Family Planning and HIV Integration

Nithya Mani, Office of HIV/AIDS

Jennifer Mason, Office of Population and Reproductive Health

USAID
FROM THE AMERICAN PEOPLE

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

Presentation Overview

- Rationale for FP/HIV integration and USG guiding principles
- PEPFAR FP/HIV Integration
- USAID FP/HIV Integration Programming
- FP/HIV Integration Promising Practices and Technical Considerations
- Technical Resources for FP/HIV Integration

USAID
FROM THE AMERICAN PEOPLE

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

RATIONALE FOR FP/HIV INTEGRATION AND USG GUIDING PRINCIPLES

USAID
FROM THE AMERICAN PEOPLE

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

Why Support FP/HIV Integration?

FP/HIV Integration assists the US Government to:

- Meet clients' rights and needs for comprehensive health services
- Achieve global Family Planning, HIV and Maternal and Child Health objectives
- Leverage USG comparative advantages in Family Planning and HIV
- Practice good public health by using evidence based approaches to achieve improved health outcomes through FP and HIV platforms

USAID
FROM THE AMERICAN PEOPLE

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

Guiding Principles for USG FP/HIV Programs

1. HIV-positive individuals should be provided with information on, and be able to exercise voluntary choices about their health, including their reproductive health.
2. The USG, including PEPFAR, supports a person‘s right to choose, as a matter of principle, the number, timing, and spacing of their children, as well as use of family planning methods, regardless of HIV/AIDS status.
3. Family planning use should always be a choice, made freely and voluntarily, independent of the person‘s HIV status.
4. 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, comprehensible information and access to a variety of methods.
5. Access to and provision of health services, including antiretroviral treatment, for an HIV-positive person should never be conditioned on that person's choice to accept or reject any other service, such as family planning (other than what may be necessary to ensure the safe use of antiretroviral treatment).
6. HIV-positive women who wish to have children should have access to safe and non-judgmental pregnancy counseling services.

USAID
FROM THE AMERICAN PEOPLE

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

FP/HIV INTEGRATION IN PEPFAR

PEPFAR's increased focus on FP/HIV integration

- Optimizing PEPFAR as a platform to integrate HIV and voluntary family planning (FP) services
  - Access to a full range of FP services and information is critical for individuals to exercise their reproductive health rights.
  - USG is committed to meeting the reproductive health needs of PLHIV and those at risk of HIV.
  - Ensure PLHIV have access to family planning counseling and services and safe pregnancy counseling through the integration of FP services into all PEPFAR prevention, care, and treatment programs.

Formation of FP/HIV Integration Task Force

- February 2013: Official Start
- Includes headquarters representation from PEPFAR implementing agencies & USAID/PRH
- Here to help YOU!!!

USAID
FROM THE AMERICAN PEOPLE

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

Key Opportunities for Programming:

1. Prevention of Mother-to-Child Transmission (PMTCT)
2. Care and Treatment, PHDP (PwP)
3. Prevention with Key Populations
4. Health Systems Strengthening

USAID
FROM THE AMERICAN PEOPLE

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

Special Initiative to Accelerate FP/HIV Integration

- $25M for five countries ($5M per country): **Malawi, Nigeria, Tanzania, Uganda, Zambia**
  - One-time funding to jump-start FP/HIV activities
  - Encouraged conversations and strategic thinking across USG platforms
- $1.97M for headquarters country support and evaluation activities
  - Operations research to examine different models for integrating FP and HIV service delivery; comparing efficiencies in providing FP services
  - Costing of PMTCT Prong 2, collaboration with IATT
  - Translations and dissemination of USG FP policy and legislative compliance materials
  - Technical assistance for country programs implementing Acceleration Funding

PEPFAR FP/HIV Monitoring:

- PEPFAR FP/HIV Integration Indicator (required)
  - Percentage of HIV service delivery points supported by PEPFAR that are directly providing integrated voluntary family planning services
- Other FP and HIV Indicators (suggested)
  - Standard FP indicators
  - Modified FP indicators for HIV settings
- Monitoring FP outcomes for PLHIV in MNCH/FP settings

SIMS Core Essential Elements: Systems for Family Planning/HIV Integration

- Standard: All HIV service delivery points (e.g. Care, Treatment, PMTCT) offering family planning services (education, counseling, and method provision) should have systems in place to ensure the quality of the family planning services offered.
  - Health care provider training on FP
  - Clients informed of voluntary nature of family planning
  - Quality assurance of family planning activities
  - Standard operating procedure/guidance on family planning counseling
  - System for tracking referrals

SIMS Core Essential Element: Family Planning/HIV Integration Service Delivery

- Education and screening for family planning
- Availability of FP counseling
- Availability of safe pregnancy/conception counseling for PLHIV
- Availability of at least 3 contraceptive methods on site
- Availability of private space for FP counseling
- Contraceptive commodity stock outs in past 3 months
- Availability of easy to understand information on FP

USAID
FROM THE AMERICAN PEOPLE

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

USAID FP/HIV INTEGRATION PROGRAMMING

USAID/Uganda

(Above) Marie Stopes Uganda and EGPAF coordinate their activities to provide FP to HIV clients at public health centers.

(Below) Women and men attend group counseling together to receive healthy behavior messages, including FP and VMMC.

USAID/Zambia

Co-location of VMMC, VCT, and FP services

USAID/Nepal

FP integration for female sex workers in HIV drop in centers

FP integration in home based care for PLHIV

USAID/South Africa

One-stop shop integrated FP and HIV services in primary and community health centers

USAID/Tanzania

Comprehensive group counseling at Marie Stopes Tanzania mobile clinical outreach site, includes HCT services

Mobile outreach to rural communities by nurse midwives through bajajis

USAID
FROM THE AMERICAN PEOPLE

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

PROMISING PRACTICES AND PROGRAMMATIC CONSIDERATIONS FOR FP/HIV

Promising practices for improving FP and HIV outcomes

- “One-stop shop” service delivery
- Dedicated FP providers in HIV sites
- Facilitated referrals
- Sensitizing FP providers to PLHIV and Key Population needs
- Integrated community health outreach
  - HIV CHWs delivering ART and FP
  - FP CBDs providing VCT

Promising practices for improving FP and HIV outcomes

- Community based activities
  - Demand generation for FP integrated with HIV communication efforts
  - FP integration into home based care for PLHIV
- Integrating FP services into existing Key Populations platforms
- Training HIV providers to act as FP Champions
- Integration of FP into PMTCT settings
  - FP education in ANC sites
  - Provision of post partum family planning for PLHIV
  - Utilizing Option B+ platform to maximize window of opportunities for FP counseling and method provision

Promising practices for improving FP and HIV outcomes

- Integration of FP into HIV treatment settings
  - Provision of FP services, including methods
  - Designated FP provider model for high volume sites
- Integration of FP into VMMC settings
  - Sensitizing males to FP
  - Leverage resources to expand FP information and counseling
- Supply Chain
  - Integrating FP and HIV supply chains systems and LMIS
- Monitoring and Evaluation
  - Integrating FP indicators into HIV HMIS to capture achievements and have better FP data on PLHIV

Technical Considerations

- No “one-size fits all” approach; country context important
- FP services in an FP/HIV integrated site should be of the same quality as in a traditional FP/RH services.
- Provision of FP methods is not the always the best approach; consider referrals
- Ensure programmatic activities are in line with USG compliance requirements
  - QUALITY OF CARE!
  - Ensuring method mix (especially LARCs)
  - Informed choice for PLHIV
- Strengthen post partum FP within PMTCT

Technical Considerations

- Ensure that FP is part of the key population prevention and continuum of care package
- Safe pregnancy services for PLHIV – counseling and care services should be part of a comprehensive FP/HIV integration package
- Consider FP integration in design and roll out of Option B+
- VMMC – is VMMC a good integration platform?
- Consider HC-HIV issues
- Consider the costs of integrated services
- Ensure availability of FP commodities in HIV settings as needed
- Track FP outcomes in HIV sites

USAID
FROM THE AMERICAN PEOPLE

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

TECHNICAL RESOURCES FOR FP/HIV INTEGRATION

Meeting the family planning needs of women living with HIV in US government global health programs

Johnston, Beverly[a]; Ligiero, Daniela[b]; DeSilva, Shyami[c]; Medley, Amy[d]; Nightingale, Vienna[e]; Sripipatana, Tabitha[a]; Bachanas, Pamela[d]; Abutu, Andrew[d]; Brewinski-Isaacs, Margaret[f]; Bathily, Fatoumata[g]; Grillo, Michael[e]; Bertz, Lilly[b]; Mani, Nithya[c]

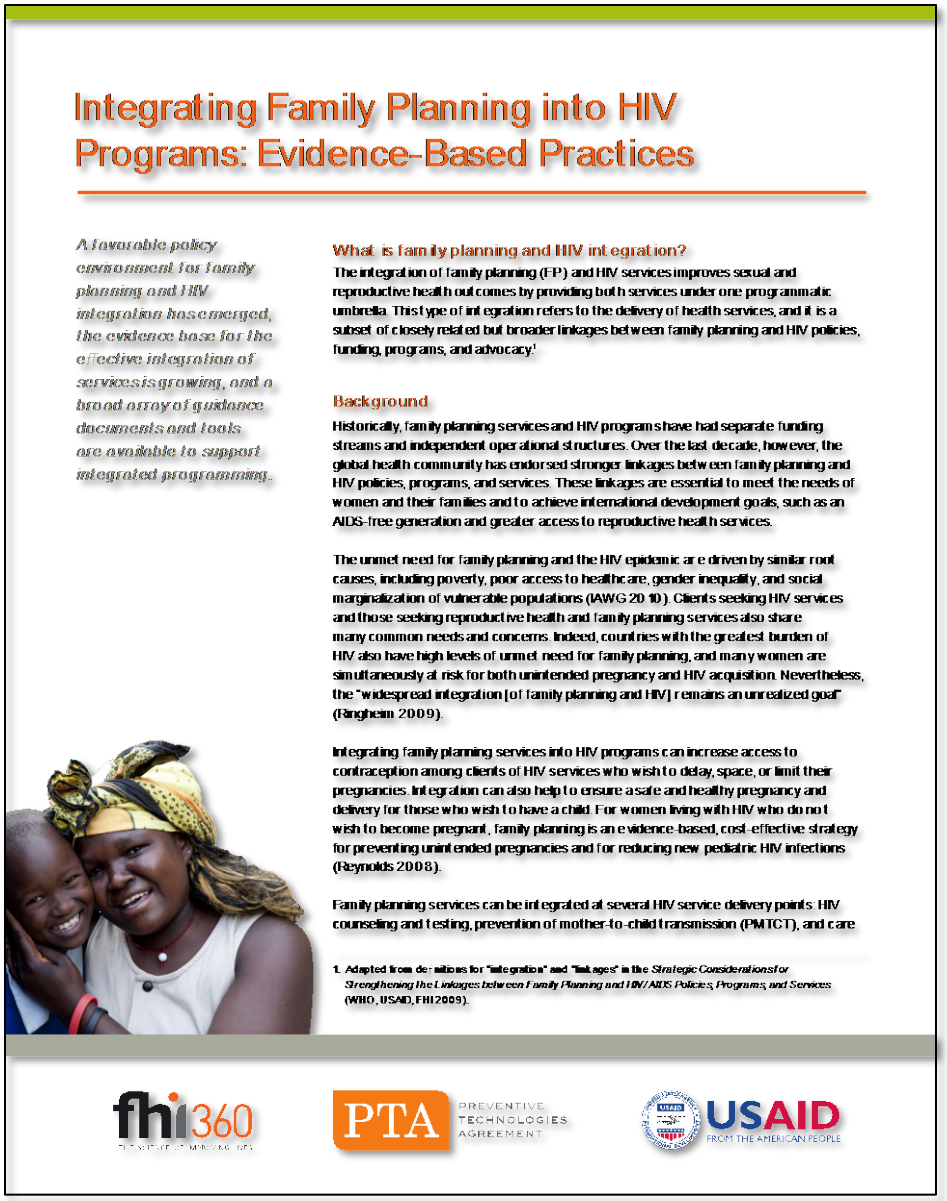
http://journals.lww.com/aidsonline/Abstract/2013/10001/Meeting_the_family_planning_needs_of_women_living.14.aspx

PEPFAR

USAID FROM THE AMERICAN PEOPLE

Integrating FP into HIV Programs: Evidence-Based Practices

http://www.fhi360.org/resource/integrating-family-planning-hiv-programs-evidence-based-practices



Integrating Family Planning into HIV Programs: Evidence-Based Practices

A favorable policy environment for family planning and HIV integration has emerged, the evidence base for the effective integration of services is growing, and a broad array of guidance documents and tools are available to support integrated programming.

What is family planning and HIV integration?

The integration of family planning (FP) and HIV services improves sexual and reproductive health outcomes by providing both services under one programmatic umbrella. This type of integration refers to the delivery of health services, and it is a subset of closely related but broader linkages between family planning and HIV policies, funding, programs, and advocacy.[1]

Background

Historically, family planning services and HIV programs have had separate funding streams and independent operational structures. Over the last decade, however, the global health community has endorsed stronger linkages between family planning and HIV policies, programs, and services. These linkages are essential to meet the needs of women and their families and to achieve international development goals, such as an AIDS-free generation and greater access to reproductive health services.

The unmet need for family planning and the HIV epidemic are driven by similar root causes, including poverty, poor access to healthcare, gender inequality, and social marginalization of vulnerable populations (IAWG 2010). Clients seeking HIV services and those seeking reproductive health and family planning services also share many common needs and concerns. Indeed, countries with the greatest burden of HIV also have high levels of unmet need for family planning, and many women are simultaneously at risk for both unintended pregnancy and HIV acquisition. Nevertheless, the "widespread integration [of family planning and HIV] remains an unrealized goal" (Fangheim 2009).

Integrating family planning services into HIV programs can increase access to contraception among clients of HIV services who wish to delay, space, or limit their pregnancies. Integration can also help to ensure a safe and healthy pregnancy and delivery for those who wish to have a child. For women living with HIV who do not wish to become pregnant, family planning is an evidence-based, cost-effective strategy for preventing unintended pregnancies and for reducing new pediatric HIV infections (Reynolds 2008).

Family planning services can be integrated at several HIV service delivery points: HIV counseling and testing, prevention of mother-to-child transmission (PMTCT), and care

1. Adapted from definitions for "integration" and "linkages" in the *Strategic Considerations for Strengthening the Linkages between Family Planning and HIV/AIDS Policies, Programs, and Services* (WHO, USAID, FHI 2009).

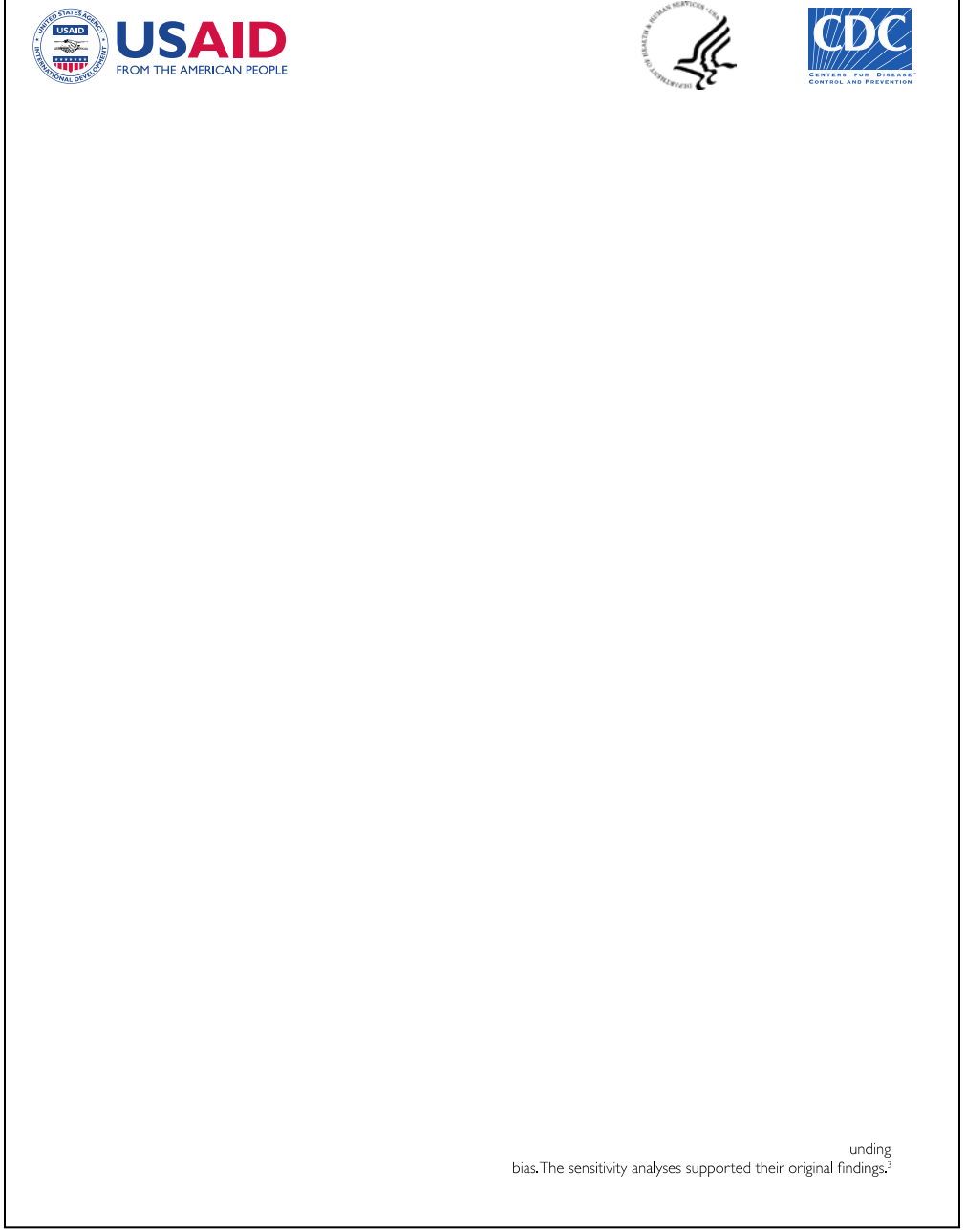
fhi360 PTA PREVENTIVE TECHNOLOGIES AGREEMENT USAID FROM THE AMERICAN PEOPLE

PEPFAR

Technical Brief: Hormonal Contraception and HIV

(available in English, French, Arabic, Portguese)

http://www.usaid.gov/sites/default/files/documents/1864/hormonal-contraception-and-HIV.pdf

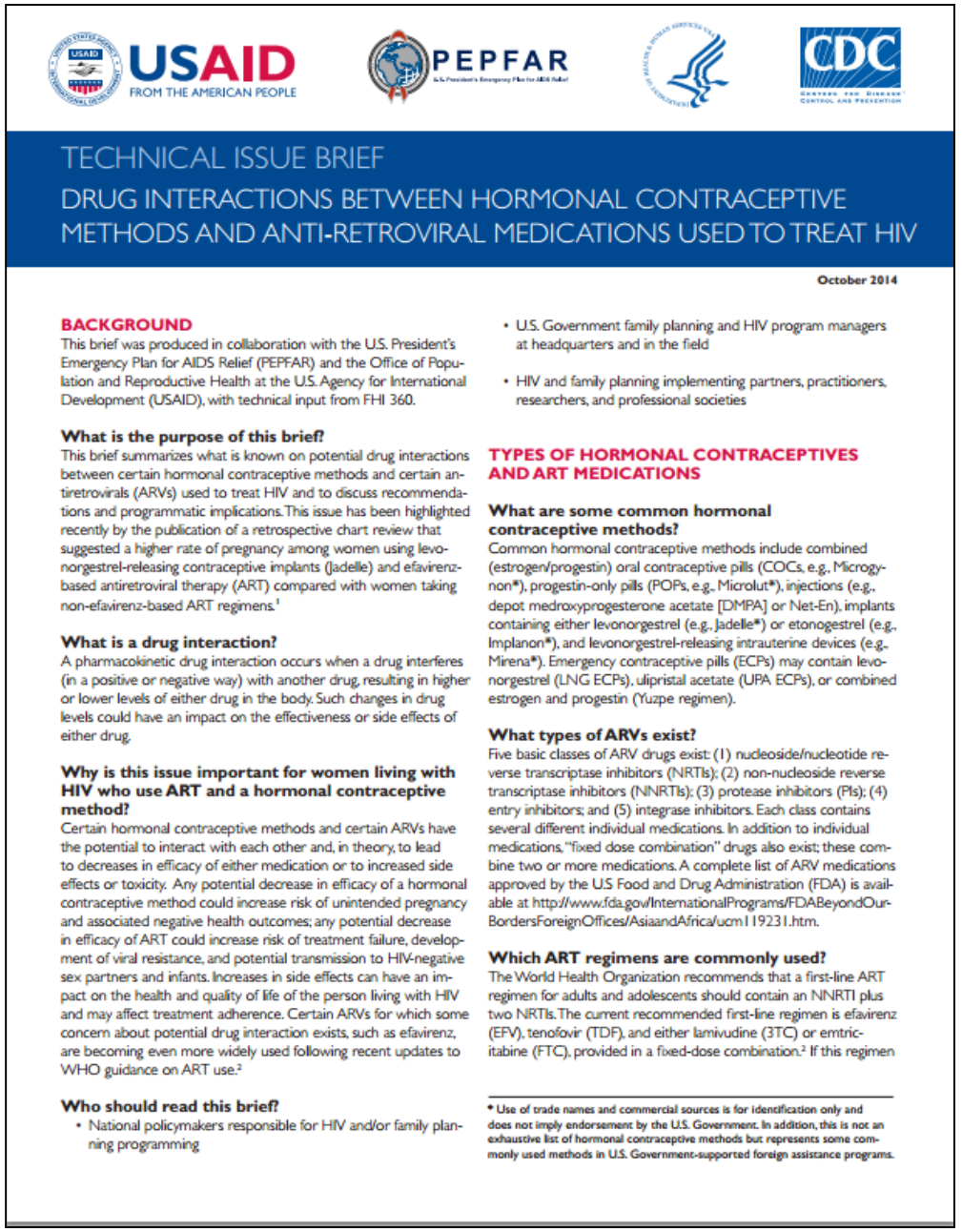


PEPFAR

Technical Brief: Drug Interactions between Hormonal Contraceptive Methods and Anti-retroviral Medications used to Treat HIV

(available in English, French, Arabic, Portguese)

http://www.usaid.gov/sites/default/files/documents/1864/hormonal-contraception-and-HIV.pdf



USAID FROM THE AMERICAN PEOPLE · PEPFAR · CDC

TECHNICAL ISSUE BRIEF

DRUG INTERACTIONS BETWEEN HORMONAL CONTRACEPTIVE METHODS AND ANTI-RETROVIRAL MEDICATIONS USED TO TREAT HIV

October 2014

BACKGROUND

This brief was produced in collaboration with the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the Office of Population and Reproductive Health at the U.S. Agency for International Development (USAID), with technical input from FHI 360.

What is the purpose of this brief?

This brief summarizes what is known on potential drug interactions between certain hormonal contraceptive methods and certain antiretrovirals (ARVs) used to treat HIV and to discuss recommendations and programmatic implications. This issue has been highlighted recently by the publication of a retrospective chart review that suggested a higher rate of pregnancy among women using levonorgestrel-releasing contraceptive implants (Jadelle) and efavirenz-based antiretroviral therapy (ART) compared with women taking non-efavirenz-based ART regimens.[1]

What is a drug interaction?

A pharmacokinetic drug interaction occurs when a drug interferes (in a positive or negative way) with another drug, resulting in higher or lower levels of either drug in the body. Such changes in drug levels could have an impact on the effectiveness or side effects of either drug.

Why is this issue important for women living with HIV who use ART and a hormonal contraceptive method?

Certain hormonal contraceptive methods and certain ARVs have the potential to interact with each other and, in theory, to lead to decreases in efficacy of either medication or to increased side effects or toxicity. Any potential decrease in efficacy of a hormonal contraceptive method could increase risk of unintended pregnancy and associated negative health outcomes; any potential decrease in efficacy of ART could increase risk of treatment failure, development of viral resistance, and potential transmission to HIV-negative sex partners and infants. Increases in side effects can have an impact on the health and quality of life of the person living with HIV and may affect treatment adherence. Certain ARVs for which some concern about potential drug interaction exists, such as efavirenz, are becoming even more widely used following recent updates to WHO guidance on ART use.[2]

Who should read this brief?

- National policymakers responsible for HIV and/or family planning programming
- U.S. Government family planning and HIV program managers at headquarters and in the field
- HIV and family planning implementing partners, practitioners, researchers, and professional societies

TYPES OF HORMONAL CONTRACEPTIVES AND ART MEDICATIONS

What are some common hormonal contraceptive methods?

Common hormonal contraceptive methods include combined (estrogen/progestin) oral contraceptive pills (COCs, e.g., Microgynon*), progestin-only pills (POPs, e.g., Microlut*), injections (e.g., depot medroxyprogesterone acetate [DMPA] or Net-En), implants containing either levonorgestrel (e.g., Jadelle*) or etonogestrel (e.g., Implanon*), and levonorgestrel-releasing intrauterine devices (e.g., Mirena*). Emergency contraceptive pills (ECPs) may contain levonorgestrel (LNG ECPs), ulipristal acetate (UPA ECPs), or combined estrogen and progestin (Yuzpe regimen).

What types of ARVs exist?

Five basic classes of ARV drugs exist: (1) nucleoside/nucleotide reverse transcriptase inhibitors (NRTIs); (2) non-nucleoside reverse transcriptase inhibitors (NNRTIs); (3) protease inhibitors (PIs); (4) entry inhibitors; and (5) integrase inhibitors. Each class contains several different individual medications. In addition to individual medications, "fixed dose combination" drugs also exist; these combine two or more medications. A complete list of ARV medications approved by the U.S Food and Drug Administration (FDA) is available at http://www.fda.gov/InternationalPrograms/FDABeyondOurBordersForeignOffices/AsiaandAfrica/ucm119231.htm.

Which ART regimens are commonly used?

The World Health Organization recommends that a first-line ART regimen for adults and adolescents should contain an NNRTI plus two NRTIs. The current recommended first-line regimen is efavirenz (EFV), tenofovir (TDF), and either lamivudine (3TC) or emtricitabine (FTC), provided in a fixed-dose combination.[2] If this regimen

* Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Government. In addition, this is not an exhaustive list of hormonal contraceptive methods but represents some commonly used methods in U.S. Government-supported foreign assistance programs.

Additional Resources

- **OGAC/PEPFAR Technical Considerations:** http://www.pepfar.gov/reports/guidance
- **The Balanced Counseling Strategy Plus (BCS+):** A Toolkit for FP Service Providers Working in High HIV/STI Prevalence Settings: http://www.k4health.org/toolkits/sdm/balanced-counseling-strategy-toolkit-family-planning-service-providers
- **Family Planning: A Global Handbook for Providers**: offers clinic-based health care professionals in developing countries the latest guidance on providing contraceptive methods. http://www.k4health.org/resources/family-planning-global-handbook-providers
- **Reproductive Choices and Family Planning for People Living with HIV**: a counseling tool developed by the World Health Organization to help health care workers counsel women and men living with HIV and their partners on sexual and reproductive choices and family planning. http://apps.who.int/iris/bitstream/10665/43609/1/9241595132_eng.pdf
- **USAID FP/HIV integration website:**
- http://www.usaid.gov/what-we-do/global-health/hiv-and-aids/technical-areas/promoting-integration-family-planning-hiv-and
- **Compendium of global FP indicators**: http://www.cpc.unc.edu/measure/publications/ms-94-01
- **"From Roots to Results: Evidenced Based Practices for Integrating FP into HIV"**: http://prezi.com/mwk7mypyw9q7/integrating-family-planning-into-hiv-programs/

USAID
FROM THE AMERICAN PEOPLE

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

Technical Resources currently under development

- USG curriculum on family planning and safer pregnancy/conception for people living with HIV/AIDS - a tool for health care providers in HIV care and treatment settings
- Hormonal contraception-HIV strategic behavior change communication framework
- E-learning courses on FP/RH for PLHIV and hormonal contraception for HIV

USAID
FROM THE AMERICAN PEOPLE

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

Thank you!