



GBCHealth

Mobilizing Business for a Healthier World

FAMILY PLANNING AND HIV SERVICES: INCREASED EFFICIENCY AND IMPACT THROUGH INTEGRATION

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INTRODUCTION

GBCHealth is pleased to share this report by FHI 360 on the importance of the integration of family planning and HIV services. Part of a series of issue briefs produced by GBCHealth's *Healthy Women, Healthy Economies* initiative, this issue brief reviews scientific evidence and programmatic experience from Africa and Asia and concludes that integrating these two critical health services is beneficial for numerous reasons.

Countries with the greatest burden of HIV also have high levels of unmet need for family planning. GBCHealth member FHI 360, a nonprofit human development organization, applies its expertise in bringing integrated solutions to development challenges to enhance the public health impact of reproductive health and HIV programs. The cross-cutting benefits of integrating family planning and HIV care include improved health outcomes for women and infants, greater efficiencies and lower costs in service delivery, and accelerated progress toward broader development goals.

With diminishing budgets and the urgent need to step up progress toward reaching health and development goals - particularly those affecting women and girls - optimizing resources in the global health arena is imperative. More than ever, 'doing more with less' is essential across all sectors involved in improving health outcomes.

Integration is a powerful vehicle for such optimization. Combining multiple health services introduces a more holistic approach to better health and well-being. And companies have a vital role to play. For example, companies running or supporting workplace and community HIV programs can use these platforms to extend family planning services to program beneficiaries. GBCHealth invites you to read the latest findings on integrating family planning and HIV care.

OVERVIEW

- Many women are simultaneously at risk for unintended pregnancy and HIV infection. In a number of African countries, the rates of unintended pregnancy among women living with HIV range from 51 percent to 84 percent.
- The integration of family planning and HIV services has the potential to reduce unwanted pregnancy, decrease HIV transmission to infants and lower healthcare costs, yet family planning and HIV care and prevention are not sufficiently connected in practice.
- Adding family planning services to the prevention of mother-to-child HIV transmission (PMTCT) services would halve the cost of each infant HIV infection averted - from US\$1,300 per infection averted with treatment to US\$660 with family planning.
- Enabling women and couples to have greater control of their reproductive lives offers a range of benefits, including better maternal and infant health outcomes, increased family savings and productivity, and better prospects for education and employment.
- By taking advantage of opportunities to integrate services, businesses stand to gain greater efficiencies while better supporting public health.

PART I: FAMILY PLANNING AND HIV

BOTTOM LINE

The global public health community – and any organization providing HIV treatment and care – should take advantage of opportunities to provide family planning information and services to women and couples with HIV who do not wish to become pregnant. While the integration of family planning and HIV services has yet to become widespread practice, doing so could significantly enhance programmatic efforts to end mother-to-child transmission of HIV and improve outcomes related to other health and development goals.

WHY INTEGRATION MAKES SENSE

Filling a Gap

Despite logical connections between HIV prevention and family planning, the fields are not well connected in practice. Statistics illustrate the inefficiencies of separated services. Small-scale surveys from several African countries and India indicate that the rates of unintended pregnancies among women living with HIV can be very high. An analysis of Demographic and Health Survey data found that about 14 percent of HIV-positive women in six African countries have an unmet need for family planning, even though they are in regular contact with the health system for their HIV care.ⁱ Another recent study found that only 46 percent of HIV-positive women and 28 percent of HIV-positive men from Kenya, Tanzania and Namibia have discussed family planning with a health care provider at their HIV clinic.ⁱⁱ

Capturing Efficiencies and Increasing Impact

Strengthening traditional family planning programs and expanding access to contraception broadly is essential to reduce unmet need for family planning among all women, regardless of HIV status. However, the extensive HIV service delivery infrastructure offers additional opportunities to provide family planning information and services to women and men at risk of and living with HIV. A growing body of evidence suggests that the integration of family planning and HIV services is both highly efficient and effective. A systematic review of 16 studies found that the integration of family planning and HIV services had positive or mixed results with respect to five key outcomes: HIV testing, condom use, contraceptive use, quality of services and reduced costs; there were no negative results.ⁱⁱⁱ

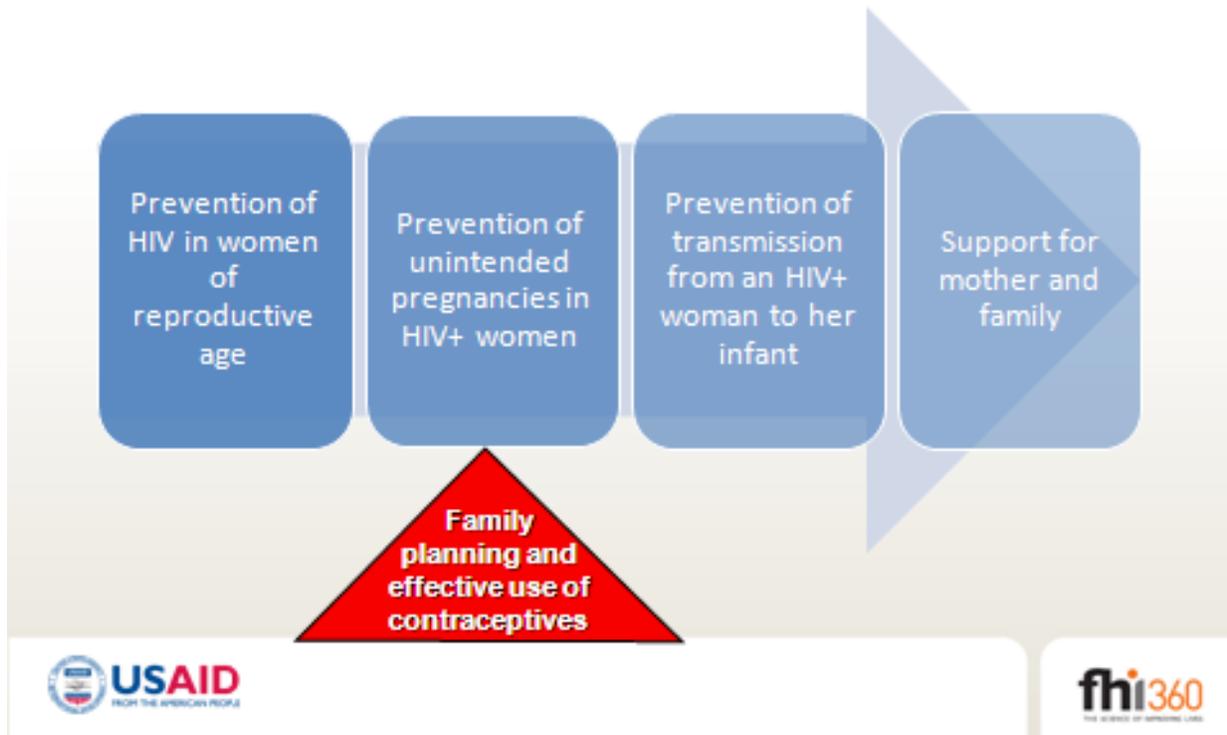
Improved Health Impact

Several examples demonstrate the overall impact of integrating services. In Nigeria, integration helped to formalize client referrals between family planning and HIV clinics, which, in turn, increased male and female attendance at the family planning clinic and boosted the use of family planning methods.^{iv} In Mumbai, India, the number of clients who received services at HIV/sexually transmitted infection (STI) clinics increased threefold when family planning services were added.^v In Thika, Kenya, integration dramatically increased dual-contraceptive use among female clients in HIV serodiscordant partnerships. The use of non-barrier methods increased among HIV-positive clients (from 32 percent to 65 percent) and among HIV-negative clients (from 29 percent to 47 percent), while self-reported condom use remained high.^{vi} In the Coast and Rift Valley provinces of Kenya, the use of family planning by women who were receiving HIV care increased from 36 percent to 52 percent following the integration of services.^{vii}

Economic Benefits

Increasing access to family planning and reducing unintended pregnancies among HIV clients also has a number of economic benefits, including lower costs for PMTCT, lower costs for pediatric treatment and reduced costs for mitigating the consequences (such as lower birth weights) of unintended births.^{viii} Estimates of annual cost-savings associated with the prevention of unintended HIV-positive births with family planning range from US\$50,000 in Vietnam to more than US\$6.8 million in South Africa.^{ix} Another cost-effectiveness analysis determined that adding family planning services to PMTCT services would halve the cost of each infant HIV infection averted – from US\$1,300 per infection averted with treatment to US\$660 with family planning.^x

Family planning is HIV prevention



PART II: ISSUES UNDERLYING WHY BUSINESS SHOULD SUPPORT THE INTEGRATION OF FAMILY PLANNING AND HIV SERVICES

CONTRACEPTION AND PMTCT

For women with HIV who want to become pregnant, use of antiretroviral prophylaxis during pregnancy can reduce mother-to-child transmission of HIV (PMTCT). After delivery, family planning services that promote healthy timing and spacing of pregnancies are important in reducing the risk of adverse pregnancy outcomes such as low birth weight, premature birth, and infant mortality.

For women with HIV who do not wish to become pregnant, family planning is also a proven, cost-effective strategy for preventing vertical transmission of HIV.

- The potential contribution of contraception in preventing infant HIV infections is well established. Studies have shown that even modest decreases in the number of pregnancies to HIV-positive women could prevent HIV-positive births at the same rates as the use of antiretroviral for PMTCT.
- Current levels of contraceptive use in all of sub-Saharan Africa are already preventing 173,000 infant infections annually, even though contraception is not widely used in the region.^{xi} An additional 160,000 infections could be averted every year if all women in the region who did not wish to become pregnant could access contraceptive services.^{xii} A similar analysis of the focus countries in the President's Emergency Plan for AIDS Relief (PEPFAR) found that contraception prevents a wide range of HIV-positive births every year — from 178 in Guyana to 120,256 in South Africa.^{xiii}
- Contraception is also a cost-effective way to avert HIV infections in infants. Dollar for dollar, family planning programs have the potential to prevent nearly 30 percent more infant infections than PMTCT programs that provide prophylaxis with nevirapine.^{xiv} Another study estimated that the cost per vertical

infection averted is US\$543 (assuming the most efficacious antiretroviral regimen available). However, averting infant infections that would still occur by preventing unintended pregnancies would cost only US\$359 per additional infection averted.^{xv}

Accelerate Progress Toward Development Goals

Meeting the contraceptive needs of women and couples living with HIV could accelerate progress toward many international development goals, especially recent commitments to eliminate new HIV infections among children. Several modeling studies have demonstrated the impact and cost-effectiveness of contraception for PMTCT. The most recent modeling study by colleagues at the Joint United Nations Program on HIV/AIDS (UNAIDS) and the Futures Institute shows that if the unmet need for family planning were eliminated in 20 high-burden countries, there would be 6 million fewer unintended births and 61,000 fewer HIV infections among children in the year 2015 alone.^{xvi} A 2007 analysis estimated that family planning methods prevented 6,100 mother-to-child infections in Uganda, whereas antiretroviral prophylaxis prevented only 2,200 vertical infections. Moreover, an estimated 5,300 infants still acquired HIV as a result of unwanted fertility.^{xvii}

WHAT CAN BUSINESS DO?

There are a number of opportunities for the global business community to support women living with HIV who do not wish to become pregnant, and to promote access to family planning more broadly. For example, companies running or supporting workplace and community HIV programs can use these platforms to extend family planning services to program beneficiaries. This is particularly important in those geographies where women are disproportionately affected by HIV. Countries with the greatest burden of HIV also have high levels of unmet need for family planning. A cohesive action plan would prevent unwanted pregnancy and vertical transmission of HIV, while ensuring that the reproductive needs of women and their partners are met.

Companies supporting PMTCT as part of their philanthropic or Corporate Social Responsibility agenda can play an important role in advocating for integrated action.

Overall, corporate support for FP/RH integration can...

- Enhance the HIV prevention impact of corporation-supported HIV/AIDS programs
- Improve the cost-effectiveness of corporation-supported HIV prevention (PMTCT) programs
- Provide opportunities to involve the male workforce in family planning
- Expand the evidence base of FP/HIV integration best practices through research and sharing of program learning and outcomes

NEXT STEPS AND RESOURCES

Connecting with the experts: GBCHealth members **Bayer HealthCare** and **Merck** are the world's largest producers of contraceptives and offer extensive educational information, program models and other expertise to share with companies interested in integrating family planning into their HIV-focused or overall workplace health programs. Please contact Laura Rosen at GBCHealth (lrosen@gbchealth.org) to be connected with either company.

Contact Rose Wilcher at FHI 360 (rwilcher@fhi360.org) to learn more about how your company can support FP/HIV integration through your programs or by supporting ongoing efforts.

Stay Informed

A [set of eight briefs](#) highlights recent developments in FP/HIV integration, including changes in the policy environment, new programmatic examples and the latest operations research results. This user-friendly package of information will help guide policymakers, program managers, donors and researchers in strengthening FP/HIV integration policies and programs.

CASE STUDY

Tanzania – National Scale Integration

Tanzania offers a prime example of a country that is strategically integrating family planning and HIV services to address the sexual and reproductive health needs of HIV clients in a holistic way.^{xviii} Since 2006, GBCHealth members **FHI 360** and **Deloitte** have been supporting the country's Ministry of Health and Social Welfare (MOH) in its country-wide effort to mainstream family planning into HIV care and treatment, through changes to policy and service delivery:

- A national working group brings together stakeholders from family planning services and HIV care and treatment programs to share experiences and engage in strategic planning.
- Standard operating procedures for HIV care and treatment services in Tanzania have been revised to include family planning counseling and routine screening for unintended pregnancies among clients.
- Plans are underway to offer a range of family planning methods — including oral contraceptives, injectables, implants and condoms — to women at HIV care and treatment clinics; referrals will be made for long-acting methods (IUDs and male and female sterilization).
- Monitoring-and-evaluation systems are being modified to help the government gain a better understanding of the impact of these changes to HIV policy and service delivery.

These changes are having a salutary effect on the daily lives of women living with HIV. Anne Semoka, Associate Technical Officer for Care and Treatment with the TUNAJALI project in Tanzania, is seeing the impact firsthand. “Women like the program,” she says. “They can access everything they need in one place and

then they can go home. And I've seen male involvement, too. Probably five to ten couples come in together each week. The most important thing is that we are helping women make an informed choice regarding if and when they want to conceive. This knowledge is so important for them.”

The Integration Project: A Global Support Effort

Population Action International (PAI), along with partners Friends of the Global Fund Africa and Family Care International (FCI), is spearheading a two-year project, The Integration Partnership (TIP), to increase country demand for reproductive health (RH)/HIV integration — including provision of RH supplies — and maternal, newborn and child health (MNCH)/AIDS, malaria and TB (ATM) integration.

PAI and its partners are working with the Global Fund to Fight AIDS, Tuberculosis and Malaria, PEPFAR, and the Global Health Initiative to increase the priority and resources dedicated to RH/HIV integration and MNCH/ATM integration within these global institutions. The Integration Partnership is also working with civil society organizations in the six countries in which it is present: Burkina Faso, Ethiopia, Kenya, Nigeria, Tanzania and Zambia. For more information, visit the website “the Tipping Point” at www.tip.populationaction.org.

About FHI 360

FHI 360 is a nonprofit human development organization dedicated to improving lives in lasting ways by advancing integrated, locally driven solutions. Our staff includes experts in health, education, nutrition, environment, economic development, civil society, gender, youth, research and technology – creating a unique mix of capabilities to address today’s interrelated development challenges. FHI 360 serves more than 60 countries, all 50 U.S. states and all U.S. territories. FHI 360 has worked extensively in addressing the needs of individuals, communities and countries affected by [HIV/AIDS](#), as well as in [empowering women and girls](#), advancing gender equality and transforming harmful gender norms. For more information, please visit <http://www.fhi360.org>

About GBCHealth

GBCHealth is a global coalition of over 200 private sector companies and top NGOs leading the business fight for improved global health. GBCHealth supports members by developing comprehensive workplace policies; supporting community programs; leveraging core competencies; facilitating leadership and advocacy by business leaders; and brokering partnerships. GBCHealth also manages the private sector delegation to the Global Fund to Fight AIDS, Tuberculosis and Malaria, serving as an entry-point for corporate collaboration and engagement with the Fund and its recipients worldwide. GBCHealth has offices in New York, Johannesburg, Beijing, Nairobi and Moscow. For more information, please visit www.gbchealth.org.

About Healthy Women, Healthy Economies

Healthy Women, Healthy Economies (HWHE) is GBCHealth’s platform for galvanizing and facilitating corporate action to improve the health, well-being, and opportunity of women and girls. Launched in 2011, HWHE is centered on 5 main pillars of impact: Health (especially maternal and reproductive health, HIV/AIDS and PMTCT), Education, Economic Empowerment, Gender-Based Violence, and the Engagement of Men and Boys. HWHE helps member companies explore different types of interventions across these areas that the business community is uniquely equipped to advance, ranging from employee engagement and workplace programs, to technical education and materials, to awareness-building and advocacy. To learn more about *Healthy Women, Healthy Economies*, please contact Laura Rosen at lorosen@gbchealth.org.

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