

# Family planning integration into HIV services

## WHO normative guidance on FP integration

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Integrating non-HIV Services into HIV Programs

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# Outline

- Background on HIV and Family Planning services
- WHO Tools for Integration
- Opportunities for scaling up integration

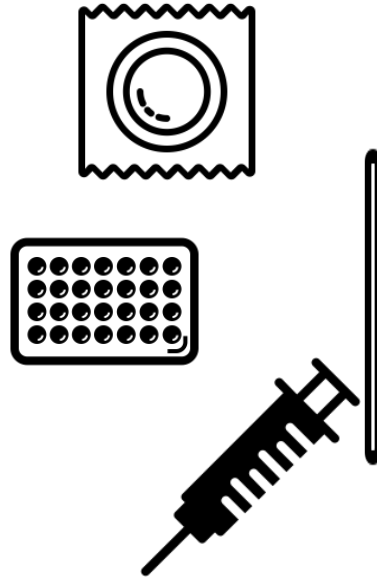
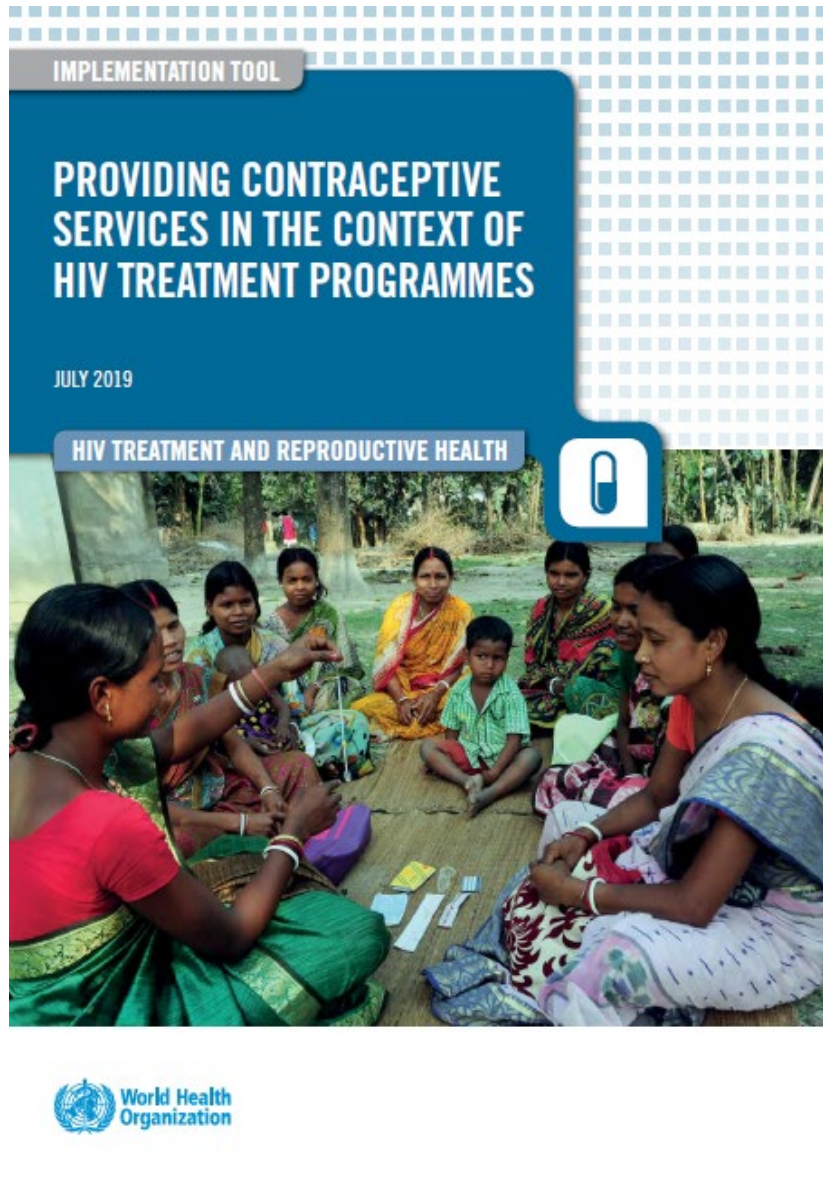
# Background

- **WHO has several resources** on SRH, FP / contraception and HIV care but the ‘how’ of integration was somewhat lacking
- **Major lesson** learned from early DTG safety signal was the **inability of health systems to guarantee provision/uptake of reliable contraception by WLHIV**
- **Women and girls LHIV not provided choice or access to** newer regimens as a result of inadequate integration of SRH and HIV to prevent unintended pregnancies, hampering rapid DTG scale up.
- Women and girls **may have regular contact with health system for ART and other HIV care but have challenges with access to and uptake of reliable modern family planning information and services** as health care providers may not have the required capacity to deliver SRH services.

# Background

- **Integration of interventions not only promotes person-centered care, but also reduces incidence, morbidity and mortality from infectious disease, and strengthens disease monitoring and program planning**
- **Improved access to sexual and reproductive health services – including preventing unintended pregnancies and screening and treatment for STIs in women and girls LHIV – essential and actively promoted.**
- **An integrated and people centered approach is needed for**
  - **Equity in access:** For everyone, everywhere to access the quality health services they need, when and where they need them.
  - **Quality:** Safe, effective and timely care that responds to people’s comprehensive needs and are of the highest possible standards.
  - **Responsiveness and participation:** Care is coordinated around people’s needs, respects their preferences, and allows for people’s participation in health affairs.
  - **Efficiency:** Ensuring that services are provided in the most cost-effective setting with the right balance between health promotion, prevention, and in- and-out patient care, avoiding duplication and waste of resources.
  - **Resilience:** Strengthening the capacity of health actors, institutions and populations to prepare for, and effectively respond to, public health crises

# WHO Tools for Integration: 1



## HIV Treatment and Contraceptive Services Integration Implementation Tool

- Aimed at reducing unmet need for contraception among women and girls LHIV **who do not want to become pregnant**: essential aspect of high-quality HIV and health-care services.
- Tsepamo study signal of a possible higher rate of neural tube defects demonstrated need to ensure access to FP services for WLHIV to **address unintended pregnancy**.
- Tool aimed at giving priority in national policies, programs and among donors to **meet needs of women and adolescent girls LHIV for greater contraceptive choice and improved access including**.
- A wide range of contraceptive methods.
- Comprehensive evidence-informed counselling.

### Main audience:

- HIV, family planning and reproductive health program managers
- Members of national guideline development and technical advisory groups
- Implementing partners and professional societies involved in HIV treatment programs

# Ensuring Access to Integrated, Rights-based, Client-centred, High-quality Contraceptive Care

- Respecting, protecting and fulfilling human rights
- High-quality, client-centred contraceptive care that includes a wide range of available contraceptive methods and method choice
- Linking and integrating with other health services including HIV care
- Involving women, adolescent girls and communities



# Ensuring Contraceptive Options and Effectiveness for Women and Adolescent Girls living with HIV

- **Access to** and information about full range of available contraceptive options, regardless of ART regimen.
- **WHO Medical Eligibility Criteria:** No contraceptive method is specifically contraindicated because of HIV infection or use of HIV medications.
- Greater contraceptive **choice** leads to more effective use.
- Ensuring voluntary, informed choice in **decision-making:** information should include that the LARC methods are the most highly effective reversible methods for average user.
- Methods that require consistent and correct use by individual users have wide ranging effectiveness that can **vary** according to age, socioeconomic status, and users' motivation to prevent or delay pregnancy.
- Women supported to choose the method that best suits their individual needs and **preferences** from a range of options.



# Contraceptive Considerations for Women and Adolescent Girls Receiving ART

Importance of **information** for women and adolescent girls who **use ART and may want to use** hormonal contraception

Drug-drug interactions:

- **ARV drugs and effectiveness of hormonal contraceptives**
  - WHO medical eligibility criteria recommendations on contraception and ARV drugs
  - DTG-based ART and hormonal contraception
- **TB co-infection: TB treatment and hormonal contraception**





# Contraceptive Considerations across the Life-course in HIV Treatment Programmes

## Special Considerations

### 1. Adolescent girls

- Move from a one-size-fits-all approach to one that responds to the varying needs of different groups of adolescents
- Expand the range of contraceptive choices offered to adolescents
- LARCS (implants or IUD) may be convenient and effective (not for everyone)
- Right to privacy and confidentiality in health matters
- Make existing health services more adolescent friendly

### 2. Post-partum contraception

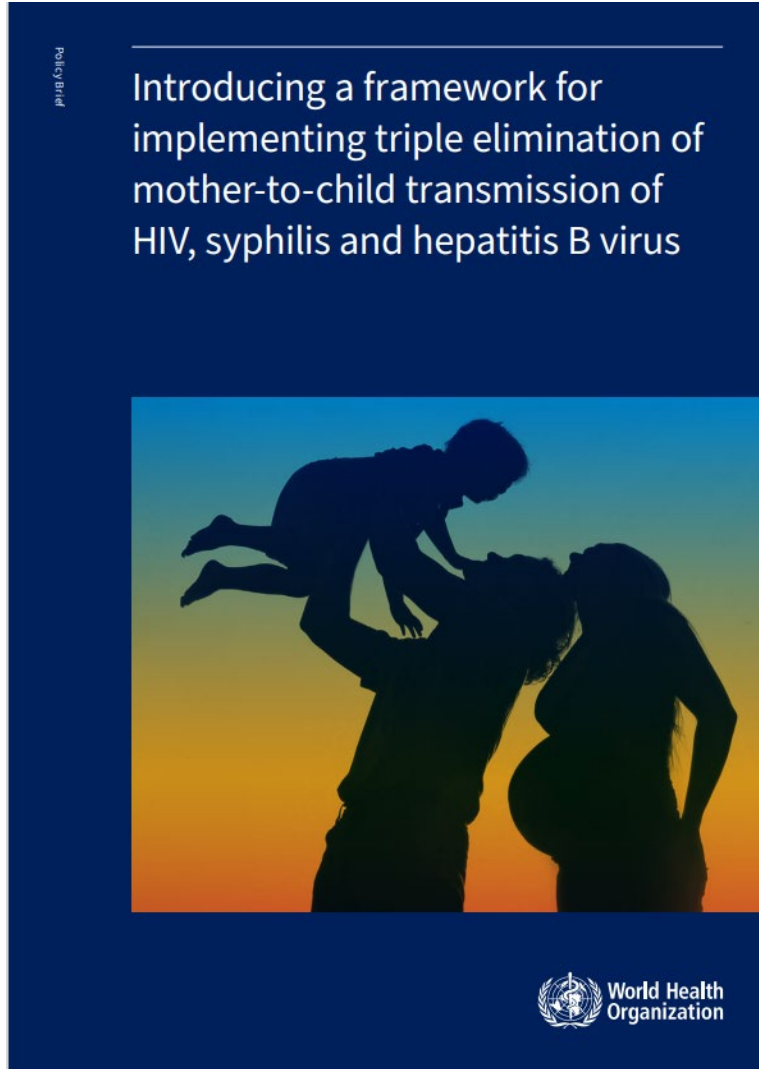
- Future pregnancy plans discussion

### 3. Women older than 40 years

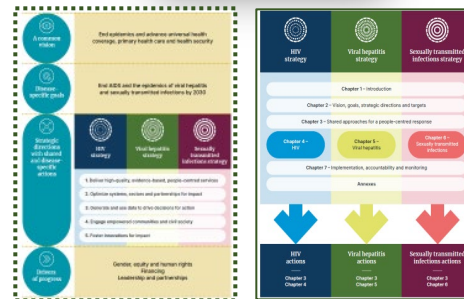
### 4. Women and adolescent girls who want pregnancy



# WHO Tools for Integration: 2



*Catalyzing integration through the Triple Elimination Initiative, advised by the joint global health sector strategies 2022-2030*



## Implementing Triple Elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus

The World Health Organization (WHO) is committed to the ‘triple elimination’ initiative – the elimination of mother to-child transmission of HIV, syphilis and hepatitis B virus – and its global role in guiding a coordinated, person centered service delivery approach through the life-course that meets the needs and supports the rights of women, newborns, children and families.

The success of triple elimination depends on the combined efforts of advocates, policy-makers, health care providers and the community.

Central to the success of this initiative are gender equality considerations and the involvement of women and girls in planning and delivery of non-coercive interventions in order to ensure that the human rights of women, children and families affected by HIV, syphilis and hepatitis B are protected.

# Framework for the Implementation of Triple Elimination of mother to child transmission of HIV, syphilis and HBV

Pillar	 <p><b>01</b> Primary Prevention of Vertical Transmission</p>	 <p><b>02</b> SRH Linkages and Integration</p>	 <p><b>03</b> Essential Maternal EMTCT Services</p>	 <p><b>04</b> Infant, Child and Partner Services</p>
	<p>Testing, case finding and primary prevention of HIV, HBV or syphilis infection in non-pregnant, pregnant and breastfeeding women and girls of childbearing age.</p>	<p>Appropriate counselling, care and support and linkages for SRH services for women and girls living with HIV or HBV or sero-positive for syphilis to (i) assess fertility intentions and support pregnancy planning and prevention and (ii) prevent, diagnose and treat STIs.</p>	<p>Appropriate maternal testing, prophylaxis and treatment for pregnant and breastfeeding women and girls living with HIV or HBV or sero-positive for syphilis for prevention of transmission to infants.</p>	<p>Timely testing, prevention, treatment, care and support for exposed infants, infected children, household contacts and partners of women and girls seropositive for HIV, HBV or syphilis.</p>
<p><b>Target populations</b></p>	<p>Non-pregnant, pregnant and breastfeeding women and girls of childbearing age.</p>	<p>Women and girls living with HIV or HBV or sero-positive for syphilis.</p>	<p>Pregnant and breastfeeding women and girls living with HIV, HBV or sero-positive for syphilis.</p>	<p>Exposed infants, infected infants and children, household contacts and partners of women and girls living with HIV, HBV or sero-positive for syphilis.</p>
<p><b>Essential services</b></p>	<ul style="list-style-type: none"> <li>· Routine offer of testing services for HIV, HBV and syphilis, including partner services</li> <li>· Care and treatment for HIV, HBV and syphilis or linkage to care and treatment</li> <li>· PrEP for HIV-negative women and girls at increased or continued risk of infection; PEP for exposure to HIV</li> <li>· HBV vaccination, as appropriate</li> <li>· Condoms</li> <li>· Linkage to or referral for SRH services</li> </ul>	<ul style="list-style-type: none"> <li>· Contraception, family planning and condoms</li> <li>· Prevention, testing and linkage to care for HIV, HBV and syphilis among people seropositive for one condition</li> <li>· Prevention, screening and treatment for other STIs, with linkage to appropriate care</li> <li>· Counselling, education and support for healthy living and minimizing infection transmission</li> </ul>	<ul style="list-style-type: none"> <li>· Early antenatal testing for HIV, HBV and syphilis; catch-up testing where needed</li> <li>· Third trimester and postnatal re-testing for HIV and linkage to care where indicated</li> <li>· Treatment initiation and linkage to appropriate prevention, care and other clinical and support services</li> <li>· Immediate lifelong treatment for HIV</li> <li>· Adequate treatment for syphilis</li> <li>· HBV prophylaxis or treatment where eligible</li> <li>· Routine postpartum care and linkage to SRH services</li> </ul>	<ul style="list-style-type: none"> <li>· Testing services for neonates and infants exposed to HIV, HBV and syphilis</li> <li>· HIV testing services for children past exposure period</li> <li>· Universal birth dose of HBV vaccine</li> <li>· 3-dose infant HBV vaccination series</li> <li>· Postnatal HIV prophylaxis</li> <li>· Follow-up, treatment and care for infants with HIV and congenital syphilis</li> <li>· Routine postnatal pediatric care</li> <li>· Partner and household testing and prevention, including HBV vaccination, treatment where required and care for HIV, HBV and syphilis</li> <li>· Partner and household HBV vaccination</li> </ul>
<p><b>Crossing-cutting implementation considerations</b></p>	<p>Health system strengthening to better provide effective person-centred care</p>			
	<p>Strategic information gathering and analysis</p>			
	<p>Leadership, community engagement, partnerships and cross-programmatic coordination</p>			
	<p>Identifying and addressing barriers</p>			

Pillar One: Primary Prevention of Vertical Transmission	Pillar Two: SRH Linkages and Integration	Pillar Three: Essential Maternal EMTCT Services	Pillar Four: Infant, Child and Partner services
<p>Focus on all women and girls of childbearing age, <b>whether not pregnant, pregnant or breastfeeding.</b></p> <p><b>Objective</b> of this pillar is to <b>prevent incident</b> HIV, syphilis and HBV infections in women and girls.</p> <p>Achieved through <b>delivery of testing services, infection prevention interventions and linkage to appropriate SRH services.</b></p>	<p>Focus on <b>counselling, care, support and linkages to, or provision of SRH care</b> for women and girls living with HIV and / or HBV and / or seropositive for syphilis.</p> <p>Purpose: to enable <b>appropriate pregnancy planning and prevention of unintended pregnancy</b> and to <b>prevent, diagnose and treat other STIs.</b></p> <p><b>Objective</b> of this pillar is to ensure <b>these women and girls receive, in addition to appropriate treatment for these infections, other SRH care</b></p>	<p>Focus on the <b>prevention of MTCT</b> to infants of pregnant and breastfeeding women and girls living with HIV and / or HBV and / or seropositive for syphilis.</p> <p><b>Objective</b> of this pillar is to ensure that people in this target population <b>receive early antenatal testing, appropriate (antenatal, intrapartum and postnatal) care and treatment to prevent MTCT</b></p>	<p>Focus on <b>testing, treatment, care</b> (including immunization and well-child care) <b>and support for exposed infants, infected children, household contacts and partners</b> of women and girls living with HIV and / or HBV and / or seropositive for syphilis.</p> <p><b>Objectives</b> of this pillar are twofold:</p> <ol style="list-style-type: none"> <li><b>1) interventions for exposed infants and infected children ensures a comprehensive approach to preventing paediatric infections and their sequelae.</b></li> <li><b>2) interventions for household contacts and partners is essential to identify and treat infections beyond women and girls and their newborns, preventing transmission and reinfection and ensuring healthy outcomes for the whole family.</b></li> </ol>

# Framework for the Implementation of Triple Elimination of mother to child transmission of HIV, syphilis and HBV



# Other Tools / WHO Resources

## 1 Sexual and reproductive health rights and quality of care

- WHO recommendations on adolescent sexual and reproductive health and rights. Geneva: World Health Organization; 2018. [9789241514606-eng.pdf \(who.int\)](https://iris.who.int/bitstream/handle/10665/254826/9789241514606-eng.pdf)
- Consolidated guideline on sexual and reproductive health and rights of women living with HIV [9789241549998-eng.pdf \(who.int\)](https://iris.who.int/bitstream/handle/10665/254826/9789241549998-eng.pdf)
- Quality of care in contraceptive information and services, based on human rights standards: a checklist for health care providers. Geneva: World Health Organization; 2017 <https://iris.who.int/bitstream/handle/10665/254826/9789241512091-eng.pdf?sequence=1>

## 2 Links between HIV care and contraceptive care

- Sexual and reproductive health and rights & HIV linkages toolkit. Geneva: World Health Organization; 2018. <http://toolkit.srhhivlinkages.org/>
- Sexual and reproductive health and rights and HIV linkages: navigating the work in progress. Geneva: World Health Organization; 2017 <http://srhhivlinkages.org/srh-hiv-linkages>

## 3 Evidence-informed contraceptive care

- Medical Eligibility Criteria for Contraceptive Use [https://iris.who.int/bitstream/handle/10665/181468/9789241549158\\_eng.pdf?sequence=9](https://iris.who.int/bitstream/handle/10665/181468/9789241549158_eng.pdf?sequence=9)
- Family planning – a global handbook for providers. Geneva: World Health Organization; 2018. <http://www.who.int/reproductivehealth/publications/fp-global-handbook/en>
- Programming strategies for postpartum family planning. Geneva: World Health Organization; 2013. [https://iris.who.int/bitstream/handle/10665/93680/9789241506496\\_eng.pdf?sequence=1](https://iris.who.int/bitstream/handle/10665/93680/9789241506496_eng.pdf?sequence=1)

# Opportunities

**‘Triple elimination’ section in new GF program essentials (information note) provides opportunity for resource mobilization**

**The global alliance to end AIDS in children: new commitment to end AIDs in children by 2030 aligned to four pillars:**

- Early testing and optimized comprehensive, high quality treatment and care for infants, children, and adolescents living with and children exposed to HIV
- **Closing the treatment gap for pregnant and breastfeeding women living with HIV and optimizing continuity of treatment towards the goal of elimination of vertical transmission**
- **Preventing and detecting new HIV infections among pregnant and breastfeeding adolescents and women**
- Addressing rights, gender equality and the social and structural barriers that hinder access to services

## **Section 3.2.4 Eliminating Vertical Transmission of HIV, syphilis and hepatitis (previously titled PMTCT)**

The Global Fund supports the recommendation of the “triple elimination initiative” to use an integrated approach to eliminate vertical transmission of HIV, syphilis, and hepatitis B.

Shift in framing and explicit inclusion of Hep B testing and treatment among pregnant women in line with WHO guidance

- Integrated HIV testing and rapid ART initiation among pregnant and breastfeeding women including adolescents and key populations at facility and community service delivery points
- Treatment continuity and retention of the mother-infant pair throughout the breastfeeding period
- Prevention of new HIV infections among pregnant and breastfeeding women
- Infant prophylaxis
- Early infant diagnosis and follow-up HIV testing for infants through the breastfeeding period and linkage to paediatric HIV treatment
- Integrated service delivery with SRH and maternal, neonatal and child health (MNCH)
  - **HIV, syphilis and hepatitis B testing at first ANC visit per national protocols**
  - linkage to appropriate and prompt treatment, within sexual and reproductive health service delivery platforms, reflecting a comprehensive approach to a pregnant woman’s most important health needs

NOTE: More details will be provided in the *Prioritization Framework for Supporting Health and Longevity among People Living with HIV* to be online by Nov/Dec 2022

THE GLOBAL FUND



# Thank You!

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UHL Sexual and Reproductive Health Department, WHO HQ

