



USAID
FROM THE AMERICAN PEOPLE

ISSUE BRIEF

Family Planning and HIV Prevention Integration

In an era when approximately 34 million adults and children are living with HIV/AIDS and women of childbearing age account for nearly half of the infected population, family planning has a critical role to play in curbing the HIV/AIDS epidemic. Integrating programs provides opportunities to reach important populations with critical information and services. The rationale for integrating family planning and HIV services, especially in high HIV prevalence settings, has long been apparent: Sexually active individuals are at risk of both unintended pregnancies and HIV. The U.S. Agency for International Development's (USAID's) family planning and HIV/AIDS key areas for integration include prevention of mother-to-child transmission of HIV (PMTCT), voluntary counseling and testing, antiretroviral therapy (ART), and the development of innovative contraceptive technologies to protect against unintended pregnancy, HIV, and other sexually transmitted infections (STIs).

The more than 222 million women who want to delay or avoid pregnancy but aren't using a modern method of contraception include women who are HIV-positive and those at risk of HIV. Determining the number, timing, and spacing of children is a right of all women and couples no matter their HIV status; therefore, USAID works to increase access to family planning for all who want it.

Family planning can be integral in mitigating the impact of HIV/AIDS. Family planning can help achieve HIV prevention goals and improve maternal and child health outcomes. Likewise, HIV services can help expand access to family planning services. Family planning and HIV/AIDS programs often serve similar populations, particularly in countries with generalized HIV epidemics driven by heterosexual transmission. When programs and services meet multiple client needs, satisfaction with the health system increases, and scarce financial and human resources are better utilized.

Sub-Saharan Africa has particular needs for both HIV and family planning services. Globally, 34 million people are living with HIV/AIDS. Of these, 95 percent live in developing countries. In sub-Saharan Africa, where the impact of HIV/AIDS has surpassed that of all other regions, the epidemic disproportionately affects women. In addition, sub-Saharan Africa continues to struggle with high fertility rates and lack of adequate access to contraception.

No opportunity should be missed. Both family planning and HIV/AIDS prevention, care, and treatment services are useful entry points for many types of services that people in their reproductive years need.

- Clients of HIV counseling and testing may be at risk for unintended pregnancy as well as HIV infection or other STIs. Recent studies have identified particular populations, such as youth who seek HIV testing, who may not be able to readily access family planning services. Integrating family planning with counseling and testing can improve access to family planning services.
- Interventions to prevent mother-to-child HIV transmission provide an opportunity to integrate family planning services and contribute to reducing HIV infections among infants.
- Antiretroviral therapy services are expanding to enable a growing number of individuals living with HIV to have access to care and support. As people begin to feel better, they may resume sexual activity, thus increasing the need for reproductive health care within treatment services.
- Community outreach and coordination between the health facility and the community is extremely important for educating community members about their health and where to obtain services. Community health workers help bridge this link by providing some services and monitoring client use and challenges, which in turn assist the health providers and the District Health Management Team to improve the quality of services.

How USAID Programs Help

USAID encourages a comprehensive approach to family planning and HIV integration that includes strengthening health systems, such as commodity logistics and management, human resource training, health management information systems, and monitoring and evaluation. Examples of USAID's work in-country include:

Zambia – A USAID-supported project uses a referral-based model of family planning/HIV integration. At most of the 380 health facilities it supports, family planning counseling is integrated into HIV counseling and testing, PMTCT, and ART services. Clients are referred to the family planning provider on site for women who desire a method. Within PMTCT services, family planning counseling is provided at all visits, from antenatal care to postnatal care, and women are encouraged to obtain a method at the 6-week postnatal visit.

Malawi – USAID is supporting a network of community-based distribution agents to provide direct door-to-door HIV and family planning counseling and services. The program operates in eight target districts and intends to train up to 1,000 community-based distribution agents as volunteer health workers. Community-based health workers promote and provide HIV testing, dual protection methods, treatment adherence counseling, and other behavioral change tools and services to reduce STI-HIV risk.

Uganda – USAID is working to help health centers offer a full package of services for reproductive health, including family planning and HIV services, as well as child survival services. USAID works at the community level, connecting local organizations and building their capacities to offer coordinated and comprehensive services. To increase knowledge of healthy behaviors and increase access to basic services at the community level, the Uganda Ministry of Health created Village Health Teams (VHTs). USAID works to train VHTs on the full spectrum of reproductive health needs, including family planning, maternal and child health, and HIV.

Ethiopia – USAID is expanding and improving HIV services in already existent sexual and reproductive health clinics and youth centers, as well as integrating PMTCT with maternal, newborn, and child health services. USAID integrates family planning services in areas where HIV services – such as ART, HIV counseling and testing, and community home-based care – are already provided, but family planning services are not.

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