

# HIVUpdate

*access=life*

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## From words to action: Family planning and HIV integration

**One of the many things** that the response to HIV has shown the world over the last 30 years, is that communities can stand up, demand access to better quality services, defend their sexual and reproductive rights, and ultimately make a difference to policies and programmes. The growing movement for women, girls and their partners to demand sexual and reproductive health and rights, including family planning, can learn from these successes.

One of the key messages from the session on sexual and reproductive health (SRH) and HIV linkages at the London Summit on Family Planning Summit in July 2012 was that: "family planning needs to take a holistic approach to women's health including their direct engagement in the prioritization of what is needed, what works and what is the appropriate method mix."<sup>1</sup> To be effective, this 'holistic approach' needs

to engage communities not only as clients and end-users of services alone, but also as active participants in demanding the range and quality of services that meet their needs.

Internationally, different 'communities' have been speaking out to galvanize attention, energy and action on family planning and HIV integration. This past month has seen action on the commitments made during the Summit and a renewed focus on the potential health and economic benefits of integrating HIV and family planning services.

**From the research community**, the results from the five-year Integra operations research Initiative – launched at the UK Houses of Parliament – indicated that integrating SRH and HIV services can reduce unmet need for family planning, especially for women living with HIV. Several of the study components showed an unmet need for SRH services

among women living with HIV, and suggest that integrated services can help realize their fertility intentions and meet their contraceptive needs (see page 2). New technologies, such as different varieties of the female condom, have also been developed and evaluated that could contribute to the range and accessibility of family planning methods (see page 3).

**From the donor community**, building on the London Family Planning Summit (see page 3) it was announced that the UK government will provide additional support for Malawi's HIV response as well as support for wider healthcare – an additional £21 million pounds was provided specifically for family planning and HIV. In Malawi, this was welcomed as direct action following on from their first national family planning conference (held in May 2012) and owes much to sustained political leadership on maternal

and child health by President Joyce Banda.

**From our IPPF community**, we remain committed to scaling up family planning and HIV service delivery particularly for poor and vulnerable women, men and young people (see page 3). We also celebrate the vast contribution that Kevin Osborne has made to the HIV community – within IPPF and beyond – through his vision and leadership over the last 10 years (page 4).

Different communities are speaking out and demanding action. All of us – clients, providers, managers, advocates and ambassadors defending sexual rights – need to make sure that we listen and continue to drive the actions (and not only the words in declarations of commitments) forward.

A luta continua  
Lucy



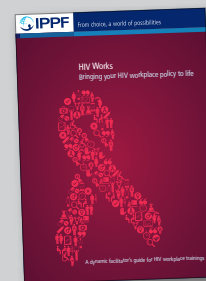
[www.hivandthelaw.com](http://www.hivandthelaw.com)

### Bringing your HIV workplace policy to life

'HIV Works' is a new guide designed to support the planning and facilitation of HIV workplace training programmes across IPPF. It is a crucial part of our commitment as a sexual and reproductive health and rights organization to provide a supportive and non-discriminatory work environment for all, including staff and volunteers living with or affected by HIV.

Our aspiration is that there will be 100 per cent coverage of fully functioning HIV workplace policies and programmes across the Federation by 2015.

The guide is currently available in English, with Arabic, French, and Spanish soon to be released:  
[www.ippf.org](http://www.ippf.org)



# Integrating postnatal care, family planning, and HIV services

By Dr James Kimani, Senior Analyst  
(Population Council, Nairobi, Kenya)

**Addressing the postpartum needs** of new mothers, including new mothers who are living with HIV, and new mothers living in settings with a high HIV prevalence, is a neglected area of care throughout sub-Saharan Africa and other resource-limited settings. Few developing countries have mechanisms in place to ensure that mothers and their newborns are assessed early and monitored during the initial six-week postpartum period.

Some of the challenges include lack of clearly defined standards, including the content and timing of both postpartum and postnatal services, and a discontinuity of services limiting linkages to other key postpartum services for new mothers, including family planning and HIV care services for women living with HIV.

According to the World Health Organization, over 60 per cent of maternal deaths occur within the first 48 hours after childbirth,<sup>2</sup> while newborn morbidity and mortality, including postnatal transmission of HIV to infants, are more likely to happen soon after birth.<sup>3, 4</sup> In high HIV prevalence settings, there is also evidence that women living with HIV are at 1.5–2 times greater risk of maternal mortality than women who are HIV-negative.<sup>5</sup> Providing adequate and effective services to meet the needs of mothers and their infants during this postpartum period can substantially reduce maternal and infant morbidity and mortality.

It is often assumed that women who deliver in a facility will have received adequate care prior to discharge and do not need further attention until the six-week consultation. Women giving birth at home are least likely to receive any care, especially within the first two days, when they are most susceptible to postpartum hemorrhage and hypertensive disorders.<sup>6</sup>

However, our research has supported other studies that have found that regardless of where a woman gives birth, she is unlikely

to receive the comprehensive care she needs. Two critical issues need further attention – the first, to promote family planning and prevent future unintended pregnancies, and the second, to prevent vertical transmission of HIV during the postpartum period.

To promote family planning, research has shown that during the extended postpartum period (12 months after birth), women may want to delay or avoid future pregnancies, but do not have access to a modern contraceptive method. A review of data from Demographic and Health Surveys (DHS) in 27 developing countries found that 67 per cent of women who gave birth within the previous year had an unmet need for family planning.<sup>7</sup> Although unmet need for family planning during the postpartum period is widespread among all women, evidence from recent studies has shown that substantial proportions of women living with HIV also have an unmet need. Studies in Zambia and Kenya found that 39 per cent and 65 per cent of postpartum women living with HIV reported that they were not using any contraceptive method with their regular sexual partner.<sup>8</sup>

To prevent vertical transmission of HIV, there is evidence that even if counseling and information on family planning is available within programmes for the prevention of mother-to-child transmission of HIV (PMTCT), this does not necessarily translate into the initiation of contraception.<sup>9</sup>

Evidence has shown that providing a continuum of care from antenatal, delivery, postnatal services and beyond results in improved maternal and neonatal health outcomes.<sup>10–12</sup> For example, in Swaziland, integration of PMTCT into postnatal care led to considerable improvements in follow-up visits during the first three days postpartum, a significant increase in the proportion of postpartum women and their partners who got tested for HIV, an increase in the proportion of women and infants who received HIV treatment and care, and significant improvements in the proportion of mothers practicing exclusive breastfeeding.<sup>11</sup>



## Integra

Strengthening the evidence base  
for integrating HIV and SRH services

The Integra Initiative is a five year research project to gather evidence on the benefits and costs of a range of models for delivering integrated HIV and sexual and reproductive health services in high and medium HIV prevalence settings, to prevent HIV transmission (and associated stigma) and unintended pregnancies.

For more information visit  
[www.integrainitiative.org](http://www.integrainitiative.org)

However, there is still a paucity of evidence from southern and eastern Africa (where HIV prevalence is highest) focused on measuring the benefits of integrated HIV and sexual and reproductive health services, particularly, postnatal care services.

As part of the Integra Initiative, our study in Kenya has contributed to filling this gap and aimed to build the evidence base by assessing the effect of integrating HIV and postnatal care services on the uptake of provider-initiated HIV testing and counseling and family planning services among women attending postnatal care in public health facilities. Preliminary results indicate that an integrated delivery approach of postnatal services is beneficial in increasing the uptake of HIV testing and family planning services among postpartum women, including the uptake of long-term family planning methods. However, there are important gaps in the uptake of these services based on facility-type and socio-demographic characteristics. This has important implications in addressing the sexual and reproductive health and HIV needs of women, including prevention of unintended pregnancies.

From Page 1: Integrating postnatal care, family planning, and HIV services

1. Session Report: Raise the Bar, Improving Women's Health through Strong Linkages. Available at <http://www.londonfamilyplanningsummit.co.uk/Session%20Report%20-%20RAISE%20the%20Bar.pdf>

From Page 2: Integrating postnatal care, family planning, and HIV services

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# Spoilt for choice

By Nienke Blauw, Advocacy Officer UAFC Joint Programme (Rutgers WPF, The Netherlands) and Saku Mapa, HIV Officer: Prevention, Treatment and Care (IPPF Central Office)

**Like male condoms, female condoms (FCs)** provide protection against unintended pregnancy and most sexually transmitted infections (STIs), including HIV. However, unlike their male counterparts, female condoms remain a relatively unknown and underfunded dual protection method. For a long time, the success of the product has been affected by a combination of frequent stock-outs, skepticism, myths and prejudices, high prices, and lack of variety.

In 2008, the Universal Access to Female Condoms (UAFC) Joint Programme was formed by four organizations (Netherlands Ministry of Foreign Affairs, I+solutions, Rutgers WPF and Oxfam Novib) to address the bottlenecks around availability and access to female condoms. As part of its holistic approach (combination of advocacy, large scale female condom programming, and manufacturing support and regulatory issues), UAFC commissioned a clinical study in China and South Africa to compare the functional performance of and preferences for three new female condom designs (Cupid, Women's Condom and VA w.o.w.) compared

to a 'control' design, called Female Condom 2 (FC2). In each country, around 300 people took part in the study who were primarily urban women aged 18-45 who were either novice or experienced users of female condoms.

**"The female condom is gaining ground as it should do, I myself used throughout my life six different methods for family planning and protection, not even counting abstinence, this shows that variety is key."**

Marijke Wijnroks, Director for Social Development / HIV and SRHR ambassador for the Netherlands

The primary goal of the study was to look into the device functioning (clinical and non-clinical breakage, total breakage, slippage, misdirection, and invagination), while the study also looked into safety and acceptability. It was found, both in China and South Africa, that most women preferred the Women's Condom. Overall, the study concluded that the three new condoms are non-inferior to the FC2, and recommended them as worthwhile products to add to the market alongside the FC2.<sup>13</sup>

The data gathered during this study will be used to secure regulatory approvals for



the female condoms, including UNFPA/WHO prequalification. The Cupid female condom, as well as its manufacturer Cupid Ltd, was the first to fulfill all requirements and was prequalified by UNFPA/WHO in July 2012, thereby introducing more variety to the female condom market.

At a recent meeting in The Hague, The Netherlands, some experts spoke out in support of this development as an important step in the right direction as variety of designs will increase competition leading to lower prices for procurers and eventually also for users, thus providing better access and more choice.

For more information about the UAFC Joint Programme visit: [www.condoms4all.org](http://www.condoms4all.org)

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# Spotlight on HIV and Family Planning: After the Summit

By Julia Bunting, Director, Programme and Technical Division (IPPF Central Office)

**The year 2012 saw the reinvigoration** of a loud and visible global movement committed to achieving universal access to family planning, as part of a commitment to comprehensive sexual and reproductive health (SRH) services that put the rights and needs of clients at the very centre. This groundswell was catalyzed at the London Summit on Family Planning held in July 2012, which built on the foundations laid down by family planning pioneers more than half a century ago. The Summit called for political commitments, backed by increased resources, to enable an additional 120 million women

and girls in the world's poorest countries to access contraceptive information, services and supplies by 2020.

At the Summit, IPPF made an unprecedented commitment to treble the number of SRH services provided annually by our Member Associations – from a 2010 baseline of 89 million services. By offering a comprehensive and integrated package of rights-based services through the existing network of 64,000 clinics and community-based service delivery points, we estimate that our efforts will prevent 46.4 million unintended pregnancies and 12.4 million unsafe abortions by 2020. We also estimate that 54,000 deaths of some women and girls will also be averted during this period.

In this renewed focus on family planning, as in all of our work, we will maintain a particular focus on services for poor and vulnerable women, men and young people.

At the Summit, IPPF also committed to develop a compendium of indicators on linkages between HIV and SRH including family planning, maternal and child health. A greater focus on integration, particularly of HIV and family planning services, provides an unparalleled opportunity to expand access to a wide range of SRH services. The rationale is indisputable: the majority of cases of HIV transmission are sexual or are associated with pregnancy, childbirth and breastfeeding; the risk of HIV transmission and acquisition can be increased by the presence of certain sexually transmitted infections (STIs); and HIV continues to be the leading



cause of death among women of reproductive age.

It is vital that all women and girls have access to a full range of sexual and reproductive health options, including HIV services, family planning, contraceptive choices, and access to safe abortion services. Women living with HIV, who continue to face barriers accessing both family planning and programmes that prevent HIV transmission from mother to child, must remain at the centre of attention. Prioritizing the integration of family planning and HIV services will greatly contribute to achieving the sexual and reproductive health and rights for all.



## From IPPF with love...

**After almost ten years** as Senior HIV Adviser at IPPF Central Office in London, Kevin Osborne has departed IPPF to return to his home country of South Africa. By playing a pivotal role in strengthening the HIV response both within and across the Federation, he made many friends in the IPPF family who will miss his commitment, energy, and inspiration. Here are some of their messages:

“Your hard work and dedication to the people living with HIV, to a more effective prevention with human rights at the centre and to improving our services has been a model to follow.”

**Anne, RFSU, Sweden**

“From the warm heart of Africa, you will always be in our hearts, we cherish the charisma, passion and leadership you invested in HIV work.”

**Ruth, FPAM, Malawi**

“You invested and nurtured seventeen horses. Now see how far they have reached? Your leadership has brought so many changes at so many levels, in the lives of many whom we reached through our interventions, the attitude changes within the Association, and most of all the opportunity given to me...”

We salute your tremendous support and guidance you gave us and the confidence with which you selected India as one of the horses.”

**Nisha, FPAI, India**

“The mission of Kevin, as in the old HERA people storytelling, starts when he stepped on the Macedonian soil listening to the broken car stereo that was stacked on the 80’s ABC hit ‘The Look of Love’. The year is 2004. Later Kevin, one who signs with ‘love’, is still here when HERA became a Member Association and shortly after an EN HIV focal point country. And couple of years later when he had a meeting with the Macedonian CCM and the first working group of PLHIV. Kevin’s refreshing and vibrant energy is encouraging in the belief that passion and professionalism are not separate.”

**Drasko & Bojan, HERA, Macedonia**

“Your dedication and passion is simply infectious! More power to you!”

**Teresita, FPOP, Philippines**

“You have been a magician for me and permitted me to hope... you will remain my African Djoudjou and always my inspiration.”

**Nathalie, CAMNAFAW, Cameroon**

“Most amazing of all, Kevin you were able to institutionalize the “A” of AIDS among all regions of our enormous Federation, in such a strong and sustainable manner; with creativity, enthusiasm, energy, wisdom, and commitment... your passion was a virus that infected all of us! Thank goodness there is no cure, no vaccine for that!”

**Esperanza, MEXFAM, Mexico**

Your vision, intelligence, good humour and wit, Will be a pleasure always, for all who in its presence benefit...

Your achievements are many, far too many to list,

But rest assured we will try to continue the jist,

The legacy you leave combines robust projects with heart,

Always braving new waters with a clear steer from no chart!

Kevin – we’ll miss you! And the spirit you bring,

You make even the greyest London days, brighter and endearing.

**HIV team, IPPF CO, London UK**

## News in Brief

### \$100,000 to invent the next generation condom

The Bill & Melinda Gates Foundation is currently accepting grant applications to develop the next generation of condom that significantly preserves or enhances pleasure, in order to improve uptake and regular use. While continuing to contribute to reducing the incidence of unplanned pregnancies and in prevention of infection with HIV or other STIs, other attributes include those that increase ease-of-use for male and female condoms, or those that address and overcome cultural barriers.

Although condoms have been in use for about 400 years, they have undergone very little technological improvement in the past 50 years. Through the Grand Challenges Explorations initiative, anyone can submit their idea with a short two-page application. Initial grants of US\$100,000 will be awarded with the opportunity of successful projects to receive a follow-on grant of up to US\$1 million.

Applications are being accepted at [www.GrandChallenges.org](http://www.GrandChallenges.org) until 7 May 2013.

## Key dates

**World Health Day**

7 April 2013

**International Day Against Homophobia and Transphobia**

17 May 2013

**World Hepatitis Day**

19 May 2013

## Upcoming conferences

**Women Deliver 2013**

28–30 May 2013

**Location:** Kuala Lumpur, Malaysia

[www.womendeliver.org/conferences/2013-conference/](http://www.womendeliver.org/conferences/2013-conference/)

**International Harm Reduction Conference**

9–12 June 2013

**Location:** Vilnius, Lithuania  
[www.ihra.net/conference](http://www.ihra.net/conference)

**IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2013)**

30 June – 3 July 2013

**Location:** Kuala Lumpur, Malaysia  
<http://www.ias2013.org>

**2nd International HIV Social Sciences and Humanities Conference**

7–10 July 2013

**Location:** Paris, France  
<http://www.asshhconference.org>

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