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PROMOTING HIV AND FAMILY PLANNING INTEGRATION

BACKGROUND

Of the 36.7 million people living with HIV globally, nearly 26 million live in Africa, reflecting the highest regional burden of HIV/AIDS.[1] Sub-Saharan Africa alone accounts for over 70 percent of new infections each year.[2] At the same time, out of the 214 million women of reproductive age who want to avoid pregnancy but are not using a modern contraceptive method, sub-Saharan Africa faces the highest proportion of unmet need.[3]

Simultaneously at risk of HIV infection and unintended pregnancy, adolescent girls and women in this region are particularly vulnerable due to a number of social and structural factors, such as gender inequality and gender-based violence. As these factors compound, women are limited in their ability to make safe, informed reproductive choices and consequently face higher risk of disease. In fact, HIV is the leading cause of death among women of reproductive age—the disease's progression and its harmful effects on other pregnancy-related conditions contributes significantly to rates of maternal mortality.[4]

While effective antiretroviral therapies (ART) have been developed and distributed across affected populations over the past few decades, recent progress in reducing the number of new HIV infections has stagnated.[5] A broad consensus within the global health community has affirmed that decreasing rates of transmission and ultimately achieving an AIDS-free generation will require closing programmatic gaps and integrating HIV services with family planning activities.[6] Leveraging existing health infrastructure to incorporate family planning services at various HIV service delivery entry points can help bring an end to this global epidemic, while also addressing high unmet need for contraception.

INTEGRATION IN ACTION

In the absence of a cure for HIV, the key to ending the epidemic is prevention—and family planning services can function as cost-effective methods of prevention.

World Health Organization guidelines include family planning as part of its key strategies for Preventing Mother to Child Transmission (PMTCT) of HIV along with antiretroviral drug prophylaxis.[7] Greater access to family planning for women looking to delay or prevent pregnancy reduces the number of unintended pregnancies and HIV-positive births, thereby preventing many pediatric infections.

Contraceptive use can also help reduce sexual transmission of HIV, which is how the majority of infections spread. Male and female condoms offer dual protection against sexually transmitted infections (STIs), including HIV, and unintended pregnancy. Moreover, improved family planning counseling and sex education about the use of contraception and HIV risk and prevention enables individuals to make safe and informed reproductive choices, leading to overall better health outcomes.[8]

Integrating family planning into established HIV service delivery sites leads to greater cost saving and productivity for women, who benefit from more efficient integrated healthcare settings. Additionally, in areas where topics such sex, HIV and reproductive health face heavy stigmatization and discrimination, women can access various prevention services, treatment and care in

one location, resulting in fewer sensitive conversations with providers and other health care workers—potentially providing them with a higher level of confidentiality.[9]

Finally, linking funding streams and operational structures for HIV and family planning reduces overall health system costs by expanding networks of entry access points, decreasing costs of maintaining separate facilities and providing the ability to share labs and equipment. Integration provides women and men with the opportunity to receive HIV counseling and testing, PMTCT and ART treatment while also receiving important information about family planning services and sexual education at the same time.

U.S. FUNDING AND POLICY RESPONSE

As a growing body of research has shown the success of integrating HIV and family planning services, policy and donor support have also increased substantially, with experts calling for stronger links between the two fields.[10]

First established under President George W. Bush's administration in 2003, with bipartisan support from Congress, the President's Emergency Plan for AIDS Relief (PEPFAR) was created to respond to the global AIDS epidemic. PEPFAR's important work continues today, supporting 11.5 million men, women and children on ART in 2016 while contributing to major decreases in HIV prevalence in several key African countries.[11]

Until its first reauthorization in 2008, PEPFAR included an earmark allocating one-third of its prevention funds to abstinence-until-marriage programs at the expense of more comprehensive programs that emphasized education on contraceptive use.[12] Since these restrictions were loosened, increased family planning activities have been embedded in PEPFAR's Blueprint for an AIDS-Free Generation. The program acknowledges that "ensuring a consistent supply and availability of quality male and female condoms is critical toward achieving an AIDS-free generation," along with other risk reduction techniques in order to help women avoid unintended pregnancies.[13]

In 2014, PEPFAR joined with other public and private partners in launching the DREAMS initiative, aimed at reducing new HIV/AIDS infections among adolescent girls and young women in ten African countries with the highest HIV burden.[14] Fostering the development of Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe adolescent girls, DREAMS has employed a holistic, multi-sectoral approach to empowering women and girls by addressing the range of social and economic conditions that directly or indirectly put them at risk of HIV infection, such as lack of education and gender-based violence. With an investment of $385 million, the DREAMS core package of interventions includes "promotion and provision" of male and female condoms and "improved access to youth friendly sexual and reproductive health services, including the full range of contraceptive methods.[15,16]

However, despite PEPFAR's stated support for integrated services, PEPFAR guidance has repeatedly stated that their funds may not be used to procure methods of contraception, outside of male and female condoms, although there is nothing under current law that prevents them from doing so.[17] As a result, PEPFAR must rely upon national governments, the USAID Office of Family Planning and Reproductive Health, other bilateral donors or the private sector to provide additional contraceptive methods.

Other U.S. support for integration comes from contributions to The Global Fund to Fight AIDS, Tuberculosis and Malaria, which reinforced its commitment to integrating sexual and reproductive health (SRH) and HIV/AIDS services in its Gender Equality Strategy, adopted in 2008 and later renewed in line with "The Global Fund Strategy 2017-2022."[18,19]

U.S. funding also supports the mission and wide-reaching services of the United Nations Population Fund (UNFPA), which works to ensure that women can make informed choices about their reproductive lives. As the largest provider of contraceptive supplies around the world, UNFPA is a key player in preventing HIV infection and ensuring that women living with HIV have access to quality SRH services.[20]

CURRENT CHALLENGES

Although the past several years have seen increases in both policy support and funding from donor nations, including the U.S., crucial sources of funding for both family planning and HIV have come under attack under the new U.S. administration. President Trump's proposed budget for fiscal year 2018 slashed global health accounts, including a proposed 17 percent cut in HIV funding—largely at the expense of HIV prevention efforts—and the elimination of all family planning and reproductive health assistance, including the defunding of UNFPA, totaling more than $600 million dollars.

The Trump administration has also reimposed and dramatically expanded the already harmful policy known as the Global Gag Rule (GGR). The GGR forces foreign NGOs to choose between remaining eligible to receive U.S. global health assistance or providing comprehensive reproductive health services, by requiring that they certify that they do not use their own non-U.S.

funds to provide abortion services, counsel or refer for abortion, or advocate for the liberalization of abortion.[21] Previous iterations of the GGR under President George W. Bush's administration in 2003, limited the policy's restrictions to USAID family planning assistance and State Department population assistance, explicitly exempting programs like PEPFAR. However, Trump's GGR expands the restrictions to all U.S. global health assistance, including HIV/AIDS programs like PEPFAR, impacting potentially more than $8.8 billion of bilateral funding.[22]

Earlier iterations of the policy were highly detrimental to efforts to integrate HIV and family planning services by disrupting supply chains for condoms and other commodities as well as causing the closure of clinics that support and provide comprehensive sexual and reproductive health services, including testing and counseling for HIV. The expanded GGR will likely again cripple efforts to integrate family planning services with HIV prevention and care, this time impacting even greater amounts of supplies and clinics, and damaging critical partnerships and referral pathways.

The Trump administration's actions and budget requests are a clear demonstration of utter disregard for millions of women's lives. The environment created by this administration adds new urgency to the ever-pressing challenges of increasing access to and utilization of both SRH and HIV/AIDS services around the world.

POLICY RECOMMENDATIONS

Without robust U.S. funding for family planning, PEPFAR or UNFPA, women and girls either at risk of infection or living with HIV globally will face dire consequences to their wellbeing and health. Exacerbating the effects of these harmful cuts, the GGR's expansion will critically damage the abilities of service providers to offer women quality information and comprehensive integrated care. A brazen attack on women's autonomy with the potential to wreak havoc across all health sectors, **the Global Gag Rule must be repealed—once and for all.**

The U.S. government must **protect and increase investments in international family planning programs, including restoring funding to UNFPA**, in order to continue championing and strengthening the integration of SRH services with HIV/AIDS prevention and treatment. Furthermore, **PEPFAR should revise its guidance to allow its funds to be used to procure contraceptives.** Addressing the unmet need for family planning has the potential to radically reduce the number of new infections in years to come. Progress toward meeting the 2030 Sustainable Development Goals hinges upon the coordination of these family planning and HIV services.[23] **Policymakers should highlight integration as a programmatic priority and work to create a policy and funding environment that enables and supports such initiatives.**

ENDNOTES

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