

Family planning and HIV integration: Policy priorities, on-the-ground realities and opportunities ahead

**Leveraging differentiated service
delivery for HIV treatment to
strengthen contraceptive care**

Part 2: December 2, 2020



**EDUCATIONAL
FUND** 



Housekeeping



- In the chat – please say hello and introduce yourself (Name, organization, country)
- In the Q&A – please ask questions of the presenters and discussants about SRH and HIV integration



In your setting, what
barriers exist and
what do you need
to achieve SRH and HIV
integration?



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Agenda



**Part 1: Introductions, reflections
and launch of Global Call to Action**



**Part 2: Panel discussion
and questions from the audience**





Introductions, reflections and review



Dr Anna Grimsrud
International AIDS Society
South Africa
*Introduction and word
cloud*



*Plus an interactive
word cloud*

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Beth Schlachter
Family Planning 2020
United States
Global Call to Action



On-the-ground realities and opportunities for advocacy



Helen Bygrave
International AIDS
Society
United Kingdom
Discussant



Margaret Happy
SRH integration
Community of
Practice member
Uganda
Discussant



Josephine Nabukenya
IAS Governing Council
Uganda
Discussant



Yvette Raphael
Advocates for
Prevention of HIV in
Africa
South Africa
Discussant



Mitchell Warren
AVAC
United States
Chair



World AIDS Day 2014



Fast-Track Targets

by 2020

90-90-90

Treatment

500 000

New infections among adults

ZERO

Discrimination

by 2030

95-95-95

Treatment

200 000

New infections among adults

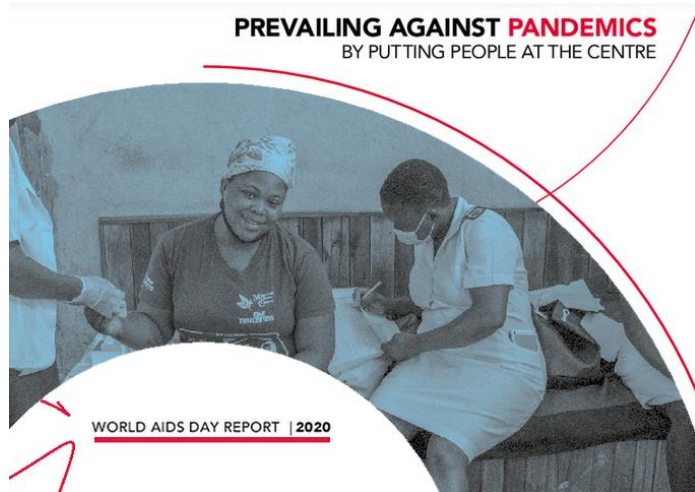
ZERO

Discrimination

UNAIDS, [Fast-track: Ending the AIDS epidemic by 2030](#). 2014.



World AIDS Day 2020 (yesterday)

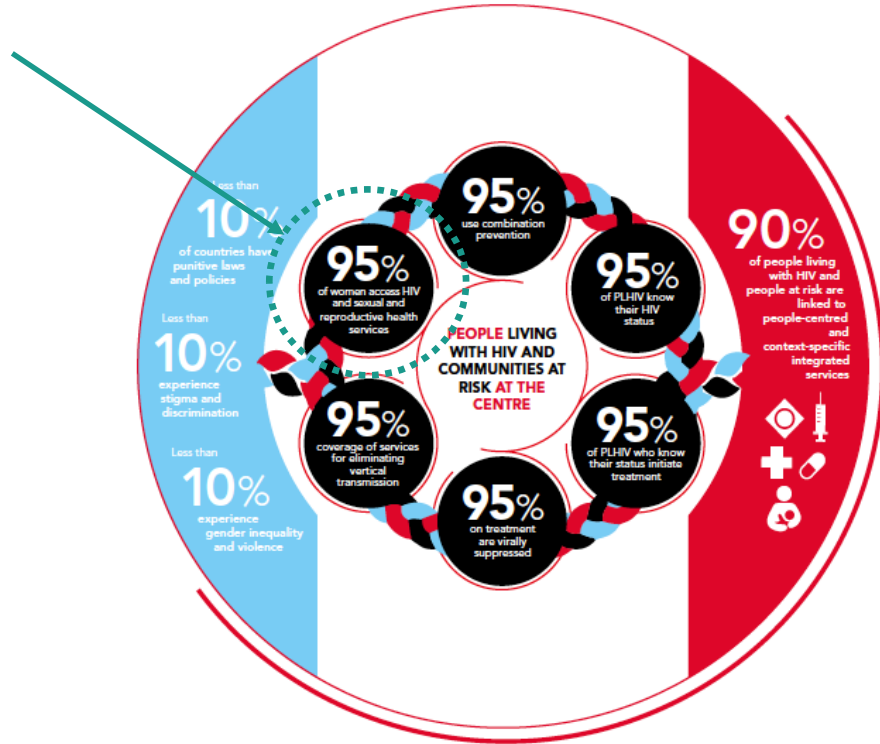


“As this report shows, the global HIV response was off track even before the COVID-19 pandemic, but the collision of COVID-19 and HIV has sent it back further.”

UNAIDS, [Prevailing against pandemics by putting people at the centre](#), 2020.



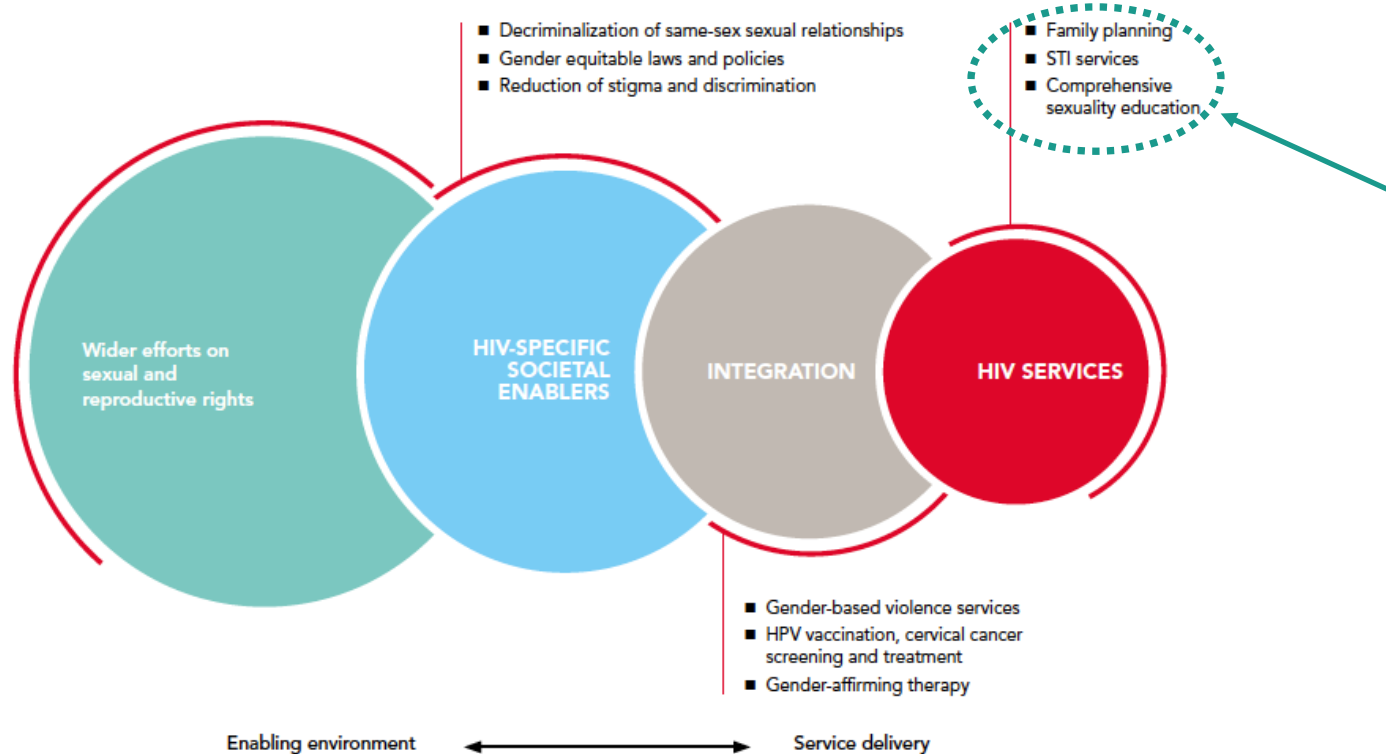
New top-line targets for 2025



UNAIDS, [Prevailing against pandemics by putting people at the centre](#), 2020.



Sexual and reproductive health and rights within the 2025 AIDS targets



UNAIDS, [Prevailing against pandemics by putting people at the centre](#), 2020.



SRH and HIV integration has
long been a goal –
but the reality hasn't always
met our aspiration



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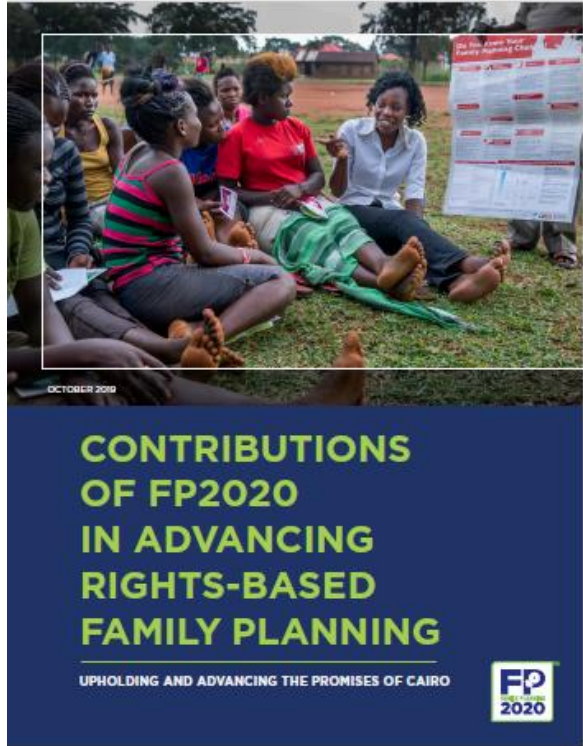


WELCOME





Rights-based family planning



Rights principles:

- Agency and autonomy
- Availability
- Accessibility
- Acceptability
- Quality
- Empowerment
- Equity and non-discrimination
- Informed choice
- Transparency and accountability
- Voice and participation



The Integration Community of Practice



The **Integration Community of Practice (COP):**

- Goal: Respond to the need for greater and more direct collaboration across the sexual and reproductive health community
- A working group of family planning, HIV/STI, and cervical cancer programmatic and technical experts, advocates, and policymakers based across the globe (led by FP2020 and AVAC)



A global call to action on SRH integration



GLOBAL CALL TO ACTION FOR THE PROVISION OF RIGHTS-BASED, CLIENT-CENTERED SEXUAL AND REPRODUCTIVE HEALTH (SRH) DURING AND AFTER COVID-19

THE CURRENT CHALLENGE - AND OPPORTUNITY

The COVID-19 pandemic poses unprecedented challenges to health systems around the world as governments mobilize limited resources to fight the pandemic. Resources needed to mitigate the effects of COVID-19 are likely being reallocated from other health services. At the same time, women and adolescent girls - who are already vulnerable to unintended pregnancy, gender-based violence, HIV and other sexually transmitted infections (STIs), and cervical cancer - now face amplified vulnerabilities due to affected or limited access to sexual and reproductive health (SRH) services that are often parceled between different providers and service delivery points. The ECHO study findings¹ are another stark reminder that women, and especially adolescent girls, remain highly at risk of acquiring HIV infection and other STIs, and their comprehensive health needs are not being met.

In line with recommendations and definitions outlined by the World Health Organization, governments should maintain essential sexual and reproductive health services throughout the response to the COVID-19 pandemic.² This includes, but is not limited to, family planning and prevention and treatment of HIV and other STIs, including those that lead to cervical cancer. The COVID-19 pandemic will continue to affect global health systems in the long-term, intensifying the need to move toward more efficient and cost-effective forms of service delivery during and post-pandemic. Providing a package of rights-based, client-centered SRH services that better meet the needs of women and girls will streamline service delivery for both client and provider, while also eliminating the need for multiple facility visits, decreasing exposure of clients and providers to COVID-19 and alleviating stress on the health system.

CALL TO ACTION:

The global health community reaffirms its commitment to ensuring rights-based, client-centered SRH services, including the full range of available contraceptive methods, HIV/STI prevention, testing, and treatment, and cervical cancer services during and after COVID-19.

Now is the time to reaffirm our commitment to supporting integrated family planning, HIV/STI, and cervical cancer services - all of which are essential to more comprehensive SRH service provision - that are grounded in rights-based principles and responsive to the needs of all clients, regardless of age, HIV status, marital status, or parity.

IMAGINING A "NEW NORMAL"

The COVID-19 pandemic is forcing the global health community to imagine a "new normal." As health systems are required to become more resilient and flexible to withstand the pressures of an outbreak, there is an opportunity to help define the "new normal" - one that guarantees health services that are comprehensive, rights-based, and client-centered. Quick and sustained action is needed on several fronts, in partnership with governments and policy makers, civil society and advocates, and donor agencies, to make this new normal a reality.

1. Guttmacher Institute (2020). Estimates of the Potential Impact of the COVID-19 Pandemic on Sexual and Reproductive Health in Low- and Middle-Income Countries. Comment Available at: <https://www.guttmacher.org/pubs/2020/04/estimates-of-the-potential-impact-of-the-covid-19-pandemic-on-sexual-and-reproductive-health-in-low-and-middle-income-countries>

2. Evidence for Contraceptive Options and HIV Outcomes (ECHO), The Consortium (June 2020). HIV incidence among women using intrauterine device (intrauterine contraceptive device) or withdrawal versus for prevention of HIV infection. <https://www.echo-2019.org/2020/06/16/15044-67363-21988-2>

3. World Health Organization (WHO). (2020). Maintaining essential health services: operational guidance for the COVID-19 context. Interim guidance. Available at: <https://www.who.int/publications/m/item/20200514-maintaining-essential-health-services-during-an-outbreak>

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FOUR KEY RECOMMENDATIONS





Recommendation 1



The **global health community should continue its commitment** to ensuring quality, rights-based, client-centered, integrated SRH care to include, at minimum:

- (1) A full range of available contraceptive methods;
- (2) HIV/STI prevention, testing, and treatment; and
- (3) Cervical cancer prevention, screening, and treatment services.



Recommendation 2



Governments and policy makers should ensure COVID-19 and other national SRH policies and guidance reflect essential service provision.



Recommendation 3



Donors should reduce funding barriers to ensure resources are allocated as efficiently as possible and in line with the needs and preferences of women and girls.



Recommendation 4



Civil society and advocates should continue efforts to maintain, and ideally expand, the availability of SRH services that reflect a client-centered, informed-choice approach.



ACT ON THE CALL:



1. Visit and/or join the community of practice and help contribute to the growing body of knowledge at:

[SRHIntegration.org](https://www.srhintegration.org)

2. Share the Call to Action using:

[#IntegrationCalltoAction](https://twitter.com/IntegrationCalltoAction)





On-the-ground realities and opportunities for advocacy



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United States
Chair



Poll 1



- In your setting, where is SRH and HIV care integrated?
(select all that apply)





Poll 2



- In your setting, what has been the impact of COVID-19 on SRH and HIV integration?





Poll 3



- In your setting, what are the opportunities for SRH and HIV integration during COVID-19? (select all that apply)





Submit your research



CALL FOR ABSTRACTS

Deadline: 6 January 2021

This is a call for abstracts proposing research articles for a supplement of the *Journal of the International AIDS Society* (JIAS), titled “**The impact of COVID-19 on differentiated service delivery for HIV**”, to be published in October 2021.

The editors invite submissions on COVID-19 adaptations pertaining to differentiated service delivery (DSD) across the HIV care continuum. While papers reporting original research are especially sought, commentaries, reviews and other discursive articles also will be considered for this supplement (see **Submissions** below for further details).

bit.ly/2GXRNfp



Integrated HIV and Family Planning Care

Integration of HIV and family planning care is an important strategy for meeting the sexual and reproductive health (SRH) needs and ensuring the SRH rights of women living with or at risk of HIV. It provides the opportunity to address HIV care needs and support safe pregnancy planning or prevention of unintended pregnancies simultaneously – putting the woman at the centre of care.

This Research Topic calls for papers that focus on the integration of family planning services into HIV care and treatment.

Topic Editors
Chelsea Morroni and Helen Bygrave

fro.ntiers.in/HIVfamilyplanning



JOIN US IN ACTION



1. Visit **SRHIntegration.org**

2. Share the Call to Action
#IntegrationCalltoAction

