
HIV and AIDS

Social and Behavioral Science Research (SBSR)

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Introduction to the ADVICE project: Advancing integrated FP/HIV counseling with evidence

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INTRODUCTION TO THE ADVICE PROJECT: ADVANCING INTEGRATED FP/HIV COUNSELING WITH EVIDENCE

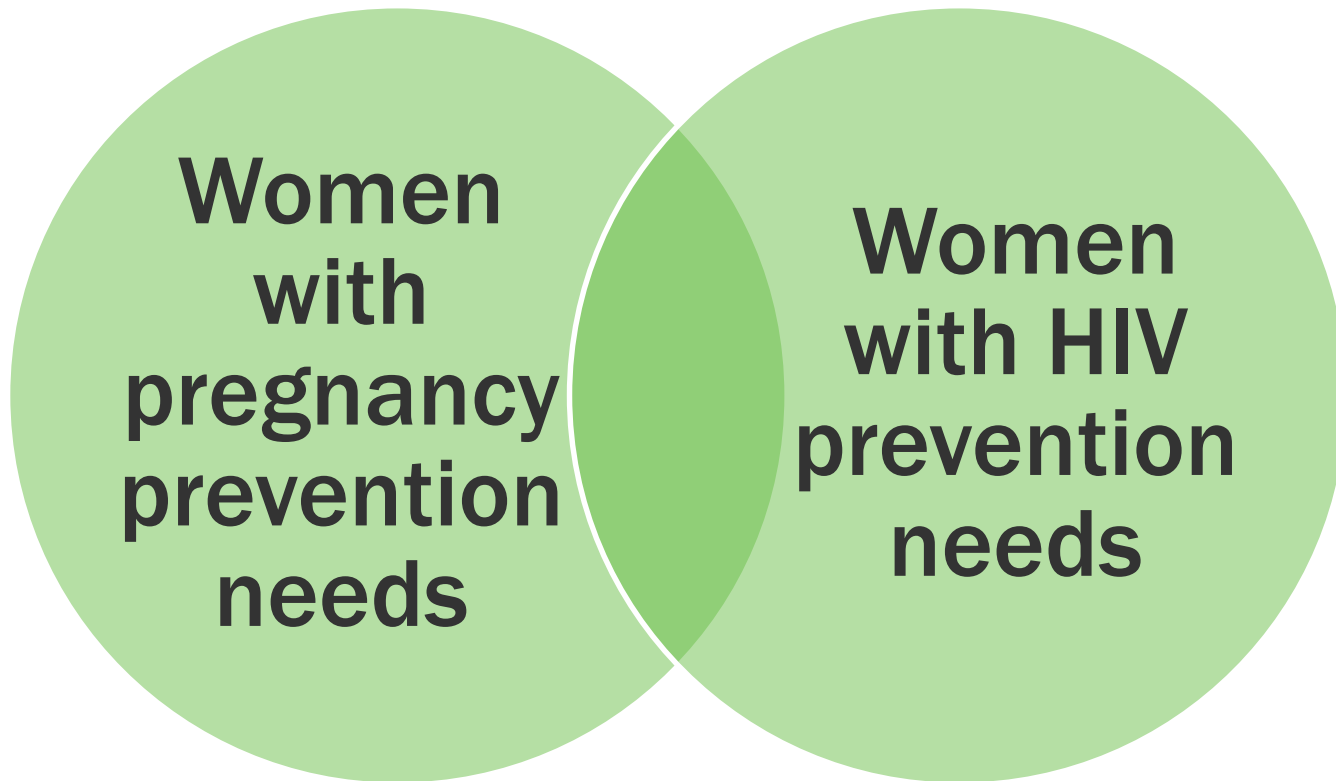
Eileen Yam, PhD
Population Council, Washington, DC

5 March 2020
Lusaka, Zambia

Today's agenda

- Introduction to ADVICE
 - Insights from Zambian consultations
- Overview of **Balanced Counseling Strategy Plus (BCS+)**: example from Kenya
- Learnings from global landscaping of FP and HIV vulnerability assessment tools/job aids
- Roundtable discussion

Rationale for FP/HIV integration



Two ways to think about integrating HIV into FP

1. Linking FP clients to HIV services, as appropriate and desired
2. Helping women assess whether/how their concerns about HIV may affect method choice
 - Less attention has been paid to this

ECHO trial: renewed attention to dual FP/HIV needs (2015-18)

- Compared HIV acquisition risk among users of DMPA-IM, copper IUD, LNG implant
- 12 study sites in Eswatini (1), Kenya (1), South Africa (9), Zambia (1)
 - 7,829 women (Zambia: n=658)

Mid-2018: high anticipation of imminent ECHO trial results

What if certain contraceptive methods increase HIV acquisition risk?

How can we make sure providers don't overreact and restrict contraceptive choice?



What kind of HIV prevention strategies should we be talking about (and/or offering) to FP clients?

How can we help women think about how their HIV risk may influence their choice of FP method?

June 2019: Release of ECHO results

- No significant differences in HIV acquisition across the three study methods
- **However...**high HIV incidence (3.8%/person-year)
 - Refocused our post-ECHO questions on long-time FP/HIV integration challenges
 - Priority: improve integrated, quality counseling

ADVICE project: strengthen HIV content in FP counseling

- Supported by Bill and Melinda Gates Foundation (BMGF)
- Led by Population Council in Zambia and Washington
- **Objective:** Develop tools to strengthen HIV vulnerability assessment in FP services to:
 - support linkage to HIV services
 - support method choice
 - among women attending FP services

Zambia context



- 20% unmet FP need, 14% HIV prevalence (women of reproductive age)
- Robust FP and HIV leadership, governance
- Multisectoral engagement on FP/HIV integration
 - ECHO site in Lusaka (UNC/Kamwala Clinic)
- BMGF interest, Population Council presence

ADVICE activities (July 2019-June 2020)

1. Conduct global/Zambia landscaping (interviews, desk reviews) to take stock of:
 - a) HIV vulnerability assessment tools
 - b) FP decision support tools
2. Initiate development of HIV vulnerability assessment tool, FP decision support tool

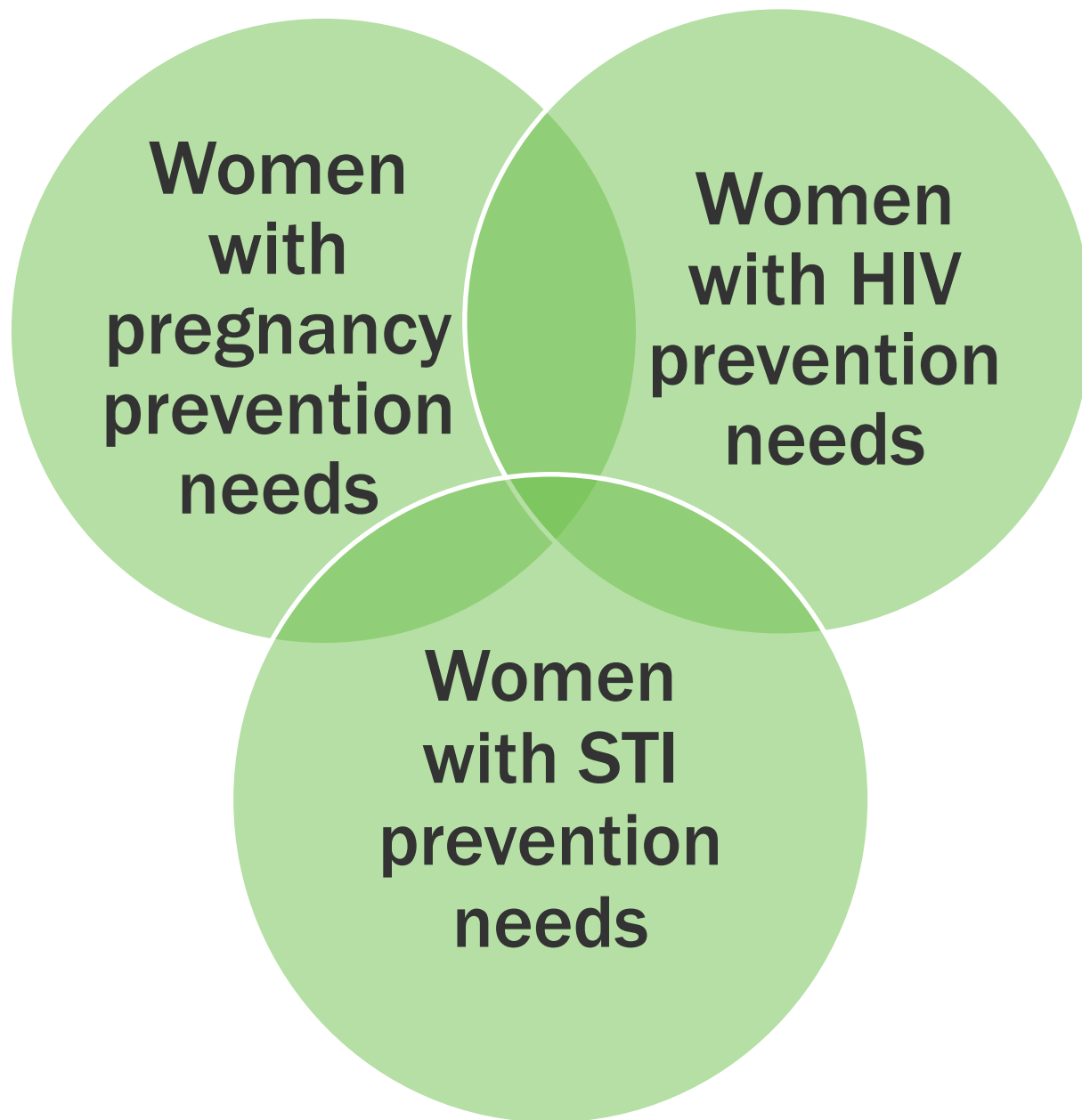
Global stakeholder insights: Consider advancements in HIV prevention

- People living with HIV cannot transmit virus sexually when virally suppressed
 - Treatment as prevention
- HIV acquisition by seronegative people can be dramatically reduced
 - Oral pre-exposure prophylaxis (PrEP)
- In progress: dual prevention pill

Other initial global insights

- FP counselors have limited time, long queues
- “There are so many tools already”
 - But only a few used in lower-/middle-income countries, adapted, scaled up
- Need to consider reproductive coercion, unsupportive partner

What about STIs?



What will be the outputs of ADVICE?

ADVICE Output #1: Lay groundwork for update of **Balanced Counseling Strategy Plus (BCS+)**

- To our knowledge, it is one of a few FP counseling tools that addresses:
 - method-specific HIV/STI protection
 - **basic questions** about HIV vulnerability
 - referral to HIV services/products, risk reduction behaviors

ADVICE Output #1: Lay groundwork for update of BCS+ (cont.)

- Last updated in 2015, prior to key HIV biomedical advancements
- Frequently requested by donors, service delivery partners

ADVICE Output #2: Initiate development of a pre-consultation HIV vulnerability “priming” tool

- To be used by women while in “waiting area” of FP services
- Help her think about whether HIV concerns may influence her choice of FP method
- Explore how to deliver these messages (e.g., via mobile phone, other digital strategy)

ADVANCING INTEGRATED FAMILY PLANNING/HIV COUNSELING WITH EVIDENCE (ADVICE): INSIGHTS FROM ZAMBIA LANDSCAPING

Edith Namukonda

Population Council, Zambia

Review of Zambia National Family Planning Guidelines and Protocols (2006)

- Highlight the need for integrating all reproductive health services into FP counseling
- Include STI/HIV counseling and care at all FP service delivery points

Review of guidelines and protocols (cont.)

- Gap regarding HIV integration into FP services
- Pre-exposure prophylaxis (PrEP) and “treatment as prevention” not addressed
- Describes FP services for HIV-negative women, not among women living with HIV (WLHIV)

Formative consultations

HIV service integration in FP

- HIV integration in FP services has been rolled out, though this has not been very effective due to various challenges.

HIV vulnerability assessment in FP counseling

- Clients are asked general questions to assess their HIV vulnerability, but there is no systematic assessment

PrEP and “treatment as prevention” in FP

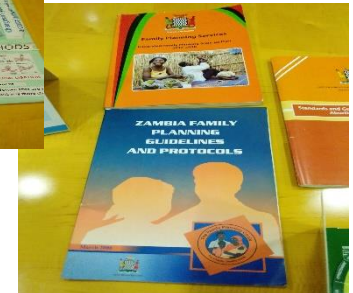
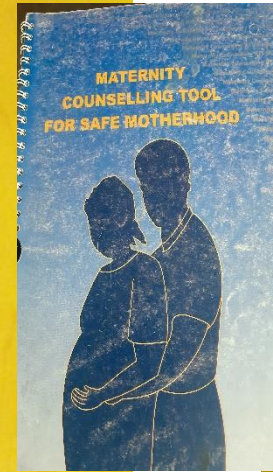
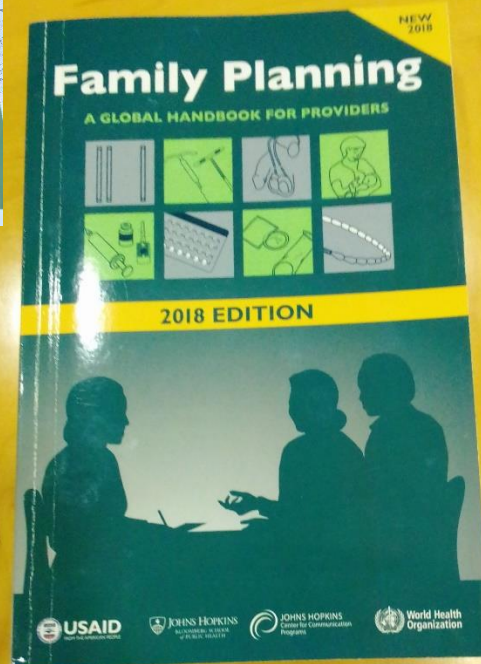
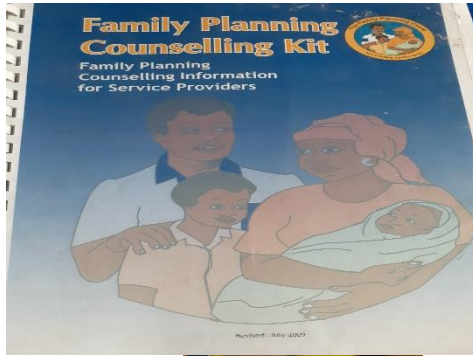
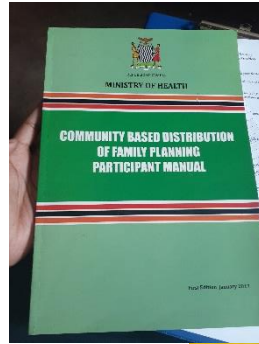
- Many stakeholders indicated both are being addressed in FP, though not extensively

Formative consultations (cont.)

Determining HIV status of FP clients

- In some settings, clients are screened for HIV when they seek FP services
- Limited awareness of specific guidelines that are used to address FP among WLHIV
- Some facilities offer testing and HIV prevention information

FP counseling tools/materials



Challenges to HIV integration in FP services

- The loss to follow up of clients
- FP and HIV departments work in silos
- Inadequate infrastructure
- Human resource and time constraints

Emerging insights from consultations

- Update the Guidelines, strengthen guidance on HIV/FP integration
- Strengthen individual and institutional commitment/will to prioritize HIV integration in FP services
- Incorporate FP considerations for WLHIV
- Incorporate PrEP and “treatment as prevention” in FP services

Discussion

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