

ISSUE BRIEF

Family Planning in the Era of HIV/AIDS: More Important Than Ever

The AIDS epidemic is challenging health care systems in the developing world. Many facilities are overcrowded, and the rising cost of providing treatment is forcing health systems to reduce spending for other crucial health interventions, including family planning.

Family planning remains an important health intervention. Family planning programs are necessary in the ongoing effort to improve overall health and the lives of women and children in the developing world. Each year, pregnancy-related deaths claim the lives of half a million women, and I I million children die from causes associated with their mother's pregnancy or from birth-related risks. Family planning programs could prevent one-quarter of these infant and maternal deaths.

Family planning can be integral in mitigating the impact of 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, 42 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 sexually transmitted infections. 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 (PMTCT) provide an opportunity to integrate family planning services and contribute to reducing HIV infections among infants.
- Antiretroviral treatment (ART) 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.
- Home-based care interventions are particularly important because they reach into the community, often to those with the greatest need. Home-based caregivers are beginning to realize that many of their clients are sexually active and in need of contraceptives in order to prevent both HIV infection and unintended pregnancy.

How USAID Programs Help

USAID-supported activities to bring family planning services into HIV/AIDS programs include the following:

Kenya – Linking family planning with HIV counseling and testing. USAID supported an acceptability and feasibility study that showed that more than 25 percent of clients undergoing testing were not using a contraceptive method, even though they did not wish to become pregnant. Such findings support an integrated approach to family planning and HIV counseling and testing. The study identified strong client and provider interest in adding family planning counseling and provision of family planning methods during HIV counseling and testing. The study resulted in an HIV program that incorporated family planning at its counseling and testing sites, and the government also used the results to form a task force to scale up the program to the national level. In Kenya and other countries in Africa, another USAID-funded project is testing a counseling/decisionmaking tool to help ART providers meet the family planning and reproductive health needs of men and women.

Uganda – Ensuring that family planning is a central component of PMTCT services. By connecting with both the National AIDS Commission and the Ministry of Health, USAID supported a revision of the national PMTCT training guidelines and supervision manuals to include specific links with family planning. USAID also developed psychosocial support groups for HIV-positive women that allow them to discuss such issues as infant feeding, birth spacing, contraceptive options, and other health interventions.

South Africa – Addressing the family planning needs of home-based care clients. Home-based care providers are front-line workers, trusted by the community and intimately involved in the lives of those infected with and affected by HIV/AIDS. In South Africa, USAID supported an evaluation of a home-based care program to identify areas for improving reproductive health knowledge, attitudes, and practices of care providers and clients.

Ghana – Meeting the family planning needs of women in ART programs. As more women gain access to antiretroviral drugs, ART delivery sites provide an important opportunity for delivering family planning services to those with an unmet family planning need. USAID supported the development of a comprehensive training module ("Contraception for Women and Couples with HIV") for use in a newly funded activity that will integrate family planning services at a stand-alone ART site.

Haiti – Meeting the needs of adolescents. Haiti's "Fleet of Hope" campaign teaches about disease and pregnancy through messages about abstinence, fidelity, monogamy, and condom use. The messages offer acceptable options to young people with diverse needs and are endorsed by community gatekeepers, whose support is key.

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