FINANCIAL TIMES

July 7, 2012 4:18 am

HIV-Aids: Links with family planning bring benefits

By Sarah Murray

Potential: combination policy costs little

Ethiopian policy makers, faced with a rapidly expanding population and rising numbers of HIV-Aids infections, decided to tackle both problems together.

They introduced family planning into the counselling and testing programmes that are a core part of HIV-Aids prevention and treatment.

When counselling women on reproductive health or child immunisation, family planning clinics can also discuss HIV testing and prevention, particularly condom use, as well as introducing pregnant women to mother-to-child HIV transmission prevention services.

HIV prevention and treatment service providers could talk to HIV-positive couples about how to have more children safely or how to prevent unwanted pregnancies.

"There's plenty of room for synergy," says Christopher Purdy, executive vice-president at DKT International, which uses social media to improve access to reproductive health products and services in Latin America, Africa and Asia.

"If a young woman wants to come in for a cycle of pills, that's a great time to talk about HIV-Aids – and promote a barrier method if she has multiple partners," he says. "Or if a young man has multiple partners, that's a good time to talk about family planning."

International donors acknowledge the need for more integrated services.

Guidelines recently issued by Pepfar, the US programme to tackle HIV-Aids abroad, endorse provision by family planning centres of counselling and testing, referrals for

prevention of mother-to-child transmission and HIV care and treatment services.

The Pepfar guidelines also endorse provision of family planning counselling and referrals for contraceptives for women in HIV programmes.

However, experts say policy rhetoric on integration is not always matched by practices on the ground. Use of funding for contraceptives is prohibited even in the Pepfar guidelines, says Heather Boonstra, senior public policy associate at the Guttmacher Institute, a US-based policy group, in a research paper.* She also says it is easier for family planning professionals to add HIV-related services than the other way around.

"One direction of the equation, which is HIV testing in family planning clinics, is politically feasible and may be happening more," says Ms Boonstra. "What has not been as prevalent is counselling within HIV programmes around reproductive health and family planning."

In the US, part of this can be ascribed to political sensitivities and conservative resistance to expanding family planning services.

However, logistical factors also come into play. HIV counsellors may not be trained to have conversations with women or couples on family planning or may not have strong referral networks.

Social and cultural preconceptions can also hamper integration of family planning and HIV prevention and treatment services.

"Ironically, these two fields have had a hard time seeing eye to eye," says Mr Purdy. "A lot of this centres around the fact that transmission routes for HIV – drugs, extra-martial sex, commercial sex, young people having sex – are loaded with behaviours that are deemed socially difficult."

Another barrier is the stigma attached to diseases.

Funding priorities can also limit what organisations can do on the ground.

"Sometimes funds come with certain labels," says Ade Fakoya, HIV-Aids specialist at the Global Fund to Fight Aids, Tuberculosis and Malaria, a multilateral donor organisation. "So if the funding comes with an HIV label, you can't provide an integrated service for maternal and child health."

However, all agree that these barriers need to be overcome, not least because of the mounting cost of delivering healthcare services globally. In this respect, the Ethiopian example demonstrates great potential, since only modest incremental investment was

required to integrate family planning into HIV-Aids programmes.

According to the World Health Organisation, the one-off cost for Ethiopia's family planning training was $325 per trainee and the only substantial recurring costs were regular monitoring visits by Pathfinder International, a non-governmental organisation that was involved in the programme – and these amounted to only $1,562 a year per facility.

Looking beyond costs, however, broader policy targets – such as the Millennium Development Goals to reduce child mortality, improve maternal health, and combat HIV-Aids, malaria and other diseases – cannot be met without greater co-ordination between family planning and disease prevention programmes.

"Everyone accepts that we won't reach Millennium Development Goals 4, 5 and 6, unless we have better integration," says Dr Fakoya.

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**Linkages Between HIV and Family Planning Services Under PEPFAR: Room for Improvement, Heather Boonstra, Guttmacher Policy Review, Fall 2011*