

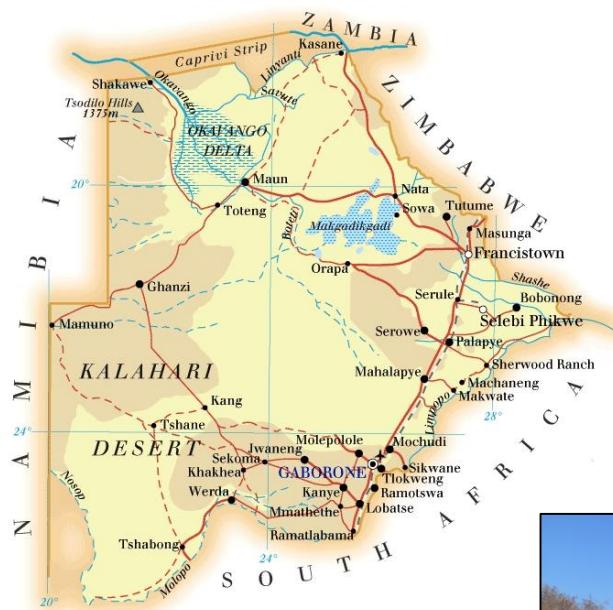


Where are we now: Contraceptive use among women on ART

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

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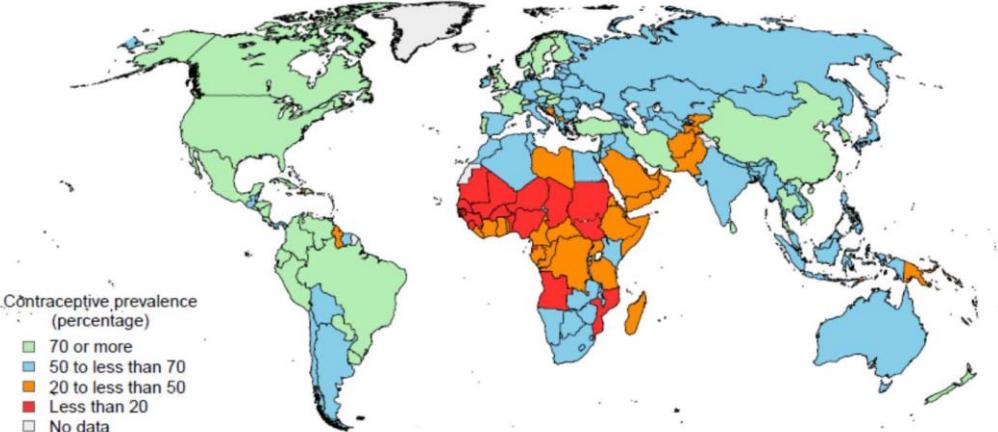




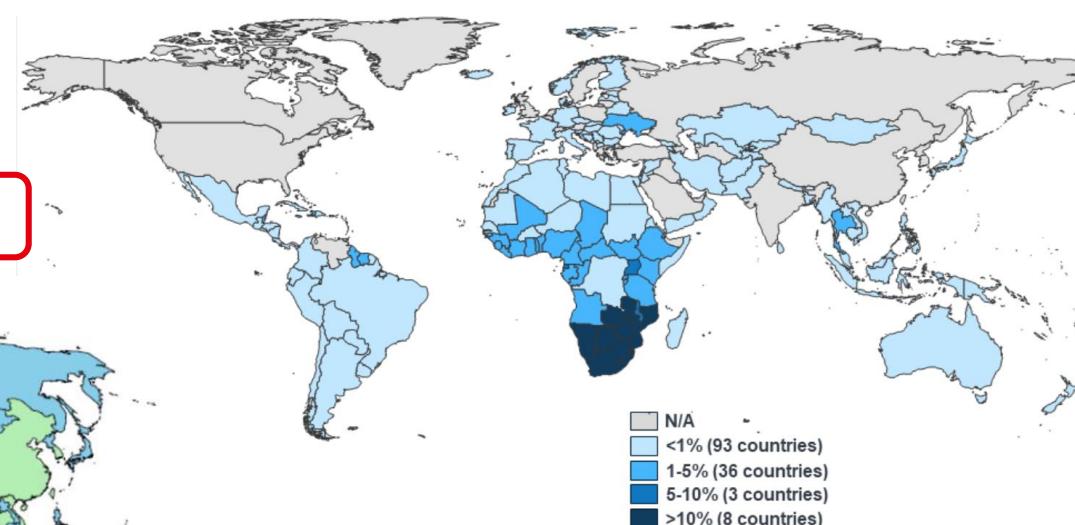
The global burden of the HIV epidemic and the highest unmet need for family planning are in sub-Saharan Africa

Source: UNAIDS 2018, AIDSinfo

Contraceptive prevalence



N/A



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 2012¹
- Contraceptive prevalence rate in **Eastern and Southern Africa has increased by 7%** since 2012¹



But still...

- 225 million women have an unmet need for family planning annually²
- **Unmet need is 45% in sub-Saharan Africa**²
- **44% of pregnancies in SSA unintended**³



Unintended pregnancy higher among women living with HIV⁴

Recent Data



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



South Africa:
28% of women attending ART clinics had an unmet need for contraception and 62% of pregnancies were unintended⁷

Substantial unmet contraceptive need
Low levels of LARC use⁹
Condoms predominate over more effective methods^{7,8}
Low levels of dual use⁹



Malawi:
75% of pregnant women on ART reported pregnancy was unintended and 79% were using contraception (91% condoms) at conception⁶

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

Zimbabwe:
39% of women in HIV care not using contraception; 80% in 15-19 year olds¹⁰ 35% of pregnancies unintended¹¹





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, including long-acting reversible contraceptives (LARCs), should be the cornerstone of a person's reproductive health model in an intentional way
3. Long-acting reversible contraceptives (LARCs) should be available and provided in a range of settings
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

- **Dr Anna Grimsrud**
- **Dr Helen Bygrave**
- **Dr Helena Painter**
- **Dr Adriane Wynn**
- **Women who visit our clinics**

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