



# Where are we now: Contraceptive use among women on ART

*Leveraging differentiated ART delivery models to facilitate  
contraceptive care and TPT completion ICASA 2019 satellite*

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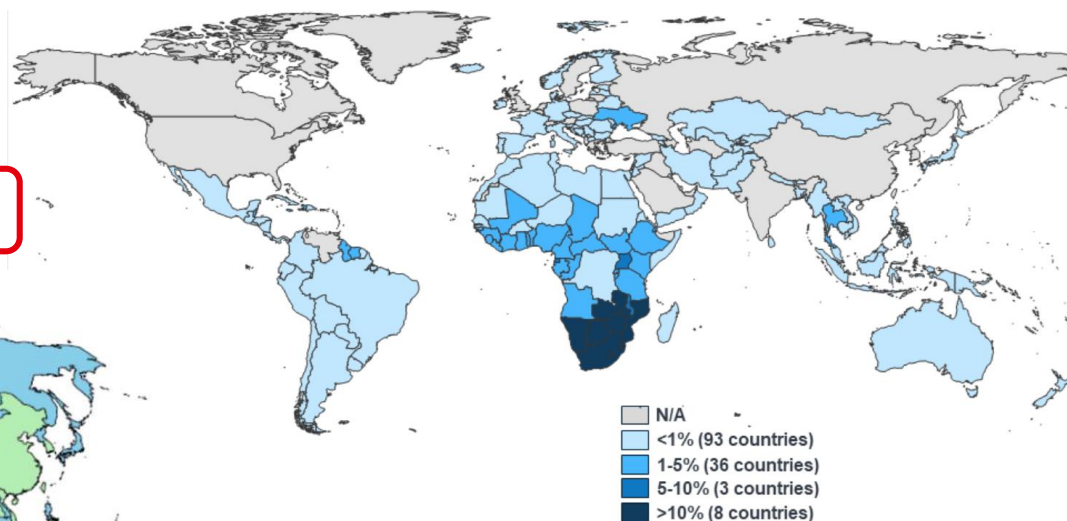




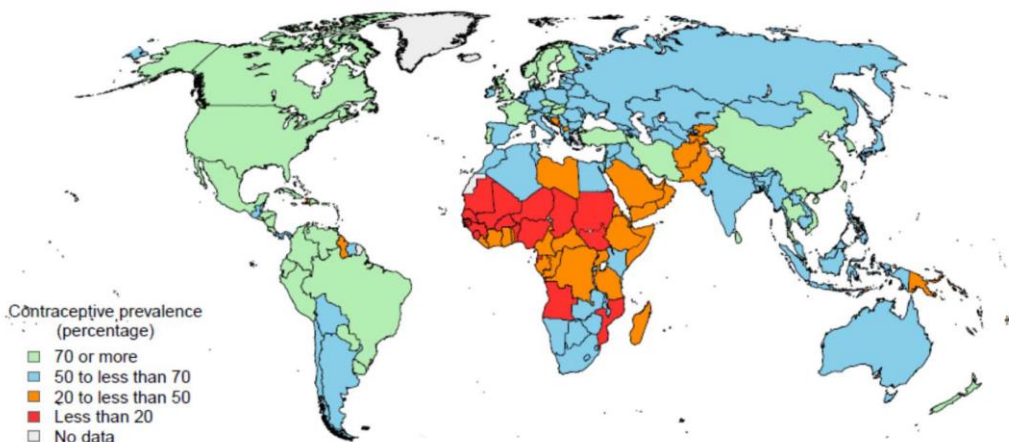
# The global burden of the HIV epidemic and the highest unmet need for family planning are in sub-Saharan Africa

Source: UNAIDS 2018, AIDInfo

Contraceptive prevalence



HIV prevalence



Source: United Nations, Department of Economic and Social Affairs, Population Division (2015a).



# Unmet need for contraception

=

percentage of women of reproductive age not using contraception despite wanting to avoid pregnancy



# Where are we now?

## Some progress...

- **53 million more women and girls** using a modern method of contraception since 2012<sup>1</sup>
- Contraceptive prevalence rate in **Eastern and Southern Africa** has **increased by 7%** since 2012<sup>1</sup>



## But still...

- 225 million women have an unmet need for family planning annually<sup>2</sup>
- **Unmet need is 45% in sub Saharan Africa**<sup>2</sup>
- **44% of pregnancies in SSA unintended**<sup>3</sup>



**Unintended pregnancy higher among women living with HIV<sup>4</sup>**



# Recent Data



Among women with HIV in Sub-Saharan Africa **66-92% of reported a need, but only 20-43% used contraception**<sup>5</sup>



Botswana:  
**49% of pregnancies unintended** among women living with HIV; **no LARC use**<sup>12</sup>



South Africa:  
**28% of women attending ART clinics had an unmet need for contraception** and 62% of pregnancies were unintended<sup>7</sup>

Substantial unmet contraceptive need  
Low levels of LARC use<sup>9</sup>  
Condoms predominate over more effective methods<sup>7,8</sup>  
Low levels of dual use<sup>9</sup>



Malawi:  
**75% of pregnant women on ART reported pregnancy was unintended** and 79% were using contraception (91% condoms) at conception<sup>6</sup>



Zimbabwe:  
**39% of women in HIV care not using contraception; 80% in 15-19 year olds**<sup>10</sup> 35% of pregnancies unintended<sup>11</sup>



Rights-based,  
woman  
centred  
approach?

Range of  
options?

**‘Met need’ does not always mean  
quality family planning care**

Informed,  
autonomous  
choice?

Integrated  
care?



# So what about family planning and differentiated ART delivery?

Momentum around family planning and contraceptive care for women living with HIV

Concurrent emphasis on differentiated ART delivery

***How can we do both well?***

***Can new models of ART delivery enhance FP care?***





# Some early thoughts

1. Family planning needs to be specifically addressed in all differentiated service delivery plans, with sufficient detail around operationalizing and monitoring
2. A high-quality family planning consultation with access to full range of methods of a person's transition to a model in an intentional way
3. Long-acting reversible contraceptives (LARCs) should be available and people should be able to access them
4. Access to self-administered injectable contraceptives should be expanded





## Some early thoughts

1. Family planning needs to be specifically addressed in all differentiated service delivery plans, with sufficient detail around operationalizing and monitoring
2. A high-quality family planning consultation with access to full range of contraceptive methods needs to be made part of a person's transition to a differentiated ART delivery model in an intentional way
3. Long-acting reversible contraceptives (LARCs) should be available and positively promoted
4. Access to self-administered injectable contraceptives should be expanded



# Thanks and references

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- **Women who visit our clinics**

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