

FP2020

FAMILY PLANNING AND HIV

Every woman and girl has the right to high quality, voluntary, family planning, regardless of her HIV status. Linking family planning and HIV services is crucial for achieving FP2020 and Sustainable Development Goals and for realizing the global dream of an AIDS-free generation.



Women of reproductive age are disproportionately affected by the HIV epidemic. Many women, especially young women and adolescent girls, are simultaneously at risk for both unintended pregnancy and HIV infection. Comprehensive sexual and reproductive health care that includes family planning and HIV and STI prevention and treatment services is essential to provide women and their families with the protection they need.

INTEGRATING FP AND HIV SERVICES

The integration of family planning (FP) and HIV (FP/HIV) services means providing both services together—ideally in one place, by the same provider, on the same day—in order to deliver more comprehensive care to clients. Integrated FP/HIV services can help ensure that women living with HIV, adolescents and young women at risk of HIV, key populations, and male partners can access the information and services they need to maintain their health and achieve their reproductive intentions. Evidence shows that FP/HIV integration can help reduce barriers, improve access and uptake of both services, as well as reduce stigma and discrimination.

For women living with HIV who wish to have a child, integrated services can help ensure safe conception, healthy timing and spacing of pregnancy, and prevention of vertical transmission of HIV. These services have been successfully put into practice for prevention of mother-to-child transmission (PMTCT) services in maternal and child health clinics. For those who do not wish to become pregnant, contraception is an evidence-based, cost-effective way to prevent unintended pregnancy and reduce new pediatric HIV infections.

Multilayered prevention can—and should—encompass both FP and HIV services and products, including emergency contraception and multipurpose prevention technologies (MPTs). Integrating HIV prevention—most recently the addition of oral pre-exposure prophylaxis for HIV prevention (PrEP)—and FP services has been slow, but supportive policies permitting task-shifting and expanding HIV testing and PrEP training to FP providers can reduce barriers to integrated service delivery and potentially improve uptake of services. FP services can be integrated at most service delivery points along the HIV continuum of care, including HIV counseling and testing, prevention of vertical transmission, and care and treatment services.

Family Planning, HIV, and Human Rights:

All individuals have the right to decide freely and for themselves the number, spacing, and timing of their children, regardless of their HIV status.

People living with HIV should be provided with comprehensive information on their health and full access to sexual and reproductive health services, including family planning.

Women living with HIV who wish to have children should have access to safe and respectful pregnancy counseling, and antenatal, childbirth, and postnatal services.

Family planning and contraceptive use should always be a choice, made freely and voluntarily, independent of the person's HIV status.

The decision to use or not to use contraception should be free of any discrimination, stigma, or coercion, and informed by accurate, comprehensive information and services (including access to a full range of contraceptive methods).

Women at high risk of HIV, particularly young women and those who have experienced sexual violence, must be provided with options, free of stigma and discrimination, for family planning and HIV prevention, including emergency contraception and oral PrEP.

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AFTER ECHO: INCREASING CHOICE AND INTEGRATION IS CRITICAL

Since 1991, the World Health Organization (WHO) has been tracking evidence on whether there is a connection between the use of hormonal contraceptive methods and HIV. To gather high quality information about how different methods affected HIV risk, the [Evidence for Contraceptive Options and HIV Outcomes \(ECHO\) clinical trial](#) compared three highly effective, reversible methods of contraception—the progestogen-only injectable depot medroxyprogesterone acetate (DMPA-IM), a progestogen implant called Jadelle, and the copper intrauterine device (IUD)—to evaluate the difference in the risk of HIV acquisition among women using these methods. Significantly, the ECHO study did not find any substantial difference in HIV risk among women using the three methods studied. All contraceptive methods tested were safe, effective, and acceptable in preventing pregnancy.

In many parts of East and Southern Africa, which are areas of high HIV incidence, DMPA-IM (DMPA-intramuscular) is the most commonly used contraceptive method. However, the trial demonstrated that women want and will use a range of contraceptive methods. Women want choices to help them make an informed decision about their health, including preventing unintended pregnancies, and STIs including HIV. This is especially critical for young women and adolescent girls, who due to multiple factors and vulnerabilities, are at disproportionately high risk for unintended pregnancy and HIV.

In spite of the provision of HIV prevention services, HIV infection rates among the study population were alarmingly high: approximately 4% across all sites. ECHO demonstrated the urgent need for investment in woman-centered programs that offer a full range of contraceptive choices and HIV prevention strategies at the same site, time and with the same provider, and through an approach that is centered on women's informed choice. Expanding contraceptive access with integrated HIV prevention will help reach women, especially young women and adolescent girls. Services should meet them where they are.

WHO and UNAIDS Recommendations:

In June 2020, UNAIDS and WHO published a policy brief with recommendations for both prevention and clinical actions to put the findings from ECHO into practice. These include:

- A woman-centered context specific approach is most effective. This should include consultation with women, adolescents, and young women, at both the national and community levels, and a thorough understanding of the best available evidence on the diversity of needs.
- Improving the current standard of care, including by integrating HIV prevention and treatment, STI testing, and contraceptive services, with additional considerations for areas with a high HIV burden.
- Addressing barriers, especially underlying social norms such as discrimination and stigma, in contraceptive, HIV, and STI service delivery.

[UNAIDS and WHO: Preventing HIV and Other STIs Among Women & Girls Using Contraceptive Services in Contexts with High HIV Prevalence](#)

COVID-19 as a Catalyst to Integrate FP/HIV Services: A Call to Action:

The global COVID-19 pandemic has exacerbated longstanding challenges in women's and girls' access to sexual and reproductive health care, including family planning, and HIV and STI prevention, testing, and treatment. These include stockouts, siloed care, and limited ability to access services, whether due to clinic closures or travel restrictions. These challenges present both immediate and long-term threats to the health of women and girls.

Organizations working to provide sexual and reproductive health care have for many years called for the prioritization of integrated health services in the immediate term, as well as the prioritization of integration as the best way to provide rights-based, quality care. Self-care and differentiated service delivery will also help increase choice and provide more opportunities for individuals to make informed decisions regarding their health and health care.

Learn more at:
[SRHintegration.org](https://www.srhintegration.org)

More Resources on SRH/HIV Integration:

[AVAC: Key SRH/HIV Integration Materials and Findings](#)

[USAID: Promoting Integration of Family Planning into HIV and AIDS Programming](#)

[WHO and IPPF: SRHR & HIV Linkages Toolkit](#)

[K4Health: Family Planning and HIV Services Integration Toolkit](#)

[FHI360: Integrating Family Planning into HIV Programs: Evidence-Based Practices](#)