



World Health
Organization



United Nations Population Fund

Glion Consultation on Strengthening the Linkages between Reproductive Health and HIV/AIDS: Family Planning and HIV/AIDS in Women and Children

BACKGROUND

The International Conference on Population and Development (ICPD, September 1994) established the effective prevention and treatment of sexually transmitted infections, including HIV, as an integral component of reproductive health services.

There are clear interactions between reproductive health and HIV/AIDS, most HIV infections being sexually transmitted or associated with pregnancy, childbirth and breastfeeding. In addition, reproductive ill-health and HIV/AIDS share root causes, including poverty, gender inequality and social marginalization of the most vulnerable populations. There is evidence of important synergies between reproductive health and HIV prevention, care and treatment interventions. Forging closer linkages between these programme areas should result in significant public health benefits and is necessary in order to attain international development goals and targets. These include the achievement of universal access to reproductive health by 2015, as set out at the ICPD, and reversing the AIDS epidemic and mitigating its impact, as agreed at the Millennium Summit (September 2000), the United Nations General Assembly Special Session on HIV/AIDS (UNGASS, June 2001) and the World Summit (September 2005).

There is a key programmatic linkage between family planning and the prevention of HIV in women and children.¹ This was the focus of a high-level consultation convened by the World Health Organization (WHO) and the United Nations Population Fund (UNFPA) in Glion, Switzerland, in May 2004.

PREVENTING HIV INFECTION IN WOMEN AND INFANTS

In 2005, just over 14% of all new HIV infections occurred in children aged under 15 years.² The vast majority of these infections are acquired through mother-to-child transmission during pregnancy, labour and delivery or through breastfeeding. In some countries the AIDS pandemic is substantially increasing the mortality rate of children under 5 years of age and reversing decades of progress in improving child survival.

The UNGASS Declaration of Commitment on HIV/AIDS set the ambitious goals of reducing the proportions of infants infected with HIV by 20% and 50% by 2005 and 2010, respectively. In response, WHO and its United Nations partners have developed a comprehensive strategy encompassing four Elements (see below).

UNITED NATIONS STRATEGIC APPROACH TO THE PREVENTION OF HIV INFECTION IN INFANTS

1. Primary prevention of HIV infection in women.
2. Prevention of unintended pregnancies in women living with HIV.
3. Prevention of transmission from women living with HIV to their infants.
4. Provision of care, treatment and support for women living with HIV and their families.

1 WHO/HIV/2005.05: WHO/UNFPA/UNAIDS/IPPF. *Sexual and Reproductive Health & HIV/AIDS. A Framework for Priority Linkages*. October 2005.

2 UNAIDS/WHO. *AIDS epidemic update*. December 2005.

Preventing the spread of HIV between men and women helps to protect children from becoming infected and from suffering the physical, emotional and social effects of the illness and death of their parents. Promoting the right of women living with HIV to make informed reproductive choices and addressing unmet need for family planning services may also result in fewer children becoming infected. These are the aims of the first two Elements of the United Nations strategy.

Most programmes have focused on Element 3 and the provision of a package of services seeking to reduce mother-to-child transmission of HIV, including HIV testing and counselling in antenatal care settings, anti-retroviral (ARV) drug prophylaxis given to HIV-positive mothers and their infants, safer delivery practices and counselling on and support for infant feeding. Elements 1, 2 and 4 have, however, received less attention.

An in-depth analysis concluded that drug prophylaxis for mothers with HIV and their infants should only be considered as the final step in efforts to prevent HIV infection in infants. Greater emphasis should be placed on preventing infection among women of reproductive age and assisting women living with HIV to know, if desired, their HIV status and to avoid unintended pregnancies.³

In order to maximize the impact of HIV prevention efforts a comprehensive approach is required which responds to the needs of both women and children and incorporates all four Elements of the strategic approach defined by the United Nations.

GLION CALL TO ACTION ON FAMILY PLANNING AND HIV/AIDS IN WOMEN AND CHILDREN

In order to review the contributions that family planning could make to the prevention of HIV in women and children and to consider programme experiences, WHO and UNFPA convened a *Consultation on Strengthening the Linkages between Reproductive Health and HIV/AIDS: Family Planning and HIV/AIDS in Women and Children*. The meeting, held in Glion on 3–5 May 2004, brought together some 70 health professionals, policy-makers, donors and representatives from governmental and nongovernmental organizations, including people living with HIV/AIDS.

Opportunities were highlighted and key technical challenges were outlined for the strengthening of linkages between family planning and programmes for the prevention of mother-to-child transmission of HIV. A declaration of policy and programme

recommendations, the *Glion Call to Action on Family Planning and HIV/AIDS in Women and Children*,⁴ was issued. Far-reaching in its scope and yet succinct and accessible, it represents consensus among a range of high-level decision-makers and stakeholders. It consists of a series of concise recommendations in the areas of policy and advocacy, programme development, resource mobilization, monitoring and evaluation, and research.

“CONTRACEPTION – THE BEST-KEPT SECRET IN HIV PREVENTION”⁵

The overarching message of the Glion Call to Action is that, in order to turn the tide against the rising levels of HIV and AIDS in women and children, a bold and comprehensive approach is required which gives greatly increased emphasis to supporting reproductive choices and meeting unmet need for family planning. Among the key messages are the following.

- ▶ **All four Elements recommended by the United Nations system are essential if the UNGASS goal for the reduction in the proportion of infants infected with HIV is to be attained.** Studies show that preventing HIV infection in infants is best achieved by a combination of approaches including all four Elements of this strategic approach.
- ▶ **Women’s reproductive choices must be respected and safeguarded.** A key principle underpinning the Glion Call to Action is that it is important to support the rights of all women, including women living with HIV, to make informed choices about their reproductive lives.
- ▶ **Family planning is a potent instrument in preventing HIV in women and children.** In both Elements 1 and 2, family planning can make a significant contribution to HIV prevention efforts. Family planning programmes that emphasize the promotion of condoms for dual protection⁶ (either alone or with another contraceptive method) in countries affected by HIV protect women from becoming infected in the first place (the contribution of family planning to Element 1). Such programmes should be expanded and intensified to meet a large unmet need for family planning among all women, whether they know their HIV status or not. Infected women who know their status are in particular need of services that can help them to make informed reproductive decisions and provide them with contraception options, if and when desired (the primary

3 Sweat MD et al. *Cost-effectiveness of nevirapine to prevent mother-to-child HIV transmission in eight African countries*. AIDS 2004, 18:1661-1671.

4 WHO/UNFPA http://www.who.int/reproductive-health/stis/docs/glion_cal_to_action.pdf.

5 Dr Ward Cates, Jr, President, Institute for Family Health, Family Health International.

6 Dual protection refers to simultaneous protection against infection and unintended pregnancy

focus of Element 2). This, in turn, can be expected to avert HIV infection in infants by enabling interested women to prevent or delay pregnancies.

- ▶ **Family planning provides intrinsic benefits by saving lives and enhancing the health status of women and their families.** Enabling women to time and space births leads to important improvements in their health, combats maternal mortality, and significantly increases child survival.

REVIEW OF EVIDENCE

Compelling evidence was presented at the Glion Consultation, from both epidemiological modelling and country programme experience, to illustrate the powerful role that family planning can play in preventing HIV in women and children. A model compared the contributions of Elements 1, 2 and 3 in preventing HIV in infants in eight African countries with severe HIV epidemics.⁷ It was found that Element 3 alone could have a limited impact in resource-poor settings because of poor coverage and use of services and inadequate drug effectiveness. Small reductions in maternal HIV prevalence or in unintended pregnancy among women with HIV had an impact on HIV incidence in infants which was equivalent to that of ARV intervention with nevirapine. It was concluded that the UNGASS goals on the reduction of HIV infection in infants could not be met through the current focus on Element 3 alone. Instead, a comprehensive strategy was required, notably including the provision of family planning services (Element 2 and, in some cases, Element 1 as well). In fact, it is now estimated that family planning services in sub-Saharan Africa are preventing HIV infection in more infants than is the provision of nevirapine.⁸

A model presented at the Glion Consultation agreed. It suggested that family planning was also more cost-effective, indicating that an expenditure of US\$ 45 000 to increase contraceptive services would prevent 88 HIV-positive births, whereas, for the same cost, the promotion and provision of nevirapine in antenatal care would prevent only 68 such births.⁹

A final analysis suggested that adding family planning to ongoing services for the prevention of vertical transmission of HIV (namely, testing and counselling, and ARV drug provision) in 14 high-prevalence countries could double the number of HIV-positive births averted, in addition to the other well-established benefits (saving women's lives and averting children's deaths).¹⁰

7 Sweat MD et al. *Ibid.*

8 Reynolds HW, Steiner MJ, Cates Jr W. Contraception's proved potential to fight HIV. *Sex Transm Inf.* 2005;81(2):184-5.

9 Reynolds HW, Janowitz B, Homan R, Johnson L. The value of contraception to prevent perinatal HIV transmission. *Sex Transm Inf.* 7 Feb 2006, e-published ahead of print. PMID Nr 16505747 [PubMed].

10 Stover J et al. *Adding family planning to PMTCT sites increases the benefits of PMTCT.* Issue Brief: Population and Reproductive Health. USAID, October 2003.

PROGRAMME EXPERIENCES

An in-depth review of programme experiences, presented at the Glion Consultation, found that family planning was a standard component of most services for the prevention of mother-to-child transmission of HIV.¹¹ The study concluded that national and international leadership for the integration of family planning into such programmes was bearing fruit and should continue. Nevertheless, it was noted that, in some settings, there were system constraints to the integration of family planning and services for the prevention of mother-to-child transmission of HIV, such as vertical programming approaches, separate funding streams and pressure on human resources. The review recommended building on positive attitudes towards condoms among women with HIV and enhancing the factors that facilitate condom use. It also proposed improved mechanisms for offering postpartum family planning services to women with HIV or of unknown status, recognizing that many programmes miss this important opportunity for HIV prevention.

A number of senior government officials at the Glion Consultation shared their experiences of programmes aimed at preventing HIV in women and children. In Uganda, for example, guidelines had been developed for programmes to prevent mother-to-child transmission of HIV, including family planning, and a pilot project integrating services for the prevention of vertical transmission of HIV and family planning was in progress. However, challenges to integration included frequent stockouts of contraceptives, vertical implementation of HIV/AIDS and reproductive health programmes, health system factors (infrastructure, staffing, drugs, HIV testing kits), poor postnatal attendance and low uptake of HIV services.

TAKING FORWARD THE GLION CALL TO ACTION

In order to carry forward the Glion Call to Action, dynamic initiatives are required in each of the following four areas.

1. Policy and advocacy

There is a pressing need to increase advocacy aimed at generating awareness and political commitment to family planning as a potent instrument for combating HIV in women and children. It is vital to foster buy-in to the Glion Call to Action among a wide constituency by mobilizing the support of new actors as well as existing partners. Target groups and stakeholders include parliamentarians, government officials, donors, health

11 Rutenberg N and Baek C. *Review of Field Experiences: Integration of Family Planning and PMTCT Services.* Population Council, 2004. See also Rutenberg, N and Baek, C. Field Experiences integrating family planning into programs to prevent mother-to-child transmission of HIV. *Stud Fam Plann.* 2005;36(3)235-245.

professionals, the media and community-based activists, among them people living with HIV/AIDS.

2. Programme development

Forging closer programmatic linkages between family planning and the prevention of HIV in women and children entails bridging the gaps between services for women accessing family planning, testing and counselling, or antenatal care programmes. This requires the following measures.

- ▶ HIV counselling should be integrated into family planning services in order to address the dual risk of infection and unintended pregnancy women face in their lives.
- ▶ HIV testing and counselling should be integrated into family planning programmes, and testing and counselling programmes should provide contraceptive counselling, especially on the consistent and correct use of condoms. This will enable women who learn that they are HIV-positive to access contraception, if desired, and will help women who are uninfected to avoid HIV infection and unintended pregnancy.
- ▶ HIV testing and counselling, safer sex counselling and family planning counselling and services (including condoms) should be provided in antenatal and postnatal care settings. This will help pregnant women to avoid infection and will help to identify pregnant women with HIV, who can be offered postpartum contraceptive counselling and services for the prevention of subsequent pregnancies, if this is desired.¹²
- ▶ Exploiting these potential programme synergies requires the strengthening of health systems, in particular by providing additional staff, training health providers, upgrading premises and ensuring vital reproductive health supplies.

3. Resource mobilization

There is an urgent need for increased investment in the comprehensive approach to the prevention of HIV in women and children. This requires additional support from national resources, as well as bilateral, multilateral and private sources for the development of policy guidelines, advocacy, programme development, research, and monitoring and evaluation.

4. Monitoring and evaluation and research

Given the lack of empirical data on integrating family planning services, testing and counselling, and programmes for the prevention of mother-to-child transmission of HIV, further operations research is vital. Research is also needed into the impact of the strengthening of linkages in different programme settings.

12 Best K. *Family planning and the prevention of mother-to-child transmission of HIV: a review of the literature*. Family Health International, 2004.

IMPACT OF THE GLION CALL TO ACTION

Since May 2004 the impact of the Glion Call to Action has been substantial. It has been promoted in many different forums by the participants at Glion, has been widely disseminated by donors, civil society organizations and policy-makers, and has been posted on list serves and web sites. The declaration has been referenced in a number of documents and featured prominently in high-level consultations, such as the UNFPA/UNAIDS consultation which resulted in the *New York Call to Commitment: Linking HIV/AIDS and Sexual and Reproductive Health* (June 2004),¹³ subsequently released at the XV International AIDS Conference in Bangkok (July 2004).

The Glion Call to Action has also been used by policy-makers and researchers as an expert resource in formulating draft legislation in the United States Congress, the United Kingdom House of Commons and the Dutch Parliament. Action Canada for Population and Development, a nongovernmental organization, cited the Glion Call to Action in its influential report entitled *Toward Greater Integration of HIV/AIDS and Sexual and Reproductive Health Policy and Programs*.¹⁴

FUTURE CHALLENGES

The Glion Call to Action is an important step in highlighting the importance of family planning as a tool for combating HIV in women and children. Various challenges lie ahead, including the need for national and international political leadership and donor support. At ground level, challenges in operationalizing linkages include how to involve men, address the special needs of young people, tackle the root causes of gender inequality, and confront the stigma and discrimination facing people living with HIV/AIDS.

WHO and UNFPA are building partnerships with a number of actors so as to keep the Glion Call to Action alive. Together, they are actively generating widespread support for the comprehensive approach to the prevention of HIV in women and children, underscoring the contribution of family planning. Their efforts seek to translate the commitment expressed in the Glion Call to Action into robust policies and programmes that will bring significant health benefits to women, men and their children in developing countries.

ACKNOWLEDGEMENTS

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13 <http://www.unfpa.org/publications/detail.cfm?ID=195&filterListType=1>

14 Report presented on 26 Oct 2004 in Ottawa during a workshop organized by Action Canada for Population and Development. Web link: <http://www.acpd.ca/acpd.cfm/en/section/csih11>