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ISSUE BRIEF

Adding Family Planning to PMTCT Sites Increases PMTCT Benefits

In 2005, an estimated 700,000 children under 15 years old became infected with HIV. Most of these infections were the result of an HIV-positive woman passing the virus to her baby during pregnancy, labor and delivery, or breastfeeding, a means of infection known as mother-to-child transmission (MTCT). Without treatment, 15 to 30 percent of babies born to HIV-positive women in the future will become infected during pregnancy and delivery, and a further 5 to 20 percent will become infected through breastfeeding.[1]

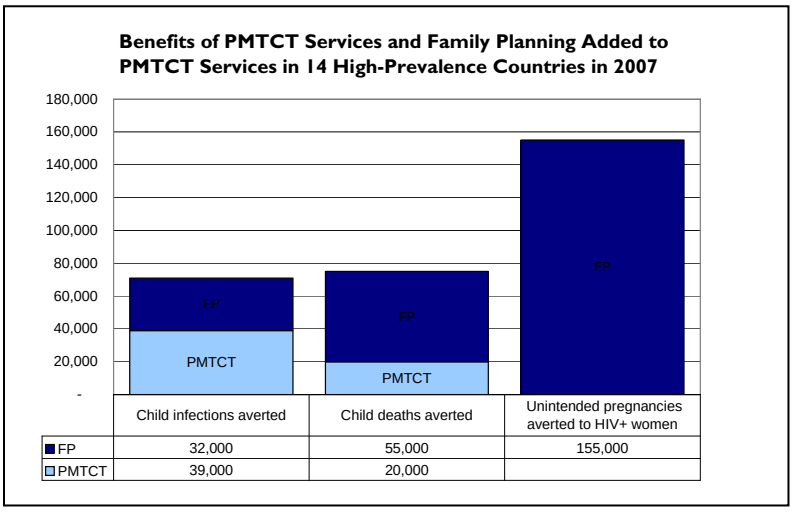
Of the 2.5 million young children living in the world today with HIV/AIDS, about 90 percent were infected by their mothers. Most of these children live in Africa, where the vast majority of HIV-positive pregnant women also live. In the continent's most affected countries, infant mortality rates have doubled in recent years, and AIDS is beginning to reverse decades of steady progress in child survival. Prevention of mother-to-child transmission (PMTCT) is a priority on the HIV prevention agenda. In the absence of any intervention, rates of MTCT are 25 to 40 percent higher in resource-constrained countries than in the industrialized world.

Worldwide, women of childbearing age account for more than half of people living with HIV/AIDS. In 2002, a World Health Organization (WHO) meeting identified prevention of unintended pregnancies to HIV-infected women as a key strategy to prevent babies from acquiring HIV from their infected mothers. Combined with other approaches, including primary prevention of HIV infection in women, prevention of transmission from women living with HIV to their infants, and provision of care, treatment, and support for women living with HIV and their families, this could dramatically reduce MTCT.

Family planning can have a significant and cost-effective impact in HIV/AIDS prevention efforts. A number of models and USAID-funded analyses indicate that family planning services in sub-Saharan Africa are preventing HIV infection in more infants than programs that promote and provide nevirapine to HIV-positive mothers.[2,3] Adding family planning services to programs for PMTCT can achieve, at less cost, the same effect as increasing antiretroviral drug coverage (see chart below). For the same cost, family planning services can avert nearly 30 percent more HIV-positive births than the antiretroviral drug nevirapine. A model presented at a high-level consultation convened by WHO in 2004 indicated that an expenditure of US$45,000 for contraceptive services would prevent 88 HIV-positive births, while the same expenditure to promote and provide nevirapine in antenatal care would prevent 68 such births.[2]

	Incremental Comparison			
Strategy	**Cost**	**Number of HIV-Positive Births**	**Additional HIV-Positive Births Averted**	**Cost-Effectiveness Ratio**
Increase nevirapine coverage in PMTCT from 5 to 15 percent	$27,856.83	1,940.5	32.5	$856.66
10 percent of women who do not want to get pregnant but are not using contraception begin using a family planning method	$21,957	1,940.0	33.1	$663.47

Family planning programs can benefit HIV-positive couples who do not wish to have a child. In Africa, where 60 percent of all new HIV infections are to women of childbearing age, 25 percent do not wish to become pregnant; they do not, however, have access to contraception either. Data from voluntary counseling and testing services in four countries show that from 50 to 92 percent of HIV-positive women do not want another child in the next two years. Another study in Uganda showed that more than 90 percent of HIV-positive women had an unintended pregnancy.



Pregnancy spacing is also important. As HIV-positive women begin to feel better after taking antiretroviral therapy and want to have a baby, the timing of their pregnancy can result in improved neonatal, maternal, and child health outcomes. Pregnancy spacing can prevent preterm births and low birthweight and bring improved health outcomes for the mother as well.

Strengthening traditional family planning programs will bring many health benefits. Building on existing efforts in family planning will take care of the large unmet need among both HIV-positive and HIV-negative women that currently exists and will strengthen efforts in PMTCT, helping to reduce the transmission of HIV. The benefits include:

- Reducing the number of infants newly infected
- Avoiding the stress of pregnancy among women whose health is already compromised by HIV infection
- Reducing the potential number of HIV orphans
- Providing other health benefits of child spacing such as lower child and maternal mortality
- Averting unintended pregnancy

Prepared July 2006

1) De Cock, K.M., et al. (2000). Prevention of Mother-to-Child HIV Transmission in Resource-Poor Countries: Translating Research Into Policy and Practice. *JAMA* 283 (9), 1175-1182. 2) Reynolds, H.W., Janowitz, B., Homan, R., & Johnson, L. (2006). The Value of Contraception to Prevent Perinatal HIV Transmission. *Sex Transm Inf* 7 Feb 2006 [e-published ahead of print. PMID Nr 16505747 (PubMed)]. 3) Reynolds, H.W., Steiner, M.J., & Cates, W. Jr. (2005). Contraception's Proved Potential to Fight HIV. *Sex Transm Inf.* 81(2), 184-185.