In order to control the HIV epidemic, global HIV goals must be achieved by 2030:

- **90% of all people living with HIV know their status by 2020**
- **90% of all people with diagnosed HIV infection will be on treatment by 2020**
- **90% of all people receiving therapy will achieve viral suppression by 2020**

About 885 million women in the developing world wish to avoid a pregnancy. About three-quarters of them are using a modern method of family planning (FP). However, more than 214 million women still have an unmet need for FP. Among women at risk of HIV and those who are HIV-positive, access to FP is even more limited. Ensuring that these populations have access to voluntary FP services supports the 90-90-90 goals by:

- Enabling women interested in receiving both HIV testing and FP services to obtain them conveniently in one location.
- Preventing unintended pregnancies among HIV-positive women who wish to delay or limit childbearing, thereby reducing mother-to-child transmission of HIV.
- Assisting HIV-positive women and HIV-negative women in serodiscordant relationships who desire a pregnancy to achieve safe conception and pregnancy.
- Helping to mitigate the social and economic pressures that could arise from an unintended pregnancy, which may negatively impact treatment adherence and achievement of viral suppression.
- Providing for the holistic needs of HIV-positive women and priority populations to remain engaged in and adherent to HIV treatment programs until viral suppression is achieved.

**WHO BENEFITS FROM FP/HIV SERVICES?**

- **Serodiscordant Couples**
- **HIV-Positive Women and Couples**
- **Key Populations**
- **Adolescent Girls and Young Women**

Integrating FP into HIV services can help ensure that people living with HIV, young women, key populations, and male partners can access critical information and services that empower them to fulfill their reproductive health needs and goals.
Voluntary, rights-based FP counseling and services fit into a wide spectrum of HIV services, from prevention to care and treatment. FP/HIV integration can help improve access to and uptake of both services, and reduce stigma and discrimination. Clients of HIV services are able to conveniently access FP services that support their fertility choices at various points within the HIV continuum of care.

**THE HIV CONTINUUM OF CARE**

**PREVENTION**

**Drop-in HIV Center**
An HIV-negative female sex worker who does not want to become pregnant comes in for routine HIV and sexually transmitted infection screening. She receives pre-exposure prophylaxis (PrEP) and condoms to help her remain HIV-negative as well as a highly effective contraceptive method of her choice to prevent pregnancy.

**Community-based HIV Treatment Program**
A serodiscordant couple receives a visit from a community-based HIV worker and discusses their desire to start a family. They receive unbiased information on safe conception, including counseling on PrEP and the timing of unprotected sex according to the woman’s fertility cycle. The HIV-positive partner also receives HIV treatment services.

**Facility-based HIV Care, Treatment, and Support**
An HIV-positive woman comes in to receive antiretroviral therapy (ART) and discusses her reproductive health goals with a clinician. She is provided with informed choice FP counseling, including information on potential interactions between hormonal contraception and ART. She is also offered a wide range of FP methods on site or through referral.

**HIV Testing Services**
An adolescent learns she is HIV-positive and discovers during a post-test counseling session that she is also at risk of unintended pregnancy. She is able to initiate treatment (“Test and Start”) and access the FP method of her choice that day. FP can be integrated into HIV testing services in any setting where they are offered. Settings may include maternal, newborn and child health, drug treatment programs, or any other health or nonhealth platform.

**Prevention of Mother-to-Child Transmission (PMTCT) Center**
An HIV-positive woman just had an HIV-negative child with the help of PMTCT services. She does not wish to become pregnant again, and receives a long-acting, reversible contraceptive method of her choice when she comes for her postpartum check up.

**ACHIEVING THE GLOBAL HIV GOALS**

FP/HIV integration can have maximum impact on the UNAIDS 90-90-90 goals when it adheres to rights and empowerment principles and is supported by an enabling policy environment. Progress toward these goals can also be accelerated through efforts to reduce the socioeconomic inequalities, stigma and discrimination, and rigid gender norms that drive poor reproductive health outcomes.