



In One Place

Delivering
Reproductive Health &
HIV Services Together

In One Place shows why integrating family planning/reproductive health (FP/RH) and HIV/AIDS is a priority for women and young people in sub-Saharan Africa. Through the voices of women in Zambia living with HIV, the film documents how stand-alone, separate health services can result in a range of missed opportunities, poor health outcomes and lost productivity. Integration means offering FP/RH and HIV services together at the same time and in the same facility. It is a client-centered, rights-based approach that improves lives for women and youth living with and at risk of HIV.

“...pregnant women and mothers living with HIV tell us that their own needs for HIV and sexual and reproductive health services are not being addressed. But these interventions are absolutely essential to achieving each of the Millennium Development Goals”

—Michel Sidibé,
Executive Director, UNAIDS (2011)

REPRODUCTIVE HEALTH AND HIV ARE INTERCONNECTED

Women in sub-Saharan Africa face a dual threat of unplanned pregnancy and HIV infection unequalled in the rest of the world.¹ Countries with the greatest burden of HIV also have high levels of women who want to avoid pregnancy but lack contraception. Rates of unintended pregnancy are particularly high for



women living with HIV, and family planning programs have been underutilized in HIV prevention, care, and treatment programs.²

Globally, more than one-third of all new HIV infections are among young people ages 15 to 24.³ Young women remain more vulnerable to HIV than their male peers: 60 percent of all young people living with HIV are women. In sub-Saharan Africa, the proportion is higher: 72 percent of youth living with HIV are women.⁴

Many people face stigma and discrimination when seeking sexual

and reproductive health information and services. This reality severely limits their access to condoms and contraceptives, and to screening and treatment for sexually transmitted infections (STIs), including HIV. Integrating services broadens the entry access points for RH and HIV services and reduces stigma and discrimination in places where issues around sex are taboo.

WHY INTEGRATION?

HIV is a sexual and reproductive health issue. The majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth or breastfeeding.⁵ FP/RH and HIV services have similar characteristics, target populations, and desired outcomes. Sexually active individuals are at risk of both



unintended pregnancy and HIV infection.

Women living with HIV have high demand for FP/RH. Several country-specific studies have documented high levels of unintended pregnancy among women living with HIV, often at a rate higher than for all women of reproductive age. Integrating FP/RH and HIV information, services and supplies will help ensure that the health care needs and rights of women living with HIV are addressed in a holistic manner.



Family planning is a “best buy” within HIV prevention, care and treatment. Dollar for dollar, family planning programs have the potential to prevent nearly 30 percent more HIV-positive births than a treatment-only approach. The World Health Organization calls for the provision of family planning information and contraceptives as one of four key components of successful programs to prevent mother-to-child transmission of HIV. Yet in practice, contraception is neither widely used nor understood as an essential HIV prevention tool.

Integration improves access to services and continuity of care, and reduces stigma. Individuals make greater use of services if they are easy to access, resulting in improved health and behavioral outcomes. Studies show that integration leads to increased access to and uptake of HIV testing, condoms and contraceptives; increased knowledge of HIV and other STIs; and improved quality of health care. Offering FP/RH and HIV/AIDS services at a single site can help overcome stigma and discrimination⁶ that impede access to HIV/AIDS prevention, treatment and care.

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

—Ambassador Eric Goosby,
U.S. Global AIDS Coordinator (2009)

CHALLENGES

The rationale for integrating FP/RH and HIV services is irrefutable, yet policy and programmatic barriers persist. Separate funding channels for FP/RH and HIV/AIDS, failure to implement existing policies and strategies, and routine shortages and stock-outs of contraceptives are a few of the obstacles to meaningful integration on the ground.



CALL TO ACTION

Donors

- Provide robust and flexible funding for both FP/RH and HIV/AIDS programs
- Align assistance with national policies and strategies to expand access to FP/RH and HIV services

National Government

- Ensure HIV/AIDS and FP/RH policymaking bodies are linked in program, funding and strategy decisions
- Foster high-quality services and increase health workforce capacity to deliver integrated

services through in-service training and supportive supervision

- Secure continuous supply of RH and HIV commodities, including a full range of contraceptive methods within prevention of mother-to-child transmission programs

Civil Society

- Hold government accountable for implementing policy and allocating and spending funding necessary for FP/RH-HIV integration
- Ensure women and youth living with and at risk of HIV have a say in policy decisions and implementation

(1) “World AIDS Day Report 2011,” Core Epidemiology Slides, Slide 11. Joint United Nations Programme on HIV/AIDS (UNAIDS), Geneva: 2011. <http://www.slideshare.net/UNAIDS/unaidsworldaidsdayreport2011-core-slides-10250153>

(2) FHI

(3) “World AIDS Day Report 2011,” Core Epidemiology Slides, Slide 11. Joint United Nations Programme on HIV/AIDS (UNAIDS), Geneva: 2011. <http://www.slideshare.net/UNAIDS/unaidsworldaidsdayreport2011-core-slides-10250153>

(4) “Opportunity in Crisis: Preventing HIV from Early Adolescence to Young Adulthood.” United Nations Children’s Fund (UNICEF), New York: 2011. http://www.unicef.org/publications/files/Opportunity_in_Crisis_Report_EN_052711.pdf

(5) UNAIDS, 2010

(6) Rachel Sanders, Karen Hardee, and Carol Shepherd. Implementing Integrated Family Planning and HIV/AIDS Policies and Programs: Tools and Resources

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