FP2020

INTEGRATING FAMILY PLANNING AND HIV

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

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Women of reproductive age are disproportionately affected by the HIV/AIDS epidemic. Many women are simultaneously at risk for both unintended pregnancy and HIV infection. Comprehensive reproductive health care that includes family planning and HIV 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 services means providing both services together in order to deliver more comprehensive care to clients. Integrating FP into HIV services can help ensure that women living with HIV, adolescents and young women, key populations, and male partners can access information and services that empower them to fulfill their reproductive health needs and intentions. Evidence shows that FP/HIV integration can help improve 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 mother-to-child transmission of HIV. 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.

FP services can be integrated at most service delivery points along the HIV continuum of care, including HIV counseling and testing, prevention of mother-to-child transmission (PMTCT), and care and treatment services.

LEARN MORE:

- USAID: Promoting Integration of Family Planning into HIV and AIDS Programming
- USAID: Family Planning & HIV Integration: Important Contributions to the Global HIV Goals
- K4Health: Family Planning and HIV Services Integration Toolkit
- FHI360: Integrating Family Planning into HIV Programs: Evidence-Based Practices
- WHO and IPPF: SRHR & HIV Linkages Toolkit
- International HIV/AIDS Alliance: Acting on HIV to achieve global family planning targets and goals

FAMILY PLANNING, HIV, AND HUMAN RIGHTS

- All individuals have a right to determine the number, timing, and spacing of their children, regardless of their HIV status.
- People living with HIV and AIDS 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 and AIDS who wish to have children should have access to safe and respectful pregnancy counseling, antenatal, and childbirth 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 family planning should be free of any discrimination, stigma, coercion, duress, or deceit, and informed by accurate, comprehensive information and services (including access to a variety of contraceptive methods).

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FP Family Planning 2020™

HORMONAL CONTRACEPTIVES AND HIV

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. Some observational studies suggest that women who use progestogen-only injectable contraceptives—particularly depot medroxyprogesterone acetate (DMPA)—have an increased risk of acquiring HIV. But it is unclear whether this is because of methodological issues with the evidence, or whether there is a real biological effect at work. The ongoing ECHO trial (see below) is designed to fill this critical knowledge gap.

In the meantime, WHO has advised that women should be counseled about the possible risk. WHO released a guidance in March 2017 stating that women at high risk of acquiring HIV can use progestogen-only injectables, but should be provided with comprehensive information and counseling on contraception and potential HIV risk. The guidance states that:

> *"Women should not be denied the use of progestogen-only injectables because of concerns about the possible increased risk. Women considering progestogen-only injectables should, however, be advised about this, about the uncertainty over a causal relationship, and about how to minimize their risk of acquiring HIV."*

To date, no association has been found between HIV and other hormonal contraceptives. WHO advises that women at high risk of HIV can use the following contraceptives without restriction: combined oral contraceptive pills (COCs), combined injectable contraceptives (CICs), combined contraceptive patches and rings, progestogen-only pills (POPs), and levonorgestrel (LNG) and etonogestrel (ETG) implants.

Source: www.who.int/reproductivehealth/publications/family_planning/HC-and-HIV-2017

THE IMPORTANCE OF CONTRACEPTIVE METHOD CHOICE

In many areas of East and Southern Africa, DMPA is the most popular contraceptive method available for women. These are also areas of relatively high HIV incidence, so the question of whether DMPA increases women's risk of HIV is critical.

It also highlights the importance of improving method choice by increasing the number of contraceptive options available. Family planning programs should strive for a comprehensive range of methods to meet the needs of women and girls in a variety of circumstances and throughout their reproductive lives.

THE ECHO STUDY

The Evidence for Contraceptive Options and HIV Outcomes (ECHO) Study is a clinical trial that aims to compare three highly effective, reversible methods of contraception—the progestogen-only injectable depot medroxyprogesterone acetate (DMPA), a progestogen implant called Jadelle, and the copper intrauterine device (IUD)—to evaluate whether there is any difference in the risk of HIV acquisition among women using these methods. The study will also compare side effects, pregnancy rates, and women's patterns of use for the three contraceptive methods.

The ECHO study is being conducted in Kenya, South Africa, Swaziland, and Zambia. Women in the study are randomly assigned to one of the three contraceptive methods, though participants have the right to refuse randomization if they prefer. All participants receive counseling on contraception and HIV prevention.

The ECHO study will conclude by December 2018, and the findings are expected to be released in mid- to late-2019.

Source: echo-consortium.com