Preventing Unintended Pregnancies and HIV

Stronger efforts to address the family planning rights and needs of women living with HIV are needed to reduce pediatric HIV and keep mothers alive and healthy.

Substantial reductions in the number of children born with HIV in the past decade have generated a groundswell of optimism for the prospects of ending pediatric HIV and ensuring mothers living with HIV remain healthy. The dramatic expansion of HIV prevention and treatment services has significantly reduced the incidence of HIV among children and improved maternal health. These achievements contribute directly to the health-related and gender-related Millennium Development Goals (MDGs) 3, 4, 5 and 6.

Capitalizing on this momentum, in 2011 the Joint United Nations Programme on HIV/AIDS (UNAIDS), funders, government leaders and development partners launched the *Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive.* The plan has two primary targets: (1) reduce the number of new HIV infections among children by 90 percent, and (2) reduce the number of AIDS-related maternal deaths by 50 percent.

The *Global Plan* strategy is based on a four-pronged, synergistic approach.[1]

Prong 1	Prevention of HIV among women of reproductive age within services related to reproductive health such as antenatal care, postpartum and postnatal care and other health and HIV service delivery points, including working with community structures.*
Prong 2	Providing appropriate counseling and support, and contraceptives, to women living with HIV to meet their unmet needs for family planning and spacing of births, and to optimize health outcomes for these women and their children.
Prong 3	For pregnant women living with HIV, ensure HIV testing and counseling and access to the antiretroviral drugs needed to prevent HIV infection from being passed on to their babies during pregnancy, delivery and breastfeeding.
Prong 4	HIV care, treatment and support for women and children living with HIV and their families.

* Prong 1 interventions include provision of voluntary and confidential HIV pre- and post-test counseling, testing and education, treatment for prevention, screening and management of sexually transmitted infections, condoms, and gender-based violence prevention and impact mitigation. We wish to emphasize the importance of HIV counseling and testing being *voluntary and confidential* to ensure the rights of women living with HIV are protected.

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The four prongs embody a range of measures for the prevention and treatment of HIV that serve as the foundation for achieving the 2015 global targets. The third prong has been the primary focus of prevention of vertical transmission of HIV (also known as PMTCT) programs for several years. The first and second prongs have only recently begun to receive more attention.[2] As modeling has demonstrated, if we wish to meet the targets of the *Global Plan,* we need to place more emphasis on advancing women's sexual and reproductive health and their rights. This includes primary prevention of HIV, especially among pregnant women, and meeting unmet need† for family planning.[3] This brief examines the critical role family planning plays as a strategy for upholding women's rights, preventing HIV transmission and reducing maternal mortality and morbidity, and the implications for health programs.

The Effectiveness of Family Planning

Family planning offers a number of benefits for all women who want it, regardless of their HIV status. By delaying first births, lengthening birth intervals, reducing the total number of children born to a woman, preventing unintended pregnancies, and reducing the number of abortions (particularly in places where abortion is more likely to be unsafe), contraception can have a major impact on improving the overall health of a woman as well as that of her children. Nearly one-third of maternal deaths could be prevented by meeting unmet need for family planning. Reducing morbidity and mortality in women, in turn, has far-reaching consequences for the health and survival of their children.

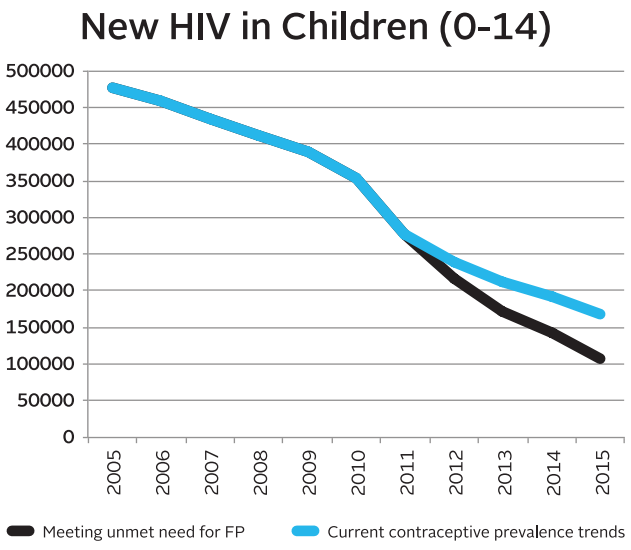
Supporting women to control the size of their families and the timing of their pregnancies also offers important social, political and economic benefits — such as greater family savings and productivity, better prospects for employment and education, and better psychosocial well-being. For women living with HIV who do not want to become pregnant or who wish to delay pregnancy, contraception has the added public health benefit of reducing the number of infants who might acquire HIV and, by extension, the number of children who need HIV-related services.

The potential impact of contraception on efforts to prevent pediatric HIV is well established. Current levels of contraceptive use in sub-Saharan Africa prevent 173,000 infants from being born with HIV annually, even though contraception is not widely available in the region.[4] A similar analysis of focus countries in the President's Emergency Plan for AIDS Relief (PEPFAR) also found that contraception lowers the number of infants with HIV — by 178 each year in Guyana to 120,256 annually in South Africa.[5] An analysis of Ugandan data estimated that the use of family planning resulted in 6,100 fewer infants with HIV in the country in 2007, while antiretroviral prophylaxis protected an estimated 2,200 infants from vertical transmission. However, unintended pregnancies still resulted in 5,300 children being born with HIV.[6]

Researchers estimated that meeting the unmet need for family planning in the 20 countries with the highest burden of HIV would result in six million fewer unintended births and 61,000 fewer children with HIV in the year 2015 alone.[7] Figure 1 illustrates this reduction in the number of infants with HIV as a result of vertical transmission that would occur if family planning services were provided to all women desiring to limit or space future births.

Family planning is also associated with a number of financial gains, including lower costs for health programs, pediatric treatment and mitigating the consequences (such as lower birthweights) of unintended births. Several analyses have shown that supporting women with HIV who wish to avoid unintended pregnancies is both cost-saving and cost-effective relative to prong-3 vertical transmission prevention interventions.[5,8] One analysis determined that expanding family planning services to meet the current unmet need would result in 163,000 fewer infants with HIV by 2015, while reducing total costs by $200 million.[7]

FIGURE 1 **Implementation of the prong-2 strategy (in high-burden countries) would hasten the reduction of HIV among infants**

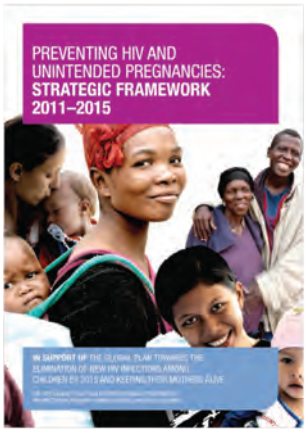


Source: Stover J, Mahy M. The cost-effectiveness of family planning in reducing the number of children with HIV infection. Presentation at the 16th International Conference on AIDS and STIs in Africa (ICASA), 2011 December 4–8, Addis Ababa, Ethiopia.

† Determining unmet need for family planning begins with an assessment of a woman's fertility desires. Women who are fecund, sexually active and desire to either stop childbearing or postpone their next birth but are not using contraception have an unmet need for family planning.

Programmatic Implications

Despite the established value of contraception for reducing rates of pediatric HIV and keeping mothers alive and healthy, efforts to address the family planning needs and rights of women living with HIV need to be strengthened. Small-scale surveys indicate that the rate of unintended pregnancy among women living with HIV ranges from 53 percent to 84 percent in some African countries.[9,10] And a new analysis of Demographic and Health Survey data found that about 14 percent of women living with HIV in six African countries have an unmet need for family planning, even though they are in regular contact with the health system for their HIV care.[11] While these data indicate that the family planning desires and needs of women living with HIV are similar to those of women who do not have HIV, they also suggest that opportunities to support women living with HIV in avoiding unintended pregnancies are being missed. Worse, a growing body of evidence indicates that many women living with HIV experience stigma, discrimination and violations of their rights — such as forced sterilization and nonconfidential HIV testing — within the health care setting.[12]



Preventing HIV and Unintended Pregnancies: Strategic Framework 2011–2015

In recognition of prong 2's important role, the UNAIDS *Global Plan* has aligned with the MDG 5B target and indicator to reduce the unmet need for family planning to zero — for all women. Achieving these reductions will require significant resources and commitment. As illustrated in Table 1, the 20 countries with the highest burden of HIV will need to produce dramatic increases in their contraceptive prevalence rates to eliminate unmet need for family planning among all women. For example, in Uganda contraceptive use among women desiring to avoid pregnancy will need to increase from 26 percent to 64 percent by 2015.

How can this be achieved? What must we do to improve the delivery of rights-based family planning services and advance the implementation of prong 2? Answers can be found in new guidance, *Preventing HIV and Unintended Pregnancies: Strategic Framework 2011–2015,* which was developed specifically to support the implementation of prongs 1 and 2 of the *Global Plan*.

As articulated in the *Framework,* honoring the rights of women living with HIV — and providing family planning counseling and services grounded in these rights — must be the cornerstone of our efforts.[13] Women and couples living with HIV can safely use and should have access to a wide variety of contraceptive methods, including hormonal contraception, and should be supported to select the method that best fits their needs *(see Box 1).* These rights-based services, in turn, should be part of a wider package of comprehensive sexual and reproductive health care that includes the clinical management of HIV, the screening and care of sexually transmitted infections (STIs), the prevention and mitigation of gender-based violence and the eradication of stigma and discrimination. Various entry points could be optimized for the provision of family planning services to women living with HIV, including:

- **Maternal, newborn and child health services.** High-quality antenatal, delivery and postpartum care and newborn-care services provide excellent opportunities to reach women of reproductive age with family planning services. Antenatal, delivery and postpartum care are also entry

BOX 1

HORMONAL CONTRACEPTION AND HIV

Following new findings from recently published epidemiological studies, the World Health Organization convened a technical consultation regarding hormonal contraception and HIV acquisition, progression and transmission. All evidence was reviewed carefully. Most concern focused on the relationship between progestogen-only injectable contraception and risk of HIV acquisition in women. In considering the totality of available evidence, the group determined that currently available data neither establish a clear causal association with injectables and HIV acquisition, nor definitively rule out the possibility of an effect.

Because of the inconclusive nature of the evidence on possible increased risk of HIV acquisition among women using progestogen-only injectable contraception, the expert group recommended that these women be strongly advised to also always use condoms (male or female) and other HIV preventive measures. The group recommended further expansion of contraceptive method mix and further research on the relationship between hormonal contraception and HIV acquisition. The group also noted the importance of hormonal contraceptives and of HIV prevention for public health and emphasized the need for individuals living with or at risk of HIV to always use condoms (male or female), as hormonal contraceptives are not protective against HIV transmission or acquisition.

points for voluntary and confidential HIV pre- and post-test counseling and testing and HIV-related services for prongs 1, 3 and 4.

- **Family planning services.** Existing, high-quality family planning services are an important source of contraceptive information and services for women with HIV, including those who may not know their HIV status. Voluntary and confidential HIV pre- and post-test counseling and testing are gradually being mainstreamed into existing reproductive health services, so more women should now be able to learn their HIV status and receive contraceptive counseling based on that status and in accordance with their reproductive rights.
- **HIV treatment, care and support services.** Women of reproductive age who receive quality HIV care from the health care system should be routinely counseled on their reproductive rights and family planning desires and needs by their HIV-care providers (who can then provide the services or a referral as appropriate). Counseling should explain to women that they have the right to receive support from the health care system in efforts to have children — who can be born with a 99 percent likelihood of being HIV-free.
- **Sexually transmitted infection services.** STI services provide an opportunity for family planning counseling, services and referrals, including counseling and male or female condoms for dual protection.
- **Community-based peer-oriented services.** Outreach services that are led by people living with HIV are an underutilized resource for disseminating information about family planning and available services throughout community networks.

See *Preventing HIV and Unintended Pregnancies: Strategic Framework 2011–2015*, pages 37-38, for detailed guidance on prong-2 entry points and essential services and pages 55-56 for guidance on community engagement.

TABLE 1: ESTIMATED CONTRACEPTIVE PREVALENCE BY 2015 TO ELIMINATE UNMET NEED FOR FAMILY PLANNING IN THE 20 COUNTRIES WITH THE HIGHEST BURDEN OF HIV

	Percentage of women with unmet need for family planning[a]	Year of survey for value	Estimated contraceptive prevalence rate in 2009[b]	Estimated contraceptive prevalence rate by 2015 if unmet need were eliminated
ANGOLA	~20%		20%	20%
BOTSWANA	~20%		62%	82%
BURUNDI	29%	2002	9%	38%
CAMEROON	21%	2004	33%	53%
CHAD	21%	2004	10%	30%
CÔTE D'IVOIRE	~20%		30%	50%
DR CONGO	27%	2007	25%	52%
ETHIOPIA	25%	2011	21%	46%
GHANA	36%	2008	24%	60%
KENYA	26%	2009	40%	65%
LESOTHO	23%	2009	44%	67%
MALAWI	26%	2010	31%	57%
NAMIBIA	21%	2007	54%	75%
NIGERIA	20%	2008	14%	34%
SOUTH AFRICA	14%	2004	62%	76%
SWAZILAND	25%	2007	53%	77%
TANZANIA	25%	2010	26%	51%
UGANDA	38%	2006	26%	64%
ZAMBIA	27%	2007	35%	62%

a. Data available at http://mdgs.un.org/unsd/mdg/Data.aspx. Original sources are Demographic and Health Surveys.
b. Extracted from Spectrum country files 2012.

Making use of these diverse entry points reduces organizational "silos" and introduces another level of comprehensive care. As the evidence for the effectiveness of integration continues to grow, the use of multiple entry points can have a great impact on increasing awareness of rights, support for meeting women's fertility choices and the voluntary use of contraception to avoid unintended pregnancies.

The importance of better linkages between family planning and HIV policies, programs and services is taking root within a number of organizations, including PEPFAR. In contrast to PEPFAR's Country Operational Plan field guidance issued in FY 2009, administrators revised the most recent guidance to state explicitly that "PEPFAR is a strong supporter of linkages between HIV/AIDS and voluntary family planning and [other] reproductive health programs."

Raising the prominence of prong 2 within HIV programs will require more than the integration of services. We must also help women to overcome the structural and institutional barriers that often prevent them from getting access to these services. As outlined in Table 2, five key strategies — grounded in the foremost need to uphold the rights of women and girls — should guide the efforts of country-level policymakers and program planners.

The Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive will likely fall short of its targets if programs continue to miss opportunities to provide rights-based family planning information and services to women and couples.[3] The *Global Plan* acknowledges that linkages between HIV and family planning programs are key to success *(page 10).* Translating this support into widespread practice at the policy, systems and service delivery levels will transform the way programs are implemented and enhance country-level efforts to protect children from HIV and keep their mothers alive, healthy, safe and well.

TABLE 2: KEY STRATEGIES AND ACTIONS TO SUPPORT PRONG 2

Strategy	Illustrative Actions*
STRATEGY 1: Link sexual and reproductive health (SRH) and HIV at the policy, systems and service delivery levels	POLICY • Review and revise national training curricula and protocols for SRH, HIV and primary care health service providers to implement prong 2 free of coercion, stigma and discrimination SYSTEMS • Develop national- and district-level plans to support implementation of the prong-2 package of essential services, addressing issues such as coordination mechanisms, provider capacity building and commodity security SERVICE DELIVERY • Support the implementation of rights-based family planning services in maternal, newborn and child health (MNCH) and antiretroviral therapy services
STRATEGY 2: Strengthen community engagement	POLICY • Ensure protocols enable community health care workers to provide appropriate services for prong 2, including promotion of safety and security as a basic right and elimination of HIV-related violence, stigma and discrimination SYSTEMS • Establish effective linkages between SRH and HIV services and community-based providers • Establish, strengthen and support community members — especially women living with HIV — to create demand and mobilize around community-led solutions SERVICE DELIVERY • Define a standard package of interventions for prong 2 that can be provided by community health workers
STRATEGY 3: Promote greater involvement of men and boys	POLICY • Develop and support implementation of policies and programmatic approaches that engage men and boys in SRH and HIV services in ways that are gender transformative and consistent with women's and girls' desires for their partners' involvement SYSTEMS • Utilize all entry points, including MNCH, to encourage HIV counseling and testing for parents, and support couples counseling in a setting that is safe for women and girls and sensitive to their needs SERVICE DELIVERY • Establish male support groups within SRH and HIV services that foster opportunities for men and boys to discuss and reflect upon gender norms and inequalities and develop more gender-equitable attitudes and behaviors • Develop and utilize male-friendly counseling support tools in MNCH, family planning and other SRH and HIV services
STRATEGY 4: Engage organizations and networks of people living with HIV	POLICY • Advocate among policymakers for greater understanding of and attention to the SRH and HIV rights, needs and desires of people living with HIV SYSTEMS • Meaningfully involve people, especially women, living with HIV and key populations in all aspects of decision making through their membership in coordinating bodies at the national, district and community levels SERVICE DELIVERY • Provide training opportunities for people living with HIV to become peer educators
STRATEGY 5: Ensure non-discriminatory service provision in stigma-free settings	POLICY • Review and revise national HIV and SRH strategies to ensure they uphold the rights of health workers living with HIV, and address and monitor stigma and discrimination against all staff, volunteers and clients with HIV in the health care setting SYSTEMS • Review and update protocols to ensure they are rights-based and include training for providers and other health facility staff to foster nonjudgmental and nondiscriminatory practices • Incorporate the personal and professional insights and experiences of health staff living openly with HIV into high-quality staff, volunteer, and client care protocols SERVICE DELIVERY • Transform stigmatizing attitudes and discriminatory behaviors of health care providers through values clarification and other forms of relevant capacity building • Promote active involvement of female and male health staff living openly with HIV in all SRH and HIV-care settings

* Actions adapted from *Preventing HIV and Unintended Pregnancies: Strategic Framework 2011–2015,* pages 50–62.

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