



CQUIN Differentiated MCH Workshop

October 29, November 2, November 5

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ICAP at Columbia University
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HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery

DSD for MCH and HIV

COVID-19 Information and Resources



About CQUIN

Network Countries

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News and Events



CQUIN
LEARNING
NETWORK
Shaping the Future

COVID-19 Resources & Information

Monitoring & Evaluation of DSD

Quality and Quality Improvement

Differentiated TB/HIV Services

DSD for Advanced HIV Disease

DSD for Key and Priority Populations

Differentiated MCH Services

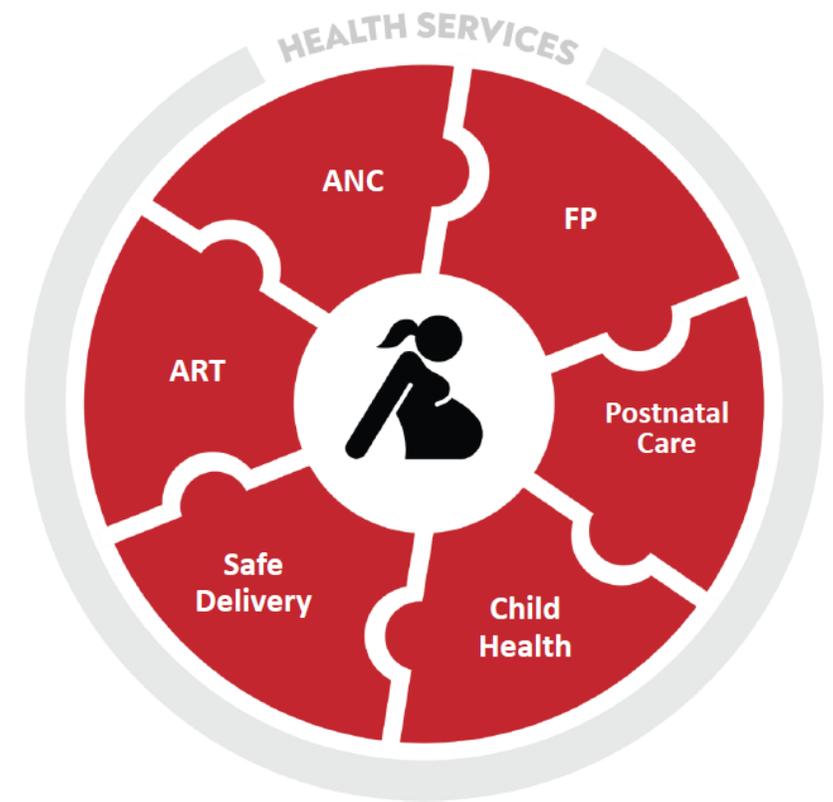
DSD for Men

DSD for People with both HIV and NCDs

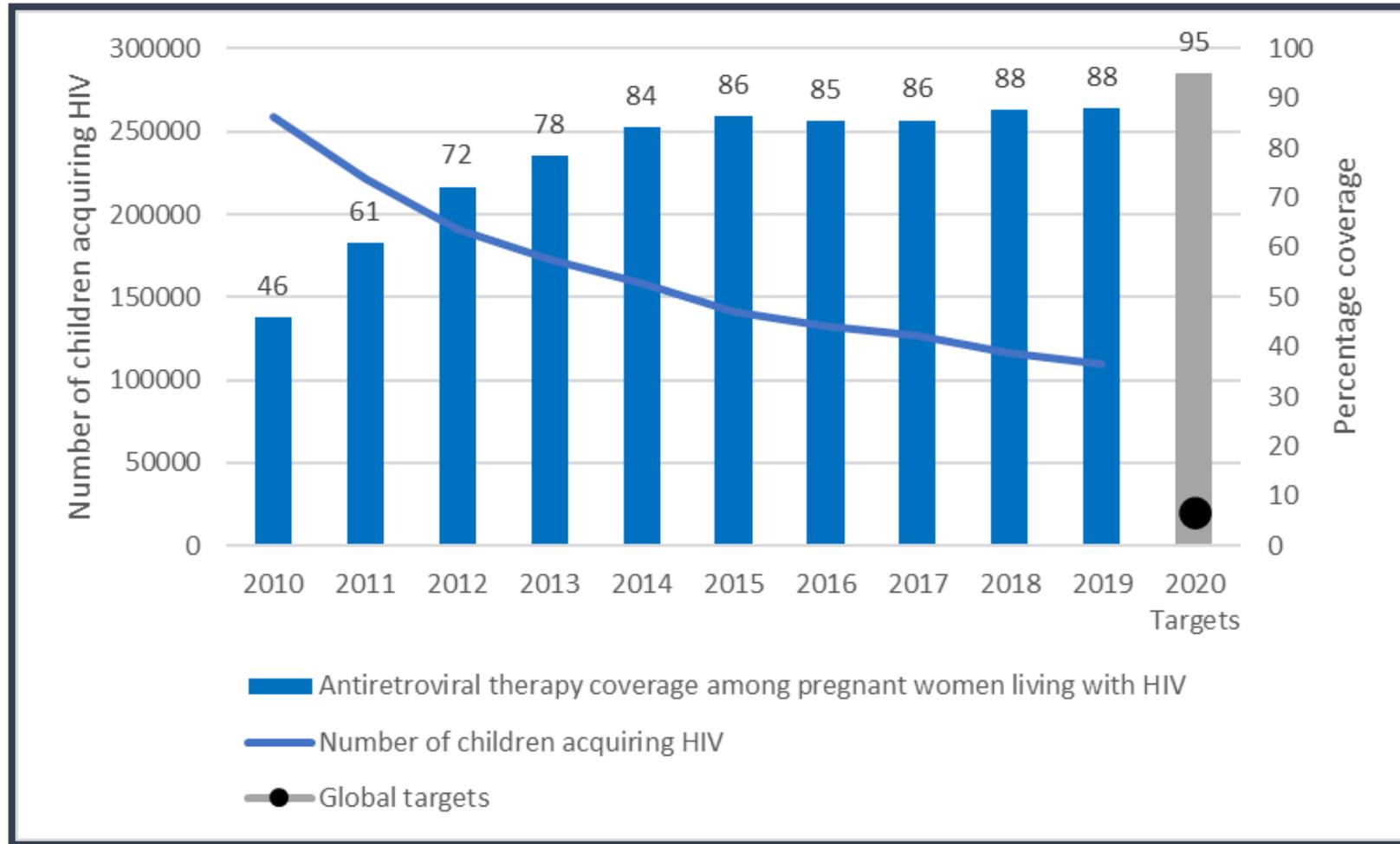


Why do we need DSD for pregnant and breastfeeding women?

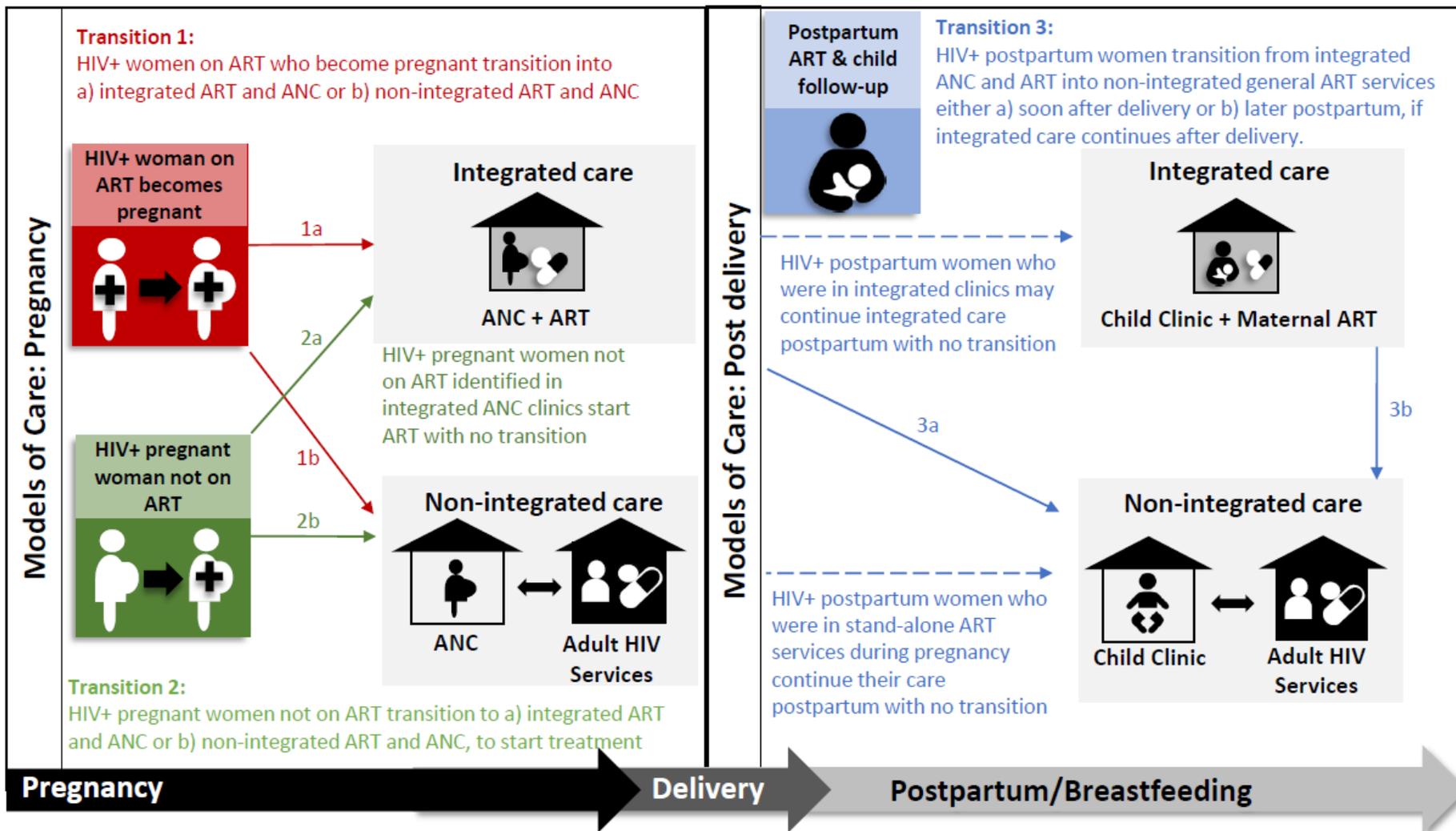
- Approximately 1.4 million women living with HIV fall pregnant annually
- High fertility rates in many high HIV prevalence countries
- Objectives for successful treatment for this population:
 - Achieve optimal maternal health – sustained viral suppression
 - Prevent new vertical transmissions – requires sustained viral suppression
- Differentiated services have been associated with improved health outcomes for the general population of adults living with HIV
 - Thus it is time to differentiate services to address the special needs of this *important* population



Integrating HIV and ANC services propelled ART initiation during pregnancy



Integration of ART in ANC worked to improve ART coverage – but what about retention?



Special Circumstances that require special attention

Women accessing D-ART at conception

- Majority of WLHIV entering ANC are already on ART
- Should they have a choice to remain in D-ART services vs. transition to integrated ART/MCH care?
- How to implement pregnancy specific VL monitoring algorithm?
- Can D-ART services monitor (& report) pregnancy and breastfeeding status?

Breastfeeding and postpartum women

- Majority of vertical transmission occurring postpartum during breastfeeding
- Historically postpartum care has been limited (one or two visits). New needs emerge post-delivery including family planning and infant care (well childcare and HIV specific follow-up)
- Are there opportunities for D-ART services address these emerging needs postpartum?

Differentiated care for postpartum ART in South African WLHIV: An RCT

- **412 postpartum women WLHIV who initiated ART during pregnancy** (100% VL<1000 and 88% <50 c/mL) were randomized to transfer to local ART clinic (PHC) or to local adherence club (AC).
- Attendance at the allocated service within 3m of referral per protocol was higher in AC (77%) vs PHC (68%). 90% completed the final study visit at 24m postpartum with no difference by arm.
- Postpartum referral to DSD models such as “Adherence Clubs” is associated with an approximately 30% reduction in elevated VL and may be an important part of strategies to improve women’s virologic outcomes on ART.

Cumulative incidence of VL>1000 c/mL		
	AC	PHC
12 mo	16%	23%
24 mo	29%	37%
Cumulative incidence of VL >50 c/mL		
12mo	32%	42%
24mo	44%	56%

In summary

- Pregnant and breastfeeding WLHIV are at high risk for HIV viremia and loss from care
 - Increasing risk for maternal ill health and new pediatric infections
- Integrated ART and ANC services in the MCH has accelerated ART initiation and viral suppression during pregnancy
- Evidence suggests that postpartum participation in D-ART services leads to higher rates of viral suppression
- What are other experiences with DSD services for this population?
- How can we leverage our experiences building DSD models and services to meet the needs of pregnant and breastfeeding WLHIV and their infants
 - To improve health outcomes for women and families

Know Your DSD Models

Differentiated Service Delivery

Club refill

Fast-track

Outreach

Family member refill

Community ART refill groups (CARGs)

DSD is a client centered approach and it entails offering services according to the needs of the client.

N.B. People living with HIV (PLHIV) must check for themselves whether they wish to be in a DSD model or not.

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Thank you!