



CQUIN Differentiated MCH Workshop

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Family planning care for women and girls living with HIV

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HIV Learning Network

The CQUIN Project for Differentiated Service Delivery

Where are we now?

Progress...

- **Over 50 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 Africa²**
- **44% of pregnancies in SSA unintended³**



Unintended pregnancy remains high among women living with HIV⁴

Rights-based family planning



OCTOBER 2019

CONTRIBUTIONS OF FP2020 IN ADVANCING RIGHTS-BASED FAMILY PLANNING

UPHOLDING AND ADVANCING THE PROMISES OF CAIRO

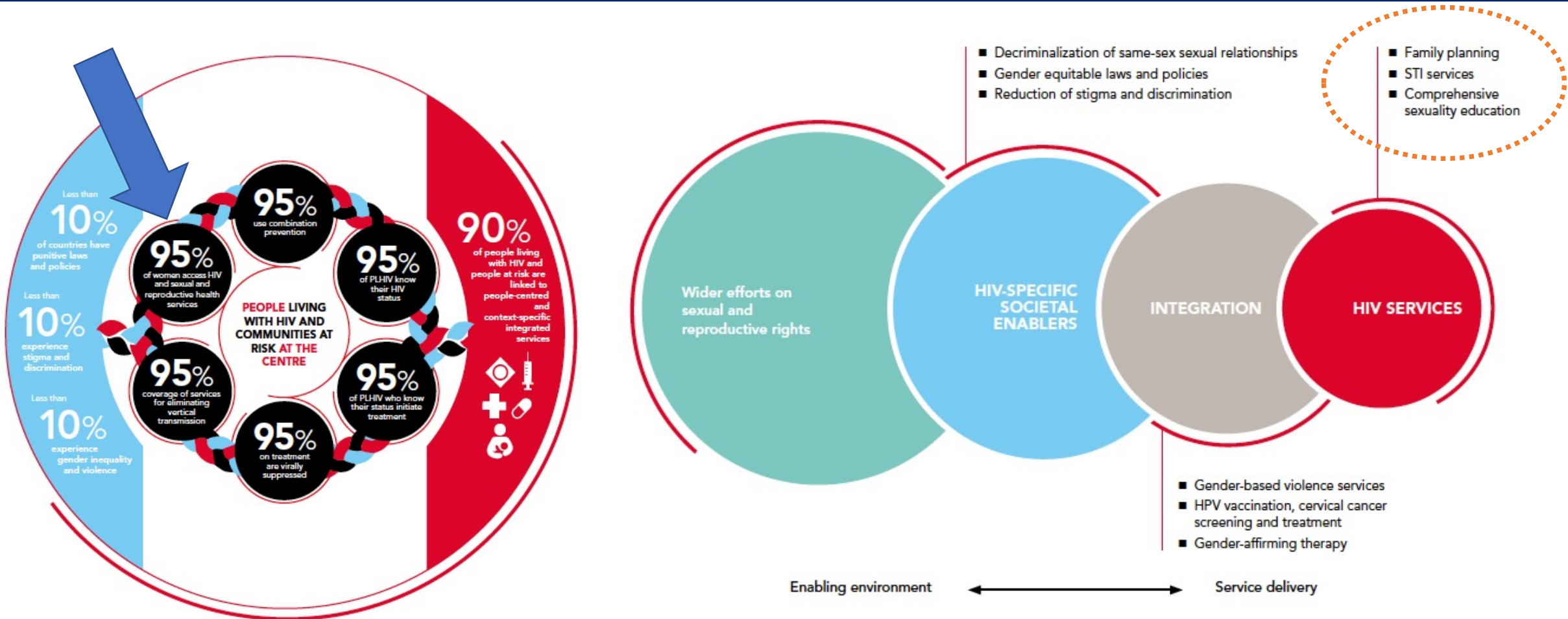


- Agency and autonomy
- Availability
- Accessibility
- Acceptability
- Quality
- Empowerment
- Equity and non-discrimination
- Informed choice
- Transparency and accountability
- Voice and participation

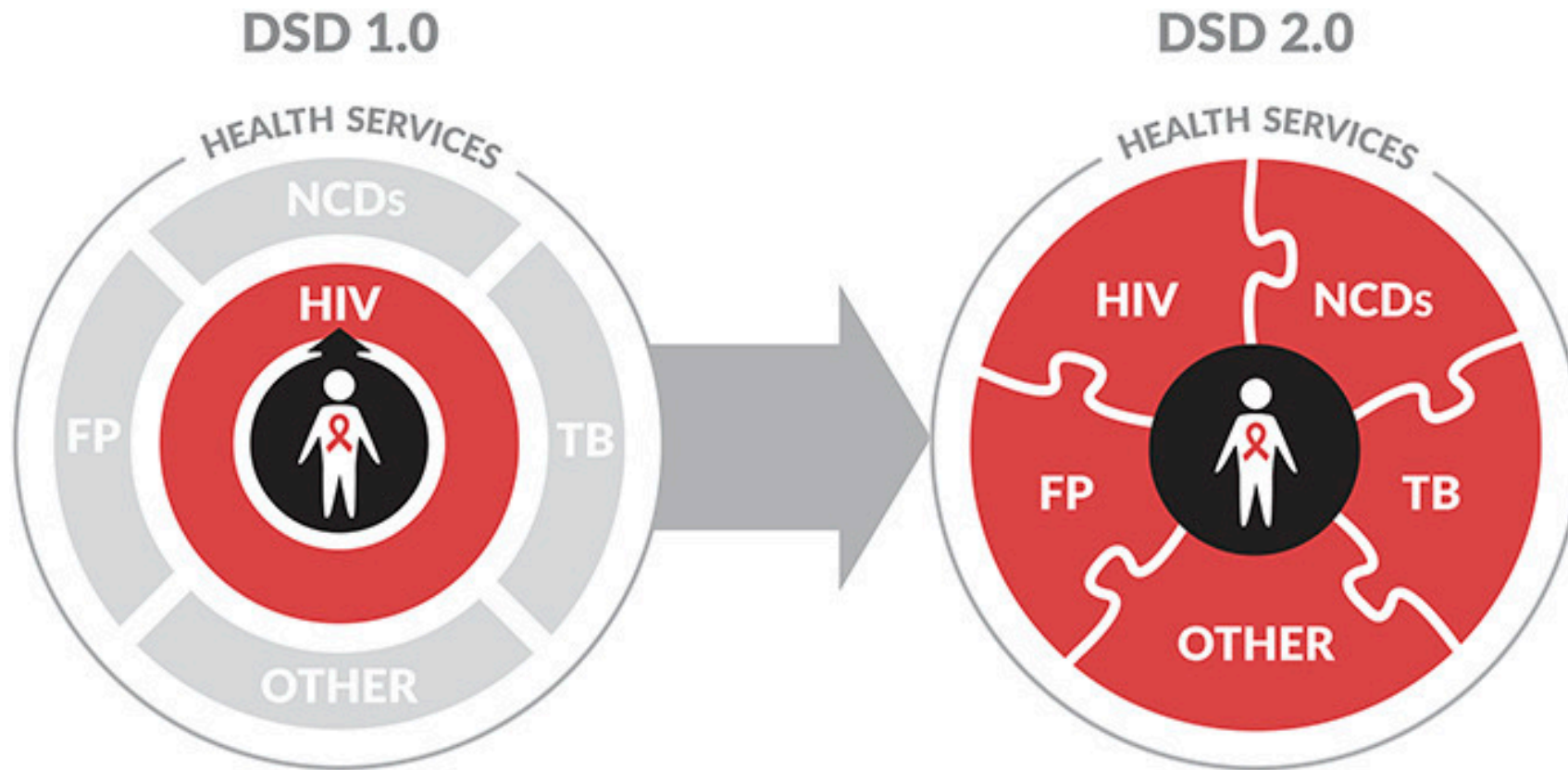
Strengthening of rights-based FP in the context of HIV is essential to...

- Give women and their partners reproductive choice and support them to attain their fertility intentions
- Reduce unintended pregnancies
- Reduce maternal deaths (including those related to HIV)
- Reduce new paediatric HIV infections (by reducing MTCT)
- Support safe conception and pregnancy
- And control the global HIV epidemic

Sexual and reproductive health rights within the 2025 AIDS targets



Beyond just HIV treatment: Transitioning to person-centred DSD



New recommendation from the WHO

8.1 Integrating sexual and reproductive health services, including contraception, within HIV services

Recommendation

Sexual and reproductive health services, including contraception, may be integrated within HIV services

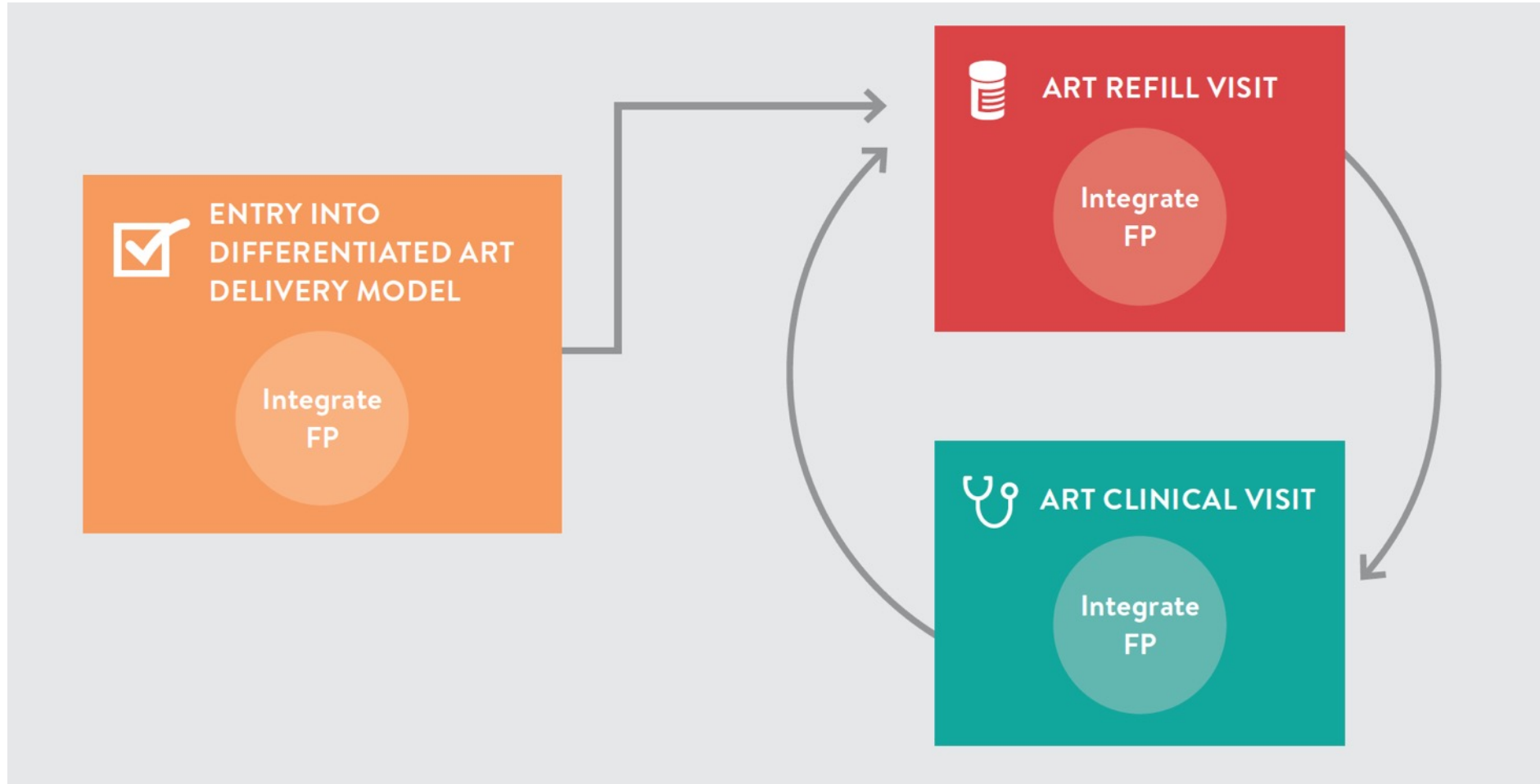
Also – the definition of being established on ART should apply to all populations – including pregnant and breastfeeding women...[who] may benefit more from DSD for HIV treatment models adapted to their needs.

Leveraging DSD for HIV treatment to strengthen family planning care



[http://differentiatedservicedelivery.org/Guidance/DSD-decision frameworks](http://differentiatedservicedelivery.org/Guidance/DSD-decision_frameworks)

Family planning care at different points of DSD for HIV treatment



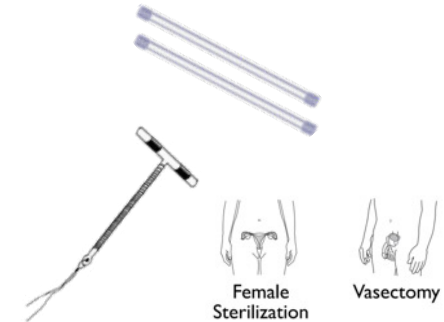
Contraception in DSD models

Two categories of contraceptive methods with regards to DSD for HIV treatment models:

Women and girls living with HIV can safely and effectively use **all methods of contraception**



1. Methods that, once started, **do not require any further interaction with the health system**



2. Methods that need **ongoing interaction with health services**, ongoing supplies or medical interventions



Example: Integration of family planning care within community ART groups (CAGs), Kenya

	IUDs	Implants	Oral pills	Injectables*
WHEN	Available but not taken up	At DSD entry At DSD clinical visits At facility walk in services in between visits if contraceptive need identified	Every 3 months, aligned	Every 3 months, aligned
WHERE	Available but not taken up	At same facility as ART where transition to DSD initiated/ ART collected for CAG	Collect ART and FP script from same clinic room and collect from the same pharmacy	Injection given in same room as ART assessment; group member in need nominated to collect ART for others
WHO	Available but not taken up	Implant- trained doctor, clinical officer, midwife or nurse	FP-trained clinical officer, midwife or nurse provides script	FP-trained clinical officer, midwife or nurse
WHAT	Available but not taken up	Implant information, counselling, insertion/ removal, management of side effects	Combined and progestin- only pills, information, counselling, script for pills, management of side effects	Injectable information, counselling, giving of injection, management of side effects *Self-injectable not yet available

Key principles for integration of contraceptive care into DSD for HIV treatment

1

Engage people living with HIV/recipients of care

2

Utilize DSD referral and follow up as an opportunity for quality family planning care:

Routinely before entry into a DSD model and every subsequent interaction
Offer a range of contraceptive methods and fully discuss options

3

Promote long-acting reversible contraceptives (LARC, IUD and implant) in DSD models

4

Align FP and ART re-supplies in DSD models

Match ART and contraceptive pill refill duration
Match re-injection schedule to ART refill schedule









5

Integrate FP and ART care in DSD models in facilities and communities

Aim to provide FP and ART on the same day, in the same location, and by the same HCW



DSD models and contraceptive method[±] utilization

	Country	DSD Models	Unmet need*	IUD	Implant	Oral pills	Injectable	S/C injectable	mCPR [§]
	Eswatini ¹	FT; Clubs; Individual community; CAGs	15.2%	0.2%	4.6%	12.3%	29.7%	No	66.1%
	Ghana ²	FT; Clubs; Individual community	31.9%	4.3%	21.6%	24.3%	38.4%	Yes	23.2%
	Kenya ²	FT; Individual community; CAGs	18.6%	5.9%	18.2%	14.1%	47.9%	Yes	42.5%
	Malawi ²	6 MMR; Individual community; CAGs	16.7%	1.8%	19.9%	3.8%	49.8%	Yes	48.9%
	Tanzania ²	Fast track, clubs ; Individual community	26.3%	2.6%	20.7%	15.2%	36.7%	No	31.7%
	Uganda ²	FT; CLADs; CDDP	30.5%	4.1%	17.3%	5.5%	51.3%	Yes	30.4%
	Zambia ²	FT; Clubs; CAGS	20.9%	1.5%	17.9%	14.4%	52.8%	Yes	35.6%
	Zimbabwe ²	FT; Clubs; CARGs; Individual community; Family groups	10.0%	0.8%	16.9%	56.5%	15.1%	No	50.2%



INTEGRATION OF FAMILY PLANNING WITHIN DSD FOR HIV TREATMENT MODELS

Version: April 2021

	Not specified	Alignment of clinic visit for FP and HIV	Some FP commodities MMD with ART refills	Some FP commodities integrated into specific models of DSD for HIV treatment
Angola				
Burkina Faso				
Burundi				
Cameroon				
Cote D'Ivoire				
DRC				
Eswatini*				
Ethiopia*				
Ghana*				
Guinea				
Haiti				
India				
Kenya*				
Laos				
Lesotho				
Liberia				
Malawi				
Mozambique				
Namibia				
Nepal				
Nigeria				
Papua New Guinea				
Rwanda				
Senegal				
Sierra Leone				
South Africa				
South Sudan				
Tanzania				
Togo				
Uganda*				
Zambia				
Zimbabwe*				

Key

- Latest national policy
- Interim COVID-19 policy

References

Click on the ovals in the table to access the referenced policy.

Notes

Eswatini: FP included in clinical consultation for all models; oral contraceptive refills provided for same duration as ART refills in COVID policy

Ethiopia: Oral contraceptive refills provided for same duration as ART refills in COVID policy

Ghana: Injectable contraceptive aligned with ART refills

Kenya: FP commodities provided within facility-based and healthcare workers led community-based HIV treatment models

Uganda: FP commodities provided within community-based HIV treatment models (CDDPs and CCLADs)

Zimbabwe: FP commodities provided within facility-based adolescent HIV treatment models

https://differentiatedservicedelivery.org/Resources/Resource-Library/DSD_Policy_Dashboards



www.differentiatedservicedelivery.org

Integrated FP HIV service delivery needs...

Collaborative
planning

Management

Budgeting

Cross-
training

Task-sharing

Joint
supervision

A global call to action on SRH HIV integration

GLOBAL CALL TO ACTION FOR THE PROVISION OF RIGHTS-BASED, CLIENT-CENTERED SEXUAL AND REPRODUCTIVE HEALTH (SRH) DURING AND AFTER COVID-19

THE CURRENT CHALLENGE - AND OPPORTUNITY

The COVID-19 pandemic poses unprecedented challenges to health systems around the world as governments mobilize limited resources to fight the pandemic. Resources needed to mitigate the effects of COVID-19 are likely being reallocated from other health services. At the same time, women and adolescent girls - who are already vulnerable to unintended pregnancy, gender-based violence, HIV and other sexually transmitted infections (STIs), and cervical cancer - now face amplified vulnerabilities due to affected or limited access to sexual and reproductive health (SRH) services that are often parcelled between different providers and service delivery points.¹ The COVID study findings² are another stark reminder that women, and especially adolescent girls, remain highly at risk of acquiring HIV infection and other STIs, and their comprehensive health needs are not being met.

In line with recommendations and definitions outlined by the World Health Organization, governments should maintain essential sexual and reproductive health services throughout the response to the COVID-19 pandemic.³ This includes, but is not limited to, family planning and prevention and treatment of HIV and other STIs, including those that lead to cervical cancer. The COVID-19 pandemic will continue to affect global health systems in the long-term, intensifying the need to move toward more efficient and cost-effective forms of service delivery during and post-pandemic. Providing a package of rights-based, client-centered SRH services that better meet the needs of women and girls will streamline service delivery for both client and provider, while also alleviating the need for multiple facility visits, decreasing exposure of clients and providers to COVID-19 and alleviating stress on the health system.

CALL TO ACTION:

The global health community reaffirms its commitment to ensuring rights-based, client-centered SRH services, including the full range of available contraceptive methods, HIV/STI prevention, testing, and treatment, and cervical cancer services during and after COVID-19.

Now is the time to reaffirm our commitment to supporting integrated family planning, HIV/STI, and cervical cancer services - all of which are essential to more comprehensive SRH service provision - that are grounded in rights-based principles and responsive to the needs of all clients, regardless of age, HIV status, marital status, or parity.

IMAGINING A "NEW NORMAL"

The COVID-19 pandemic is forcing the global health community to imagine a "new normal." As health systems are retooled to become more resilient and flexible to withstand the pressures of an outbreak, there is an opportunity to help define the "new normal" - one that guarantees health services that are comprehensive, rights-based, and client-centered. Quick and sustained action is needed on several fronts, in partnership with governments and policy makers, civil society and advocates, and donor agencies, to make this new normal a reality.

¹ Guttmacher Institute. (2020). *Estimates of the Potential Impact of the COVID-19 Pandemic on Sexual and Reproductive Health in Low- and Middle-Income Countries*. Available at: <https://www.guttmacher.org/pubs/2020/05/20/covid-19-pandemic-sexual-reproductive-health>

² Evidence for Contraceptive Delivery and HIV Outcomes (ECHO), The Consortium (June 2020). *HIV Incidence among Women using Intrauterine Device (IUD) and Contraceptive Pills (CP)*. Available at: <https://www.echo2020.org/reports>

³ World Health Organization. (2020). *Ensuring essential health services: operational guidance for the COVID-19 context*. *Interim guidance*. Available at: <https://www.who.int/emergencies/sars-cov-2/situation-reports/20200520-ensuring-essential-health-services>

The global health community should continue its commitment to ensuring quality, rights-based, client centred care, at a minimum:
-A full range of available contraceptive methods

Donors should reduce funding barriers to ensure resources are allocated as efficiently as possible and in line with the needs and preferences of women and girls

Civil societies and advocates should continue efforts to maintain, and ideally expand, the availability of SRH services that reflect a client-centred, informed-choice approach

Benefits of SRH HIV integration

**Increased person-centeredness, more choice
AND a foundation from which to invest in broader rights-based, client-centred approaches in the long term:**



Contraception: Promote community-based distribution +/- over the counter access; LARCs



HIV prevention: Promote multi-month dispensing of pre-exposure prophylaxis (PrEP) to ensure better access to HIV prevention drugs; and continue providing post-exposure prophylaxis (PEP)



HIV/STI testing and treatment: Support self-collection of samples for STI testing including HIV self-testing and HPV self-sampling. Prioritise differentiated ART delivery for PLWHIV, e.g. multi-month dispensing of ARVs and contraception to increase efficiency

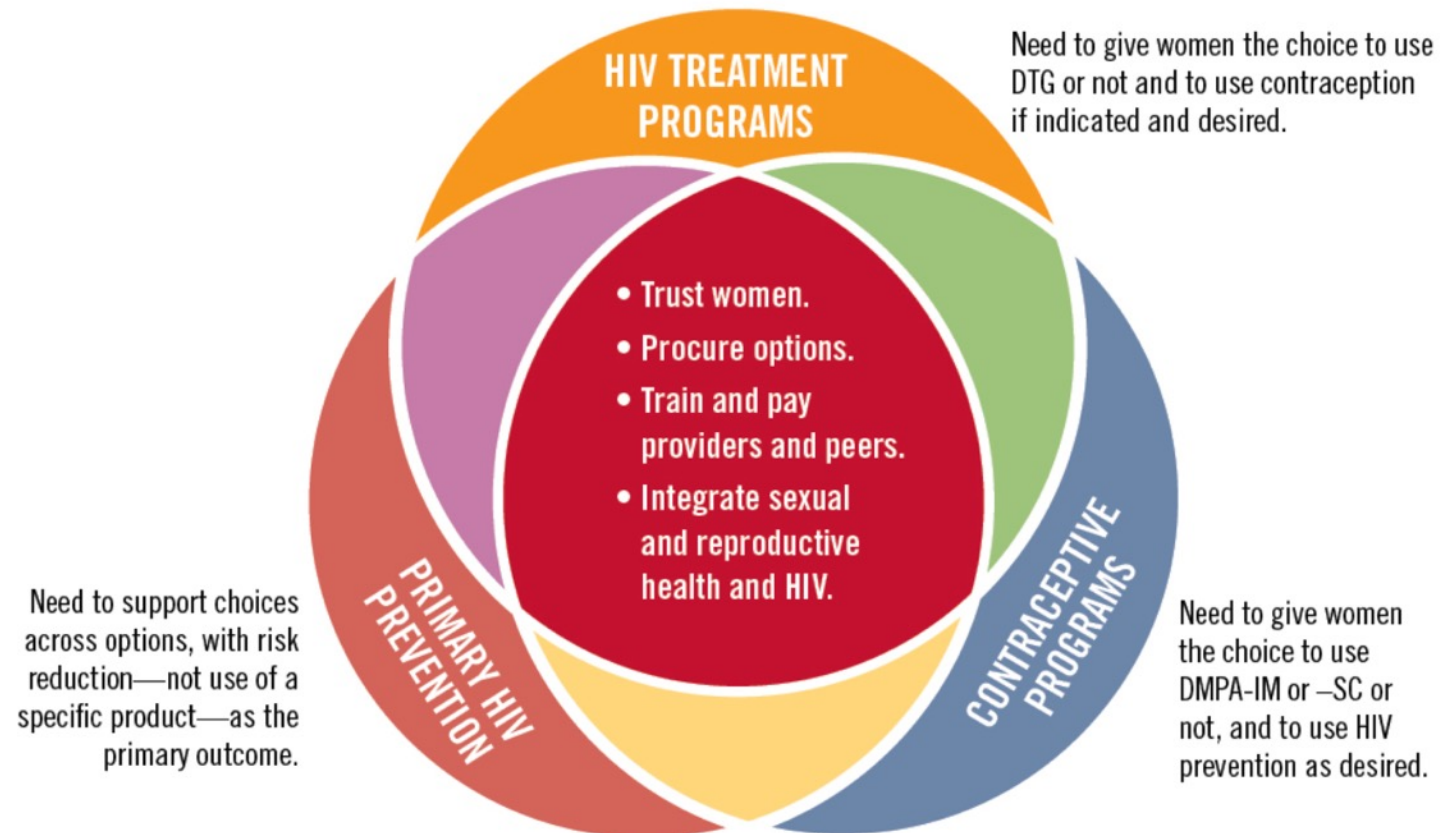


Mobilisation of and support to community health workers: Task shifting approaches: CGWs can provide accurate information and services including FP, emergency contraception, PEP and other health commodities e.g. STI treatment at community meeting points or in their homes



A community health worker with a client during a home visit in Mbale, Uganda. Photo Credit: Jonathan Torgovnik

SRH-HIV service integration is the future of HIV prevention



To end the HIV epidemic, women must be placed at the centre

THANKS AND REFERENCES



Dr Anna Grimsrud

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FP 2020

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 3. Bearak J et al. Lancet Global Health. 2018.
 4. Feyissa TR et al. AIDS Behav. 2019.
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It's time to deliver differently

www.differentiatedservicedelivery.org

