



CREATING A PREVENTION AGENDA FOR WOMEN:

AVAC/CHANGE Meeting for Coordinated Global Advocacy

MAY 2013 MEETING REPORT

INTRODUCTION

Addressing women's health—including curbing maternal mortality and morbidity, preventing unplanned pregnancy, and prevention and treatment of HIV—is a stated priority for the global health community. However, policies, programs, and services often fall short, leaving women's health care needs unmet and their full rights unrealized. New investments (like those pledged at the London Family Planning Summit), a new development framework to follow the Millennium Development Goals in 2015, and new technologies such as ARV-based pre-exposure prophylaxis (PrEP) and microbicides, present an opportunity to ensure that these commitments result in meaningful programs that meet women's needs.

The Center for Health and Gender Equity (CHANGE) and AVAC convened an initial strategy think tank in May 2013 with 30 global stakeholders working on women's sexual and reproductive health to chart a course forward in developing and advancing a prevention agenda for women as a key part of a broader sexual and reproductive health and rights agenda. Building on recent gains in policy and political will, the meeting participants identified a number of critical needs and opportunities for action in the coming 24 months:

- Engaging with and monitoring the Family Planning 2020 (FP2020) process as it moves from concept to reality to ensure that family planning policies and programs are conceived and implemented in an integrated manner, with due attention to human and reproductive rights and choice;
- Addressing the gap in information and action related to hormonal contraception and HIV to ensure that complex and confusing messages from international sources are clarified, and that women in communities with the greatest need for clear information are included in the design and implementation of new clinical trials aiming to provide more evidence and answers;
- Analyzing the many efforts to integrate family planning (FP) and HIV services and programs to identify lessons and areas for additional analysis; assess whether they support women in realizing their rights; and advocate for the resources needed to take integrated programs to scale;
- Reframing the thinking about method mix and new product development to shift from a focus on products to emphasize meeting people’s needs; and expanding an appropriate method mix at the country level for HIV prevention, contraception, and multipurpose prevention technologies that address both;
- Investing in and providing meaningful support for women’s networks, including women living with HIV and AIDS, recognizing the right of all people to participate in deliberations and decisions that affect them, and that such participation builds programs that are strategic and ultimately more effective; and
- Continuing to remind the global health community that different—and at times divergent—policies and agendas related to women’s health in fact all converge in an individual woman, and it is incumbent that they work for her.

This summary report includes sections on family planning and HIV integration, FP2020, hormonal contraception and HIV, and ways to address the overall method mix. These themes emerged from the discussion and were explored in depth over the course of the one-and-a-half day meeting. Each section includes a short introduction outlining the issue and key ideas raised at the meeting, followed by a set of proposed opportunities and action steps to inform and support strategies by AVAC, CHANGE, and other partner groups over the coming 24 months.

FAMILY PLANNING AND HIV INTEGRATION

A true prevention agenda for women is driven by the needs, preferences, and perspectives of individual women—not a program, nor a technology, but a person. Segmenting programs into family planning, HIV, and other sectors makes it difficult for services to address an individual’s real needs, which can be further undermined by human rights obstacles. Donor policies that require ministries to plan and account separately for funds for family planning and HIV programming can exacerbate these divisions.

Family planning and HIV integration has progressed in a number of agencies and countries, and multiple tools and reports are available to inform program planning and assessment. Participants noted integration efforts within a range of programs, and UNFPA and WHO have developed a rapid assessment tool linking HIV and FP that has been implemented in some 40 countries (*www.srbhivlinkages.org*). A number of agencies and organizations are also looking at linking FP to Ending Mother to Child Transmission (EMTCT) programs.

This progress is encouraging but many of these efforts remain at the pilot or agency level. It is now time to take integration to scale by shifting attention and resources to build momentum, commitment, and accountability so that more women can access these services. Integration and scale-up confront many challenges: different funding streams, institutional cultures, tension at the ministerial level over losing money or power, responsibility and accountability, and a host of other obstacles. As a critical element of a women's prevention agenda, pressing for FP/HIV integration at scale is a key priority for analysis, critique, and advocacy.

PRIORITIES FOR ACTION

- Identify and raise awareness about specific donor policies and processes that impede or facilitate implementation and scale up of integration.
- Develop and implement an advocacy strategy to push for and monitor availability and delivery of HIV testing and treatment referral in FP programs, and provision of contraceptive methods in HIV programs. Such an effort can build on ongoing shifts in donor priorities and approaches, such as ensuring that PEPFAR's emphasis on quality of care explicitly includes contraception and reproductive health.
- Build on knowledge and experience with FP/HIV integration to advocate for policies that take integration to scale.
- Make the case for donors that integration is cost effective.
- These proposed actions should build on existing advocacy around FP/HIV integration and strengthen solidarity among partners already working in these areas.

FAMILY PLANNING 2020 (FP2020)

The new FP2020 initiative announced July 2012 at the London Summit on Family Planning, with donor commitments of US\$2.6 billion, will likely have significant implications for family planning policy and programming, but at this early stage the degree and shape of this impact remain unclear.¹ FP2020 is not a grant making entity and works primarily through partnerships. Four working groups have been formed at the global level. Members were selected through an application process to serve in a volunteer capacity for the groups on Rights and Empowerment, Performance Monitoring & Accountability, and Country Engagement. Formation of the Market Dynamics group is awaiting a clear analysis of how it would fill gaps and add value in an already crowded and active arena.² At the country level

¹ Since May 2013 when this meeting was held, additional information about and reports from FP2020 have been issued. See *www.familyplanning2020.org*

² This working group is now functioning.

FP2020 plans to work with governments and partners to develop vetted and costed national plans. Funding for these plans will then be sought through existing country and regional mechanisms, with remaining elements forwarded to a task team that will work with donors to determine which funding sources can support them within the framework of FP2020's goals.

While think tank participants supported the potential for FP2020 to bring new attention, resources, and opportunities to family planning, they raised several concerns. First, the FP2020 review and funding process as outlined will be very cumbersome, bureaucratic, and time consuming and does not seem like an efficient way to spur innovation or ramp up service availability and use. Also, FP2020 potentially will infuse substantial resources into family planning. This may inadvertently undermine ongoing efforts at integrating FP and HIV programs unless attention to such integration is specifically built into planning, decision-making, and evaluation. It will be important to build synergies among the proposed FP2020 process and related country or global mechanisms such as the Global Fund country coordinating mechanisms and PEPFAR. Finally, the stated interest in women, equity, and access at the center of FP2020 is laudable. However, it is not clear how such a rights-based perspective will drive decision-making and program development, including approaches to monitoring and evaluation, nor what mechanisms if any may exist to seek redress for any rights abuses that may occur. There is also some concern that technology and programs will be emphasized and the focus on women—and the individual woman—will be marginalized or lost.

PRIORITIES FOR ACTION

- Ensure that women and advocates—including young women—can contribute in a meaningful way in the review and decision-making around global and country-level priorities developed as part of FP2020 through full participation in country coordinating committees and other decision-making mechanisms.
- Advocate for a clear strategy and accountability regarding how FP2020 and major funding mechanisms in HIV such as the Global Fund and PEPFAR connect with each other, including opportunities such as evolving Global Fund mechanisms and policies that allow for purchase of reproductive health commodities.
- Monitor the degree to which a “rights-based approach” remains at the center of FP2020, including the complex task of selecting indicators.³ Support systems to monitor and redress any rights issues that arise.
- Ensure that country-level civil society and community groups have clear and current information about how funding for family planning, reproductive health, and HIV comes into a country and how and where decisions are made about allocating these resources so they can interact with and influence these processes.

³ Indicators have been selected. See progress.familyplanning2020.org for information on FP2020 indicators.

HORMONAL CONTRACEPTION AND HIV

The global health policy and programming communities are currently grappling with how to respond to divergent research results regarding a possible association between hormonal contraception, especially progestogen-only injectables, and the risk of HIV acquisition. A WHO Medical Eligibility Criteria (MEC) technical consultation in February 2012 concluded that there was not sufficient new scientific evidence to warrant change in the WHO's MEC for hormonal contraception. WHO did suggest that women using progestogen-only injectables who are at high risk of HIV should be “strongly urged” to also use male or female condoms.⁴ Recent reviews (Polis et al 2013) demonstrate the detrimental impact on maternal health outcomes if DMPA is not available as an effective method to prevent unintended pregnancy, and demonstrate the importance of balanced risk analysis and broadening contraceptive method mix. This situation has left many policy makers, providers, advocates, and individuals uncertain about how to communicate and address this possible association in the context of real life decisions, especially in communities and countries with high HIV burden and limited options for modern contraception.

Recognizing the complexity surrounding hormonal contraception and HIV, WHO and UNFPA convened a parallel process specifically designed to provide guidance on how to communicate the outcomes of the technical consultation, but no report or statement has yet been issued. Real gaps in understanding and perspectives between the HIV and reproductive health fields also need to be articulated and addressed. One participant described the divergent perspectives in this way: people from the HIV community generally do not see any additional HIV risk as acceptable, while those working mainly in family planning see removing contraceptive options, especially injectables, as having negative implications for unintended pregnancy, maternal morbidity and mortality, and women's informed choice.

While plans are underway for research to answer this question on the association between hormonal contraceptives and HIV, given the urgency, uncertainty and political dynamics surrounding this issue, credible civil society agencies need to articulate the state of knowledge and outstanding issues, as well as actively work to bridge the reproductive health and HIV communities.

PRIORITIES FOR ACTION

- Develop and disseminate clear information on the outcomes of the WHO technical consultations for advocates, policymakers, providers, and individual women. Press WHO to articulate the timelines for developing and disseminating additional guidance, as this information is still not well known or widely available in many settings. Specifically, technical materials are required for country-level policy makers to determine how to tailor recommendations based on specific national HIV prevalence, contraceptive method mix, and maternal health circumstances.

⁴ This year, the MEC will hold a full review and will consider hormonal contraception and HIV again. There are a few new studies and analysis they will review, but there are no new studies with ideal design to assess this issue, and there likely will not be in the coming years.

- Develop a communications strategy on hormonal contraception and HIV, including an ongoing process to incorporate new information as it emerges. Advocates and program managers from the HIV and FP/SRH sectors need a clear, unbiased, accurate and updated source of information about the state of knowledge on hormonal contraception and HIV that is crafted for different audiences.
- Advocate that a rights-based and ethical approach requires informing women about the science and trade-offs among different contraceptives even in the face of uncertainty.
- Articulate a strategy and develop supporting information to address key questions and build common understanding on hormonal contraception and HIV within the advocacy communities that work on reproductive health and HIV—resources that go beyond the WHO FAQs. This should include information and a strategy to engage and inform the HIV advocacy community on some of the implications for health and rights of removing contraceptive options in key countries.
- Develop materials to communicate modeling data on the potential implications of changes in the contraceptive method mix in different countries for policy makers and communities. At least four models are currently or soon will be in the literature but this information is not accessible or widely known.
- Provide ongoing, real-time updates of evolving plans for research on hormonal contraception and HIV and what is driving these plans. These updates should clearly convey what trials are being considered, as well as specific information on trial design, sites, timelines, standard of prevention and care, and potential implications for policy.
- Demand and monitor civil society engagement in the developing hormonal contraception/HIV research agenda. This could include, for example: participating in determining research priorities, collaborating in the design and operation of trials, and partnering in interpreting and disseminating trial results.
- Provide opportunities for leading SRH and HIV advocates, who have different levels of interest and engagement in this issue, to collaborate on messages, materials, and actions.

ADDRESSING THE METHOD MIX

Concern around possible links between hormonal contraception and HIV, as well as efforts to integrate family planning and HIV services, have highlighted the limited contraceptive and HIV prevention methods available in most settings. This limits the options women have to assess and manage their risk of pregnancy and HIV. Increasing availability of existing products like IUDs and female condoms is critical to increasing women's prevention options. At the same time, work must continue on developing new products such as gels or rings for HIV prevention, as well as improved or new multi-purpose prevention technologies (MPTs) that could simultaneously prevent pregnancy and the acquisition of HIV and/or other STIs. Both approaches require clear, firm strategies to engage and influence the global

architecture of research and development, commodity procurement, distribution, and financing.

PRIORITIES FOR ACTION

Ensure that expanding female condom access remains a high priority, with a clear advocacy agenda targeting FP2020. Programmatic interventions for female condoms are increasing but still fall far short of making female condoms a realistic option for most women. Ramping up programs to deliver female condoms can also build infrastructure and technical expertise to deliver microbicides and MPTs now in development—an investment that will pay off well into the future.

- Involve communities and civil society as experts in defining method mix and driving commodity development.
- Explore innovative approaches to shifting existing procurement processes that will drive the availability of a broader method mix. Multiple levels of commodity procurement need to be targeted such as the national Essential Medicines Lists, along with programs, clinics, and individuals. Suggested approaches included ensuring that essential medicines lists and budget lines include a broader range of contraceptive methods and creating a package or basket of commodities that incorporate newer or underutilized technologies such as IUDs and implants and provide incentives for training.
- Work with key groups like the Reproductive Health Supplies Coalition to facilitate a global shift from a technology focus to a user focus.
- Determine how innovative approaches and nimble resources can catalyze action and broaden and shift the method mix, drawing on examples where extraordinary mechanisms were used to drive such a shift in other areas of public health. One example is early PEPFAR programs wherein certain PMTCT commodities bypassed some national bureaucracies, allowing for innovation and exploration with new approaches and products.
- Press donors to invest in—and leverage the provision of—newer and/or more expensive methods to determine whether sufficient volumes can be achieved to drive down cost and become more cost-effective.
- Advocate that donors fund demonstration projects or case studies in at least ten countries to provide strong evidence around the implications of implementing a full method mix.
- Work with product developers, funders, and advocates to develop deliberate strategies to shepherd new FP, HIV, and MPT products from development to implementation.

OTHER PRIORITIES FOR ACTION

A number of other ideas for action emerged over the course of the dynamic and wide-ranging discussion.

- Monitor how policies and implementation of lifelong ARV treatment for HIV-positive pregnant women (Option B+) evolve to ensure that it is

positioned as a key component of programs for women living with HIV but does not overtake nor define the entire agenda for women living with HIV. There is a great deal of interest and momentum behind Option B+ efforts, yet implementation thus far has been challenging.

- Ensure that the experience of women on ARV treatment who are not within an MTCT platform is visible and central to program analysis, design, implementation, evaluation.
- Invest in community level work on research and monitoring so that realities and experiences can inform and improve programs and policies.
- Influence the post 2015 development framework to follow the current UN Millennium Development Goals and indicators around sexual and reproductive health and HIV. It is uncertain whether sexual and reproductive health will be addressed under health or gender, and with a separate goal around HIV that will likely not include SRH, this split could reinforce the “silos” that integration efforts are working to overcome.
- Continue to seek ways to support (financially and politically) the perspectives and participation of women living with HIV and other community voices through direct funding of their organizations and ensuring that they can influence SRH policy and program design.

CONCLUSION

Given the onerous human and economic cost of inadequately funded and poorly executed sexual and reproductive health services, alongside rampant violations of sexual and reproductive rights, global leaders must commit to new development goals and targets that place the needs and rights of women and girls at the center. It is imperative that policy makers and program managers understand and act upon women’s needs for protection from both HIV infection and unintended pregnancy. By advancing the specific actions recommended in this report, advocates can take advantage of current opportunities and momentum to propel a joint prevention agenda for women and girls.



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A “THINK TANK” MEETING FOR COORDINATED GLOBAL ADVOCACY
WASHINGTON, DC—MAY 15-16, 2013
PARTICIPANT LIST**

GEORGE BROWN

Consultant
New York, New York

WARD CATES

President Emeritus and
Distinguished Scientist
FHI 360
Durham, North Carolina

MANJU CHATANI

Senior Program Manager
AVAC
New York, New York

LYNN COLLINS

Technical Advisor
UNFPA
New York, New York

REBECCA CRAWFORD

Program Assistant
Center for Health and Gender Equity
(CHANGE)
Washington, DC

DAZON DIXON DIALLO

Founder and President
SisterLove, Inc.
Atlanta, Georgia

ANNA FORBES

Consultant
Washington, DC

NOMI FUCHS-MONTGOMERY

US Country Director
Marie Stopes International-US (MSI-US)
Washington, DC

DEMET GURAL

Vice President of Technical and Program
Strengthening
Pathfinder International
Boston, Massachusetts

NINA HASEN

Senior Technical Advisor, HIV
Prevention
Office of the U.S. Global AIDS
Coordinator
Washington, DC

MARY BETH HASTINGS

Vice President
Center for Health and Gender Equity
(CHANGE)
Washington, DC

TAM HO

Executive Director, North American and
Asia Pacific Programs
MAC AIDS Fund
New York, New York

BERI HULL

Global Advocacy Officer
International Community of Women
Living with HIV (ICW)
Washington, DC

SILLE JANSEN

Advocacy Officer
Universal Access to Female Condoms
Joint Programme (UAFC)
Utrecht, The Netherlands

ROWLANDS KAOTCHA

Country Director
The Hunger Project—Malawi
Blantyre, Malawi

MAGGIE KILBOURNE-BROOK

Program Officer
PATH
Seattle, Washington

JAN KUMAR

Senior Manager
EngenderHealth
New York, New York

MANJULA LUSTI-NARASIMHAN

Scientist, Reproductive Health
and Research
World Health Organization (WHO)
Geneva, Switzerland

JUDY MANNING

Health Development Officer,
Office of Population &
Reproductive Health
USAID
Washington, DC

TERRY MCGOVERN

Professor of Population and Family
Health
Columbia University Mailman School
of Public Health
New York, New York

ELIZABETH MCGRORY

Consultant and Meeting Rapporteur
AVAC
Nyack, NY

PAULINE MUCHINA

Senior Partnership Advisor
UNAIDS
Washington, DC

LILLIAN MWOREKO

Regional Coordinator
International Community of Women
Living with HIV (ICW)-East Africa
Kampala, Uganda

SERRA SIPPEL

President
Center for Health and Gender Equity
(CHANGE)
Washington, DC

SHARYN TENN

Senior Advisor, External Affairs
International Partnership for
Microbicides (IPM)
Washington, DC

JESSICA TERLIKOWSKI

Director of Female Condom Advocacy
and Programming
AIDS Foundation of Chicago
Chicago, Illinois

MAGGIE USHER PATEL

Consultant
London, United Kingdom

MITCHELL WARREN

Executive Director
AVAC
New York, New York

ABOUT CHANGE

The Center for Health and Gender Equity (CHANGE) is a U.S.-based nongovernmental organization that promotes the sexual and reproductive health and human rights of women and girls globally by shaping rights-based and just U.S. policies. CHANGE advocates for effective, evidence-based policies and increased funding for critical programs. CHANGE believes that every individual has the right to basic information, technologies, and services needed to enjoy a healthy and safe sexual and reproductive life free from coercion and preventable illness.

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CENTER FOR HEALTH AND GENDER EQUITY (CHANGE)

1317 F Street NW, Suite 400
Washington, DC 20004 USA
tel +1 (202) 393-5930 fax +1 (202) 393-5937
Email: change@genderhealth.org
www.genderhealth.org

ABOUT AVAC

Founded in 1995, AVAC is an international, non-profit organization that uses education, policy analysis, advocacy and community mobilization to accelerate the ethical development and global delivery of biomedical HIV prevention options as part of a comprehensive response to the pandemic. AVAC is based in the US, and focuses on issues and priorities in countries where prevention research and implementation are ongoing. Specifically, we seek to deliver proven HIV prevention tools for immediate impact; demonstrate and roll out new HIV prevention options; and develop long-term solutions needed to end the epidemic.



AVAC

423 West 127th Street, 4th floor
New York, NY 10027 USA
tel +1 (212) 796-6423 fax +1 (646) 365-3452
Email: avac@avac.org
www.avac.org