Integration of family planning services into HIV care and treatment services

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Key Findings

Integration of FP into HIV care was associated with higher modern method contraceptive use and knowledge across the different settings and models of integration. Even though use of FP increased, levels were still low. The type of method choice that increased differed by setting. The increase was driven by increased condom use in some settings and long-acting, reversible contraception (LARCs) in others. Only three studies measured changes in unmet need. Two of those studies suggested a decrease, but unmet need still remained high. There was insufficient data to examine the effect of integrated FP-HIV on unintended pregnancy.

Evidence included in this review

This systematic review identified 17 articles covering 14 different programs across 12 countries integrating FP-HIV. 8 of the 17 had been published since the last FP-HIV integration systematic review in 2013. 9 of the countries were in Sub-Saharan Africa, two in Europe, one in Asia, spanning lower-, lower-middle-, and high-income countries. The programs were all facility-based from small health centers to large, tertiary hospitals. The studies include 1 facility-randomized trial and 9 with quasi-experimental designs. Half of the studies used clinical records, audits, or other routine monitoring and evaluation data.

Further research

Future studies should make efforts to adjust for confounding and bias. More studies are needed examining unmet need, unintended pregnancies, and fertility desires of women living with HIV. The current research focuses on preventing unintended pregnancies without the compliment of safe conception. Future studies should also disaggregate contraceptive use by condom-only, dual method use, move effect method use-only and modern method use.

Article


http://www.ncbi.nlm.nih.gov/pmc/articles/PMC5516228/

Abstract
Evidence on the feasibility, effectiveness, and cost-effectiveness of integrating family planning (FP) and HIV services has grown significantly since the 2004 Glion Call to Action. This systematic review adds to the knowledge base by characterizing the range of models used to integrate FP into HIV care and treatment, and synthesizing the evidence on integration outcomes among women living with HIV. Fourteen studies met our inclusion criteria, eight of which were published after the last systematic review on the topic in 2013. Overall, integration was associated with higher modern method contraceptive prevalence and knowledge, although there was insufficient evidence to evaluate its effects on unintended pregnancy or achieving safe and healthy pregnancy. Evidence for change in unmet need for FP was limited, although two of the three evaluations that measured unmet need suggested possible improvements associated with integrated services. However, improving access to FP services through integration was not always sufficient to increase the use of more effective (noncondom) modern methods among women who wanted to prevent pregnancy. Integration efforts, particularly in contexts where contraceptive use is low, must address community-wide and HIV-specific barriers to using effective FP methods alongside improving access to information, commodities, and services within routine HIV care.

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