vs control
- breastfeeding continued

Contributed to evidence for WHO to recommend ARVs while breastfeeding
Systematic evidence for strengthening SRH/HIV intervention linkages
Prong 2: Unmet need for family planning among married women 15 – 49 years old (%) in countries with a generalized epidemic, 2006–2008

Globally, 38% of pregnancies are unintended

Source: DHS overview [web site]; Multiple Indicator Cluster Survey [web site]; Sudan Household Health Survey [web site].

Unintended pregnancy and unmet need for family planning among women living with HIV

- 84% unintended pregnancies among PMTCT clients in South Africa
- 51% unintended pregnancies among women with HIV in Cote d’Ivoire
- 74% unintended pregnancies among women in an ART program in Rwanda
- 64% unmet need for FP amongst HIV-positive women in Kenya
- 73% unmet need for FP amongst HIV-positive women in Uganda

WHO response: research, evidence, guidelines and tools: a critical combination to improve access to and quality of family planning

Medical Eligibility Criteria

Selected Practice Recommendations

Decision-Making Tool

Global Handbook

CIRE

Reproductive Choices and Family Planning for People with HIV

Guide to family planning for health care providers and their clients
Making Decisions about Contraceptive Introduction:

A Guide for Conducting Assessments toBroaden Contraceptive Choice and Improve Quality of Care
Intervention delivery approaches: the Strategic Approach implementation process

STAGE I
Strategic Assessment

STAGE II
Developing and testing programme innovations

STAGE III
Scaling-up successful interventions

Reproductive health challenges

Improved reproductive health status and programmes

Policy & programme strengthening
ExpandNet/WHO guidance on designing projects with scaling up in mind
Systematic introduction process: the SPP model

SCALING-UP

Dissemination

Advocacy

ADOPTION

SITUATION ANALYSIS

- National policies
- Practices
- Epidemiological data
- Resources

MONITORING AND EVALUATION

IMPLEMENTATION

Key interventions

Baseline and process indicators

STAKEHOLDERS AND TRAINERS

Stakeholders and trainers

INTRODUCTION, ORIENTATION AND ADAPTATION

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Encouraging trends: the Zambia case-study

- MoH priorities
  - Increasing access to quality MCH and FP services
  - Strengthening integration of activities to prevent STIs, including HIV

- WHO technical cooperation using the Strategic Partnership Programme (SPP) approach
  - Integration of FP and HIV/AIDS services
  - Introduction of long-term FP methods in 72 districts – over 300 public service sites and other service delivery points, including defence medical services and private sector
  - Allocation of additional resources to complement SPP funds, e.g. from Global Fund
  - Established technical working group for reproductive health commodity security
  - Budget line item for reproductive health commodities
  - Updating medical curricula on STIs and FP
Encouraging trends: the Kenya/CPR and HIV prevalence

Data sources: CPR data from Kenya DHS; HIV data from UNAIDS/WHO
Example of programmatic linkages: sexual and reproductive health and HIV services

Existing services

- Primary health care (PHC) services

Proposed linkages

- Family planning services
- Antenatal care (ANC)
- STI services
- Cervical cancer screening
- VCT/PITC
- BCC

Expected outcome

- Increased access to prevention and care
- Improved quality of sexual and reproductive health services

§ voluntary counselling and testing (VCT)/provider-initiated testing and counselling (PITC); behaviour change communication (BCC)
Indicators measuring programme implementation success

- PHC services offering family planning including condoms and HIV counselling, testing care or referral
- PHC services offering STI counselling, diagnosis, treatment or referral
- PHC services promoting/ providing BCC for HIV prevention
- PHC service users provided sexual and reproductive health services, including HIV counselling, testing, care or referral
- PHC providers trained on sexual and reproductive health including HIV counselling and care
Delivering on the promise of universal access to reproductive health: country case-studies
"All our debates and discussions have meaning only when they improve the health of people and relieve their suffering"

Margaret Chan, DG/WHO
World Health Assembly 2011

http://www.who.int/reproductivehealth/en/