

Barriers and Facilitators to the integration of Family Planning into HIV care services in Africa: a systematic review protocol

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ADMINISTRATIVE INFORMATION**Support** - This review has not received any funding from any agency in the public, commercial or not-for-profit sectors. The study is being conducted as part of an academic research process.**Review Stage at time of this submission** - Formal screening of search results against eligibility criteria.**Conflicts of interest** - None declared.**INPLASY registration number:** INPLASY202630109**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 29 March 2026 and was last updated on 29 March 2026.**INTRODUCTION**

Review question / Objective What barriers and facilitators influence the integration of family planning services into HIV care services across African countries?. This systematic review aims to synthesize existing evidence on barriers and facilitators to the integration of family planning services into HIV care services across African countries.

Rationale The integration of family planning (FP) into HIV care services has been widely recognised as a critical strategy for improving sexual and reproductive health outcomes among people living with HIV (PLHIV), particularly in Africa (Wilcher et al., 2013; Narasimhan et al., 2019; Newmann et al., 2016). The region bears a great share of the global HIV burden while simultaneously experiencing a high unmet need for family planning, especially among women of reproductive age (Wilcher et al., 2009). This convergence presents a compelling

case for delivering integrated and person-centred health services (Ringheim et al., 2009).

Family planning services help play a vital role in preventing unintended pregnancies, reducing maternal morbidity and mortality and enabling individuals to achieve their desired family size (Coulson et al., 2023; Rana & Goli, 2021). For PLHIV, access to comprehensive FP services is particularly important, as unintended pregnancies can increase health risks for both mothers and infants and contribute to vertical HIV transmission. Evidence indicates that integrating FP into HIV care would improve contraceptive uptake, enhance continuity of care, reduce missed counselling opportunities and strengthen health system efficiency by minimising service fragmentation (Coulson et al., 2023; Cohen et al., 2017).

Despite the global and regional policy commitments supporting FP-HIV integration, implementation across African health systems remains inconsistent. Structural challenges, including weak referral systems, limited provider

capacity and socio-cultural barriers, continue to undermine effective integration and influence both service delivery and utilisation.

A growing body of primary studies has also documented some barriers and facilitators to FP–HIV integration across African settings (Newmann et al., 2016; Baumgartner et al., 2014; Chukwujekwu et al., 2010). Common among these barriers include inadequate provider training, increased workload, lack of privacy within HIV clinics and restrictive service delivery guidelines. Facilitators such as supportive leadership, task shifting, provider mentorship, client education and policy alignment were also reported by studies to have promoted integration.

However, the available evidence is fragmented, context-specific and dispersed across different study designs and settings, limiting its usefulness for informing scalable and generalisable interventions. Importantly, there is a lack of a comprehensive and up-to-date systematic synthesis that consolidates evidence on the barriers and facilitators of FP–HIV service integration specifically within the African context. Hence, this systematic review seeks to synthesise and consolidate existing evidence on the barriers and facilitators to FP–HIV integration in Africa.

Condition being studied This review is examining the barriers and facilitators to the integration of family planning services into HIV care among people living with HIV in Africa. The review focuses on two major public health concerns which are the people living with HIV and people with unmet need for family planning. In the absence of integrated service delivery, these women face compounded risks, including vertical HIV transmission, maternal morbidity and mortality.

METHODS

Search strategy A comprehensive and systematic literature search was conducted across multiple electronic databases, including PubMed/MEDLINE, EBSCOhost, CINAHL Complete, Scopus, ScienceDirect, Wiley Online Library, African Journals Online (AJOL), SpringerLink, Taylor & Francis Online and Google Scholar.

The search strategy was developed using key concepts derived from the review question, namely: family planning services, HIV care/services, service integration and barriers and facilitators, within the African context. For each concept, a combination of keywords, synonyms, spelling variations and controlled vocabulary terms were identified.

Search terms within each concept were combined using the Boolean operator OR, while the main

concepts was combined using AND. Truncation, phrase searching and database-specific field tags were applied to enhance sensitivity and retrieval of relevant studies. The search strategy was initially developed in PubMed and subsequently adapted to suit the syntax and indexing requirements of other databases.

The search included studies published from database inception to December 2025, with no language restrictions applied. Reference lists of included studies were manually screened to identify additional relevant articles. The full electronic search strategy for at least one database (PubMed) was provided in an appendix to ensure transparency and reproducibility.

Participant or population The population for this review include people living with HIV (PLHIV) of reproductive age in African settings. Studies involving healthcare providers, health system managers and facilities delivering HIV and/or family planning services will also be included when they report on barriers and facilitators to the integration of family planning into HIV care.

Intervention The intervention of interest is the integration of family planning services into HIV care services. This includes different models of service delivery such as one-stop or on-site integration, facilitated referral systems and referral-based approaches, where family planning services are provided within or linked to HIV care settings.

Comparator No formal comparator will be applied. However, where available, comparisons will be made between different models of service delivery (e.g., integrated versus non-integrated services or on-site integration versus referral-based approaches) to better understand variations in reported barriers and facilitators.

Study designs to be included This review will include observational studies, experimental and quasi-experimental studies, implementation studies and facility-based assessments. Qualitative studies exploring experiences, perceptions and contextual factors related to the integration of family planning into HIV care will also be included.

Eligibility criteria Inclusion criteria:

1. Studies reporting on barriers and or facilitators to FP–HIV service integration
2. Studies involving women of reproductive age, healthcare providers or policymakers
3. Studies conducted in African countries

Exclusion:

1. Grey literature without peer review (except policy documents from credible institutions)

2. Studies focusing solely on clinical outcomes without addressing integration factors
3. Conference abstracts without full text available.

Information sources Electronic searches were conducted in the following databases: PubMed/MEDLINE, EBSCOhost, CINAHL Complete, Scopus, ScienceDirect, Wiley Online Library, African Journals Online (AJOL), SpringerLink, Taylor & Francis Online, and Google Scholar.

In addition, the reference lists of all included studies were manually screened to identify further relevant articles. Grey literature sources were considered where appropriate to ensure comprehensive coverage of available evidence.

Main outcome(s) The primary outcomes of this review are the barriers and facilitators to the integration of family planning services into HIV care. These outcomes will be identified and synthesized in a narrative manner.

Additional outcome(s) Additional outcomes will include the types and models of family planning and HIV service integration whether one-stop or on-site integration, facilitated referral and referral-based models as well as reported effects of integration on service delivery outcomes such as contraceptive uptake, access to services and continuity of care. Where reported, contextual variations across countries, settings and populations will also be explored.

Data management All identified records were imported into reference management software (Zotero) for organization and removal of duplicate studies. The deduplicated records were then exported to Rayyan, a web-based systematic review tool, to facilitate screening and study selection.

Data from included studies will be extracted using a standardized and piloted data extraction form developed by the reviewers. Extracted data will be stored and managed in structured spreadsheets to ensure consistency, transparency and ease of analysis. Regular cross-checking will be conducted to ensure accuracy and completeness of the extracted data.

Quality assessment / Risk of bias analysis The methodological quality of included studies will be independently assessed by two reviewers using the Joanna Briggs Institute (JBI) critical appraisal checklists appropriate to each study design. The appraisal will evaluate key domains including study design, participant selection, measurement of exposures and outcomes, identification and

management of confounding factors and appropriateness of statistical analysis.

Any disagreements between reviewers will be resolved through discussion or where necessary, consultation with a third reviewer. The results of the quality assessment will not be used as a basis for excluding studies but will inform the interpretation and synthesis of the findings.

Strategy of data synthesis A narrative synthesis approach will be employed due to the anticipated methodological and contextual heterogeneity among included studies. Extracted data will be synthesized descriptively and organized into key thematic categories. Findings will be compared across different study designs, countries and service delivery models to identify patterns, similarities, and differences in reported barriers and facilitators. Results will be presented in both narrative and tabular formats to highlight key themes, variations and evidence gaps.

Subgroup analysis Where sufficient data are available, subgroup analyses will be conducted based on geographic regions, types of service delivery models and study populations. These analyses will aim to explore variations in reported barriers and facilitators across different contexts and settings.

Sensitivity analysis Sensitivity analysis will be conducted by excluding studies of low methodological quality to assess the robustness and consistency of the findings.

Language restriction No language restriction will be applied. Studies published in any language will be considered eligible for inclusion. When necessary, translation services will be employed.

Country(ies) involved Ghana.

Other relevant information This review will be conducted and reported in accordance with the PRISMA 2020 guidelines. Registration of this protocol enhances methodological transparency, minimizes duplication of efforts and strengthens the credibility of the review process.

Keywords Family planning, HIV care, service integration, barriers, facilitators, Africa.

Dissemination plans Findings from this review will be submitted for publication in a peer-reviewed journal and presented at relevant conferences on HIV, reproductive health and public health. The results will also be disseminated to policymakers, programme managers, clinicians and key

stakeholders to inform evidence-based practice and support the design, implementation and scale-up of integrated family planning and HIV services across African settings.

Contributions of each author

Author 1 - Letitia Chanayireh - Conceived the study, developed the research protocol, designed the search strategy, conducted the literature search and drafted the manuscript.

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Author 2 - Omolola Oladunni Irinoye - Provided supervisory support, contributed to the development of eligibility criteria, and reviewed the manuscript.

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