

WHAT YOU NEED TO KNOW ABOUT PEPFAR, The Global Health Initiative, and Family Planning/HIV Integration



Described as the foundation upon which the [Global Health Initiative \(GHI\)](#) rests, the President's Emergency Plan for AIDS Relief (PEPFAR) is undergoing significant change. HIV/AIDS prevention, care and treatment remain the focus of PEPFAR, yet the GHI mandates that PEPFAR—along with the rest of the U.S. government's global health portfolio—take a more holistic approach to meeting individuals' primary and preventive health care needs, especially for women and girls, with family planning/reproductive health chief among those.

"We're linking family planning, reproductive health services to our prevention efforts because they are more effective. Those needs are largely unaddressed, and where interfaced with populations that need both, we should overlap them."

— AMBASSADOR ERIC GOOSBY, MD
U.S. GLOBAL AIDS COORDINATOR, DECEMBER 2009

The purpose of this unofficial guide is to clarify current U.S. policy regarding the integration of family planning/ reproductive health, maternal and child health, and HIV/AIDS within U.S. global health assistance. U.S. law and policy does not prohibit, restrict or otherwise discourage integration of reproductive and maternal health with HIV/AIDS. The favorable policy environment for family planning/reproductive health and maternal-child health—in the U.S. and globally—and the reality of budget constraints, make it imperative that U.S.-based and local NGOs ensure health efforts are integrated, linked and sustainable to deliver services and maximize positive health outcomes.

This guide seeks to help current and potential implementers of U.S. global health assistance better understand the principles underlying the GHI, especially its call for integration and coordination. It is important to note that the GHI is a work-in-progress; it is expected that the U.S. government will issue new policy and program guidance this year and beyond. In response, PAI will issue online updates and email alerts to colleagues in the field regarding any policy developments affecting U.S. health assistance, particularly



those affecting family planning/reproductive health. Subscribe to PAI's Washington Memo at www.populationaction.org/signup.

PEPFAR and the GHI: Setting the Stage for Greater RH-MCH-HIV Integration

In 2008, Congress [reauthorized PEPFAR](#) for another five years, increasing overall funding and making only a few notable changes to the underlying law. The changes included repealing the abstinence-until-marriage spending earmark; allowing for flexibility in responding to local epidemics and strengthening prevention efforts; bolstering treatment with an increased emphasis on care and support services for people living with HIV; and linking HIV to related issues such as gender, maternal and child health, clean water and nutrition.

That summer, the then-Bush Administration issued its final PEPFAR guidance to the field—the Fiscal Year 2009 Country Operational Plan (COP)—reaching beyond the law to explicitly state that PEPFAR funds cannot be used for family planning, including such activities as prevention of mother-to-child transmission efforts. This was a reflection of Bush Administration ideology, not the legislation passed by Congress reauthorizing PEPFAR.

The Global Health Initiative mandates that PEPFAR take a more holistic approach to meeting individuals' primary and preventive health care needs, especially for women and girls.

Operating Principles of the Global Health Initiative

- Implement a woman- and girl-centered approach
- Increase impact through strategic coordination and integration
- Strengthen and leverage multi-laterals, health partners and the private sector
- Encourage country ownership and invest in country-led plans
- Build sustainability through health systems strengthening
- Improve metrics, monitoring and evaluation
- Promote research and innovation

Less than four months after taking office, President Obama announced the Global Health Initiative (GHI)—a \$63 billion effort over six years (2009-2014), consisting of \$51 billion for PEPFAR and \$12 billion for family planning/reproductive health, maternal and child health, nutrition, and neglected tropical diseases. The Obama Administration issued its first annual COP guidance in June 2009 and signaled a markedly different approach to U.S. health assistance, emphasizing integration and coordination across the board, and reversing the anti-family planning language of the previous year. At the same time, U.S. [funding for international family planning/reproductive health](#) programs has also increased substantially, the result of a combination of higher spending requests from the White House and strong support from Congress in a tough fiscal climate.

Since then, the Obama Administration has issued a [new five-year strategy for PEPFAR](#) and a roadmap for GHI implementation, also known as the [Implementation of the Global Health Initiative Consultation Document](#), further laying the groundwork and rationale for RH-MCH-HIV integration within U.S. health assistance. The revamped PEPFAR strategy clearly outlines its policy and programmatic priorities: prevention, women and children's health, youth, gender-based violence, health systems strengthening, country ownership and the integration of HIV/AIDS with the rest of U.S. health assistance. "As a component of the Global Health Initiative," the strategy states, "PEPFAR will be carefully and purposefully integrated with other health and development programs...PEPFAR is working to implement women-centered care, and to ensure that its services are gender-equitable."

"Expanding integration of HIV prevention, care and support, and treatment services with family planning and reproductive health services, so that women living with HIV can access necessary care, and so that all women know how to protect themselves from HIV infection"

—PEPFAR FIVE-YEAR STRATEGY, DECEMBER 2009

The GHI will be implemented in the more than 80 countries receiving U.S. health assistance, but like PEPFAR, the GHI approach will be intensified in select countries slated to receive additional resources for "integrated programmatic interventions and investments across infectious disease, MCH, family planning and health systems activities." The first round of eight "[GHI Plus](#)" countries—Ethiopia, Kenya, Rwanda, Mali, Malawi, Bangladesh, Nepal and Guatemala—was announced in June 2010 and up to 12 additional focus countries will be named at a later date.

The GHI calls on U.S. global health programs and their partners to "do more of what works" and an integrated approach to women's health was listed first under that rubric:

Women's health, including appropriate integration of information and services to address the needs of women and the role of mothers, such as: early antenatal care and a basic package of preventive prenatal services, including prevention of mother-to-child HIV transmission (PMTCT); TB testing and treatment; insecticide-treated bednets and intermittent prophylactic treatment of pregnant women for malaria; voluntary family planning, micronutrient supplementation; HIV/AIDS testing and counseling; basic and emergency obstetric care; nutritional support; prevention and treatment of neglected tropical diseases; and safe water, sanitation and hygiene interventions

—IMPLEMENTATION OF THE GHI: CONSULTATION DOCUMENT, ANNEX B GHI IMPLEMENTATION, JANUARY 2010

It should be noted that several outstanding issues remain concerning the implementation of the GHI, particularly as it relates to well-established PEPFAR policies and processes, as governance and coordination have not yet been defined. While the Office of the Global AIDS Coordinator has clearly stated its support for family planning within PEPFAR, the "how-to" of integration is undefined. Country programs already have experience in different levels of integration and ongoing channels for the field to share best practices for RH-MCH-HIV integration with federal agencies back in Washington, DC, will be useful in advancing best practices. PEPFAR's next generation indicators do touch on gender-based violence and the role of family planning, yet new indicators and budget codes to ensure GHI's woman- and girl-centered approach may help to ensure the tracking of these crucial integrated health services. For a more detailed background on the GHI, please see [Kaiser Family Foundation's policy brief](#).

U.S. Policy on RH-MCH-HIV Integration and Implications for Implementing Agencies

- Implementing agencies are able to provide family planning, reproductive and maternal health services and supplies.

Current PEPFAR law and guidance do not prohibit the provision of integrated family planning and maternal

health services and supplies. The FY2009 COP guidance language excluding family planning/reproductive health from PEPFAR activities no longer governs programs. Rather, PEPFAR’s authorizing legislation is silent on these issues, enabling a range of policy and programmatic responses to meet individuals’ primary health care needs, an approach now permissible and encouraged under the GHI and [FY2010 COP guidance](#).

The FY2010 COP guidance is extremely supportive of integrating family planning and reproductive health with HIV/AIDS health programs under PEPFAR:

“PEPFAR is a strong supporter of linkages between HIV/AIDS and voluntary family planning and reproductive health programs. The need for family planning for HIV-positive women who desire to space or limit births is an important component of the preventive care package of services for people living with HIV/AIDS and for women accessing PMTCT services.”

— PEPFAR COUNTRY OPERATIONAL PLAN GUIDANCE
FISCAL YEAR 2010

The guidance rightly recognizes the critical role that family planning and reproductive health play in effective prevention and PMTCT programs, as well as meeting the full health needs of those living with HIV/AIDS. The forthcoming FY2011 COP guidance is also expected to stress the importance of integrating FP/RH and HIV; additional analysis will follow once it becomes publicly available.

■ In the absence of guidance, implementing agencies are encouraged to integrate RH-MCH-HIV services.

Integration of RH-MCH-HIV is a central tenet of the GHI. The FY2010 COP guidance helped put into motion a major policy shift within U.S. HIV/AIDS assistance and the rest of the global health portfolio. Integrating and linking reproductive and maternal health with HIV/AIDS is a key policy priority of the GHI and a vital component to achieving PEPFAR-specific goals. Detailed programmatic and budgetary guidance in this area, however, has been slow to emerge and consequently there is widespread uncertainty about how to carry out integration and the administrative details of PEPFAR and GHI.

■ Implementing agencies are able to provide comprehensive, medically accurate and evidence-based prevention messages and services, including PMTCT programs.

Prevention of mother-to-child transmission (PMTCT) is a priority intervention. The new five-year PEPFAR

**The Glion Call to Action
on Family Planning and HIV/AIDS in
Women and Children (May 2004)**

A broader approach to PMTCT was defined by the WHO and United Nations Population Fund to include the following four elements:

- Preventing primary HIV infection among women;
- Preventing unintended pregnancies in women with HIV infection;
- Preventing transmission of HIV from infected pregnant women to their infants; and
- Providing care, treatment and support for HIV-infected women identified through PMTCT or Voluntary Counseling and Testing (VCT) programs and their families.

strategy identifies key HIV prevention areas for increased investment, with PMTCT at the top of the list. Expanding the reach of PMTCT services will help strengthen maternal and child health overall; however, investing solely in narrowly defined PMTCT programs will not succeed in dramatically reducing the incidence of perinatal transmission. Rather, the Glion [Switzerland] Call to Action on Family Planning and HIV/AIDS in Women and Children emphasized that all four elements of the World Health Organization (WHO) approach to preventing HIV infection in infants are essential.

New guidance on integration and other key topics expected. The Office of the Global AIDS Coordinator (OGAC) is widely expected to issue new guidance on FP/RH-HIV integration—due out before the end of 2010—providing specifics as to how integrated health services will be delivered within the context of PEPFAR programs. While the content is unknown as of this writing, it should help clarify for the field the types of integrated services that are permissible with PEPFAR funding, and emphasize that meeting the primary health care needs of women and girls is paramount.

It is also hoped that OGAC will issue new guidance on HIV prevention, reflecting the congressional repeal of abstinence-until-marriage spending requirement, as well as the Obama Administration’s emphasis on comprehensive, medically accurate, and evidence-based prevention messages and services. A rewrite of the Bush-era ABC Guidance #1 (issued 2004) will further bolster and support the integration of HIV/AIDS with reproductive and maternal health care.





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■ Implementing agencies should actively seek ongoing opportunities to inform U.S. health and development officials of the centrality of RH-MCH-HIV integration in the HIV/AIDS response.

U.S. NGOs and local partners are well-positioned to inform policy and make RH-MCH-HIV integration a reality on the ground. This is an historic moment in U.S. development assistance and implementing agencies have the first-hand experience and expertise to help guide and shape U.S. health policy and programs going forward. Evidence is clear that family

planning and reproductive health services can reduce maternal morbidity and mortality and help to meet HIV prevention care and treatment goals. Knowledgeable partners should not hesitate to support U.S. government officials in the field by sharing best practices and programs to further expand integrated programming. For the GHI and the second phase of PEPFAR to succeed, it will need to scale up new ways of reaching women and girls with essential reproductive and maternal health services.

Further Information

The sources for the information contained in this brochure included the following documents:

For the full text of the legislation reauthorizing PEPFAR, see the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 (Public Law No. 110-293). Available on the U.S. Government Printing Office website: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=110_cong_public_laws&docid=f:publ293_110.pdf

For the text of the new PEPFAR Five-Year strategy, see The U.S. President’s Emergency Plan for AIDS Relief: Five-Year Strategy and accompanying annexes (December 2009). Available on the State Department website.

- PEPFAR Five-Year Strategy (2010-2014) <http://www.pepfar.gov/documents/organization/133035.pdf>
- Annex: PEPFAR and HIV Prevention, Care and Treatment <http://www.pepfar.gov/documents/organization/133434.pdf>
- Annex: PEPFAR’s Contributions to the Global Health Initiative <http://www.pepfar.gov/documents/organization/133437.pdf>
- Annex: PEPFAR and the Global Context of HIV <http://www.pepfar.gov/documents/organization/133436.pdf>

For the text of the GHI consultation document, see Implementation of the Global Health Initiative: Consultation Document (January 2010), which includes illustrative examples from Ethiopia and Bangladesh, two of the GHI focus countries. Available on the State Department website: <http://www.pepfar.gov/documents/organization/136504.pdf>

For the text of the FY 2010 Country Operational Plan guidance, see the PEPFAR Fiscal Year Country Operational Plan (COP) Guidance: Programmatic Considerations (June 2009). Available on the State Department website: <http://www.pepfar.gov/documents/organization/127185.pdf>

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Additional Resources on RH-MCH-HIV Integration

The Case for Integrating Family Planning and HIV/AIDS Services: Evidence, Policy Support, and Programmatic Experience <http://www.fhi.org/en/RH/Pubs/servdelivery/>

Strategic Considerations for Strengthening the Linkages between Family Planning and HIV/AIDS Policies, Programs, and Services http://www.who.int/reproductivehealth/publications/linkages/fp_hiv/en/index.html

Advancing the Sexual and Reproductive Health and Human Rights of People Living with HIV http://www.gnpplus.net/images/stories/SRHR/090811_srhv_of_plhiv_guidance_package_en.pdf

Increasing Access to Contraception for Clients with HIV: A Toolkit <http://www.fhi.org/en/RH/Training/trainmat/ARVmodule.htm>

WHO Bulletin: Strengthening Linkages Between Sexual and Reproductive Health and HIV http://www.who.int/reproductivehealth/publications/linkages/who_bulletin_8711.pdf