



## Contraception and HIV

### Practices

- Improve provision of contraception for HIV-positive women and couples.
- Integrate family planning referrals and services into HIV services, such as voluntary counseling and testing (VCT), prevention of mother-to-child transmission (PMTCT), and care and treatment services.

**Summary:** Meeting the family planning needs and fertility intentions of women and couples with HIV is essential to ensuring a proper continuum of care and safeguarding their reproductive rights. Integrating family planning services with HIV services is one way to meet the contraceptive needs of this group (HIV-positive women often wish to prevent pregnancy). Mounting evidence indicates that preventing pregnancy in HIV-positive women who do not wish to become pregnant is an important and cost-effective way to prevent new HIV infections in infants. By extension, it will also reduce the number of children orphaned when parents die of AIDS-related illnesses.

### Improve provision of contraception for HIV-positive women and couples.

Research shows a high level of unmet need for contraception among HIV-positive women and clients of HIV services. Most HIV prevention, care, and treatment programs, including voluntary counseling and testing (VCT), prevention of mother-to-child transmission (PMTCT), and other care and treatment services, do not include family planning information and services. Providers need to increase access to family planning services for HIV-positive women and couples and provide counseling on safe and effective contraceptive options. In most cases, a wide range of family planning methods can be safely and effectively used by HIV-positive women, including long-acting and permanent methods and hormonal contraception.

Prevention of unintended pregnancies in women with HIV is one of the four cornerstones of the strategy recommended for PMTCT by the United Nations. Recent analyses demonstrate that preventing unintended pregnancies in HIV-positive women is a more effective and less costly PMTCT strategy than antiretroviral (ARV) prophylaxis.<sup>1,2,3,4</sup> Moreover, making effective contraceptive services available to HIV-positive women is essential to ensuring their right to make informed reproductive decisions and avoiding the potential adverse effects of HIV infection and antiretroviral therapy on a fetus or on pregnancy outcomes.

### Suggested Resources:

*Contraception for Women and Couples with HIV* (CD-ROM). FHI, EngenderHealth, 2006. <http://www.fhi.org/en/RH/Training/trainmat/ARVmodule.htm>

*Increasing Access to Contraception for Clients with HIV: A Toolkit*. FHI, forthcoming. <http://www.fhi.org>

### Integrate family planning referrals and services into VCT, PMTCT, and HIV care and treatment services.

Integrating family planning and HIV services has the potential to improve the efficiency of service delivery, to reach more people in need of services, and to be more cost-effective than separate delivery of these services. Assessments indicate that integrating family planning into VCT services is acceptable to providers, supervisors, and clients.<sup>5</sup> Such integration is feasible when there are improvements to facilities and provider training and there is the potential for increased demand for contraceptive services among VCT clients. However, a change in approach to service delivery may be necessary when integrating family planning into VCT. For example, determining the level of family planning services that can be integrated should be decided at the facility level, due to differing capabilities among VCT sites.

Effectively integrating family planning into HIV services provides a platform for meeting the contraceptive needs of HIV clients. The rationale for such integration is strong, yet calls for more

FHI offers solid experience working in Africa to increase access to voluntary contraceptive services through both traditional family planning programs and integrated service delivery approaches.

FHI's research and technical assistance to ministries of health has resulted in the creation of a promising approach to integrating family planning into VCT services. In many instances, more operations research is needed to support effective planning. FHI welcomes opportunities to develop joint operations research projects with interested partners.

FHI can share modeling results for advocates wishing to promote and demonstrate the impact of contraception services as a means to prevent mother-to-child transmission.

rigorous evaluation of different strategies for accomplishing it. Knowledge of the essential elements for achieving integrated services and the impact of those services is important for guiding what strategies can and should be scaled up. More research, as well as more documentation of best practices and effective approaches, is needed.

### Additional Resources

**Integrating Family Planning into HIV Voluntary Counseling and Testing Services in Kenya: Operation Research Results.** FHI, 2006. <http://www.fhi.org/NR/rdonlyres/exdmdxlb1m5xjwzobljnjpnoli7ptzlmwie46mp2x-h67uswxc7vtzi4eycvzvaq2jmzx6hcr7sva/FPVCTintegKenyaOR1enrh.pdf>

**Family Planning—Integrated HIV Services: A Framework for Integrating Family Planning and Antiretroviral Therapy Services.** EngenderHealth, 2007. [http://www.acquireproject.org/fileadmin/user\\_upload/ACQUIRE/Publications/FP-HIV-Integration\\_framework\\_final.pdf](http://www.acquireproject.org/fileadmin/user_upload/ACQUIRE/Publications/FP-HIV-Integration_framework_final.pdf)

**Family Planning and the Prevention of Mother-to-Child Transmission of HIV: A Review of the Literature.** FHI, 2004. <http://www.fhi.org/NR/rdonlyres/ei54f7d-vn6ubask46ypmuekyrpvh7it562xfp75sx5dx5r3zricxfkhqh-wi3hx4gkp53b6qh3wzh2e/FPMTCTenrh.pdf>

**Integrating Family Planning into HIV Voluntary Counseling and Testing Services in Kenya: Progress to Date and Lessons Learned.** FHI, 2006. <http://www.fhi.org>

**FRONTIERS Integration Assessment Methodology Handbook.** Population Council, forthcoming. <http://www.popcouncil.org>

**Priorities for Family Planning and HIV Integration.** MAQ Global Health Technical Brief. Maximizing Access and Quality Initiative, 2005. <http://www.maqweb.org/tech-briefs/tb11integration.pdf>

**Reproductive Choices and Family Planning for People Living with HIV—Counseling Tool.** World Health Organization, 2006. [http://www.who.int/reproductive-health/publications/fphiv\\_flipchart/fp\\_hiv\\_flipchart.ppt](http://www.who.int/reproductive-health/publications/fphiv_flipchart/fp_hiv_flipchart.ppt)

**Sexual and Reproductive Health for HIV-positive Women and Adolescent Girls: A Manual for Trainers and Programme Managers.** EngenderHealth, 2006. [http://www.engenderhealth.org/files/pubs/hiv-aids-stis/SRH\\_for\\_HIV\\_Positive\\_Women\\_English.pdf](http://www.engenderhealth.org/files/pubs/hiv-aids-stis/SRH_for_HIV_Positive_Women_English.pdf)

**Resources for HIV/AIDS and Sexual and Reproductive Health Integration (Web site).** <http://www.hivandsrh.org>

### References

- 1 Reynolds HW, Janowitz B, Homan R, et al. The value of contraception to prevent perinatal HIV transmission. *Sex Transm Dis* 2006;33(6):350–56.
- 2 Stover J, Fuchs N, Halperin D, et al. *Adding Family Planning to PMTCT Sites Increases the Benefits of PMTCT.* Washington, DC: U.S. Agency for International Development, 2003. Available at: <http://www.fhi.org/NR/rdonlyres/earf7d7i4up5roh7hrpbxekmx55tprl5t5bcqq3tf4kfpprm3opt3j4i6ztqznwv5g3qthqjk7zfc/FPMTCTissuebriefrev102203enrh.pdf>.
- 3 Sweat MD, O'Reilly KR, Schmid GP, et al. Cost-effectiveness of nevirapine to prevent mother-to-child transmission in eight African countries. *AIDS* 2004;18(12):1661–71.
- 4 Wilcher R, Petruney T, Reynolds HW, et al. From effectiveness to impact: contraception as an HIV prevention intervention. *Sex Transm Infect* (forthcoming).
- 5 Family Health International. Research briefs. Available at: <http://www.fhi.org/en/RH/Pubs/Briefs/FPandHIV/index.htm>.



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