


CQUIN Differentiated MCH Workshop

May 25-27, 2021

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DSD for post-partum women on ART

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icap Global Health

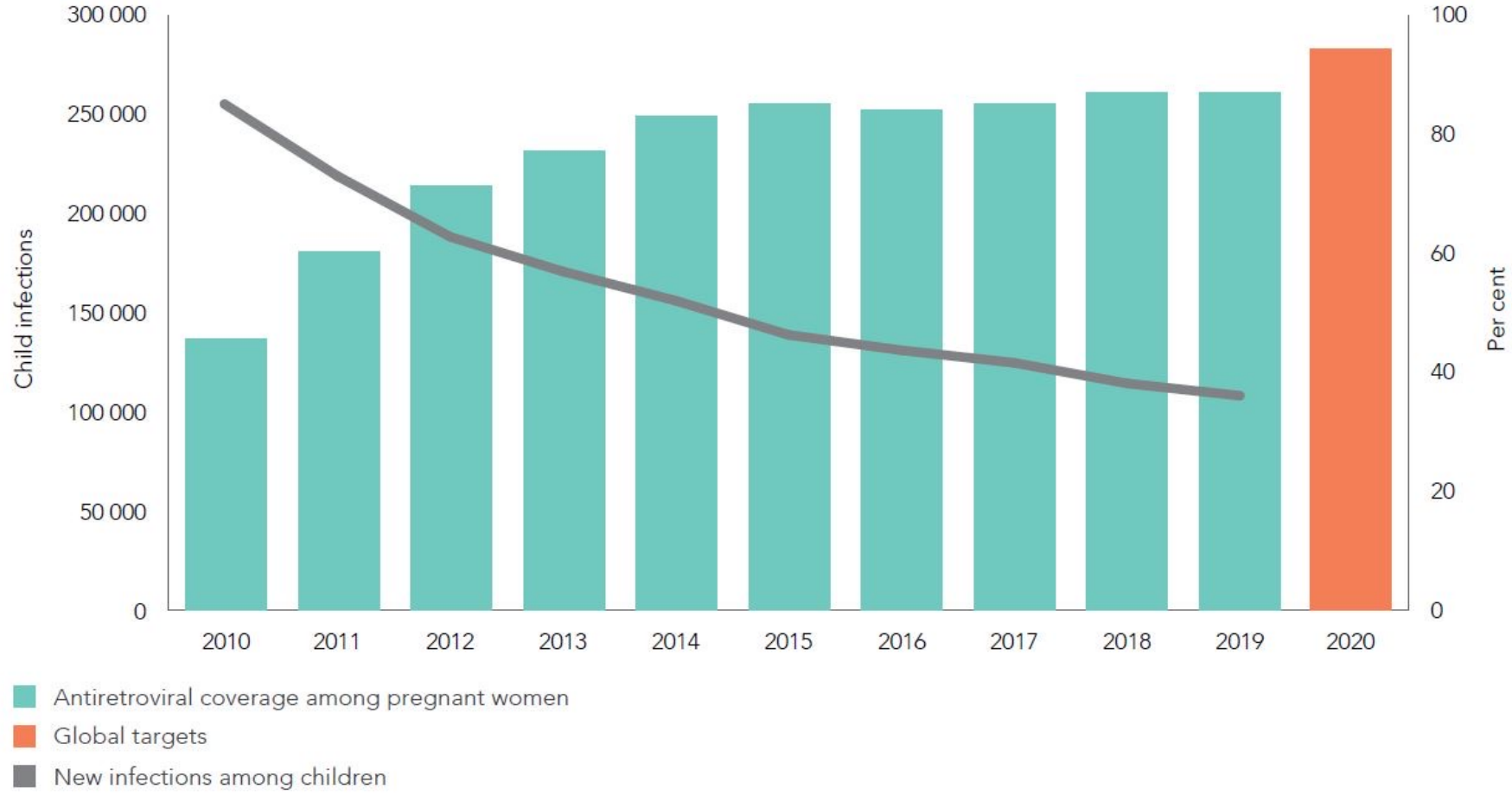
HIV Learning Network

The **CQUIN** Project for Differentiated Service Delivery

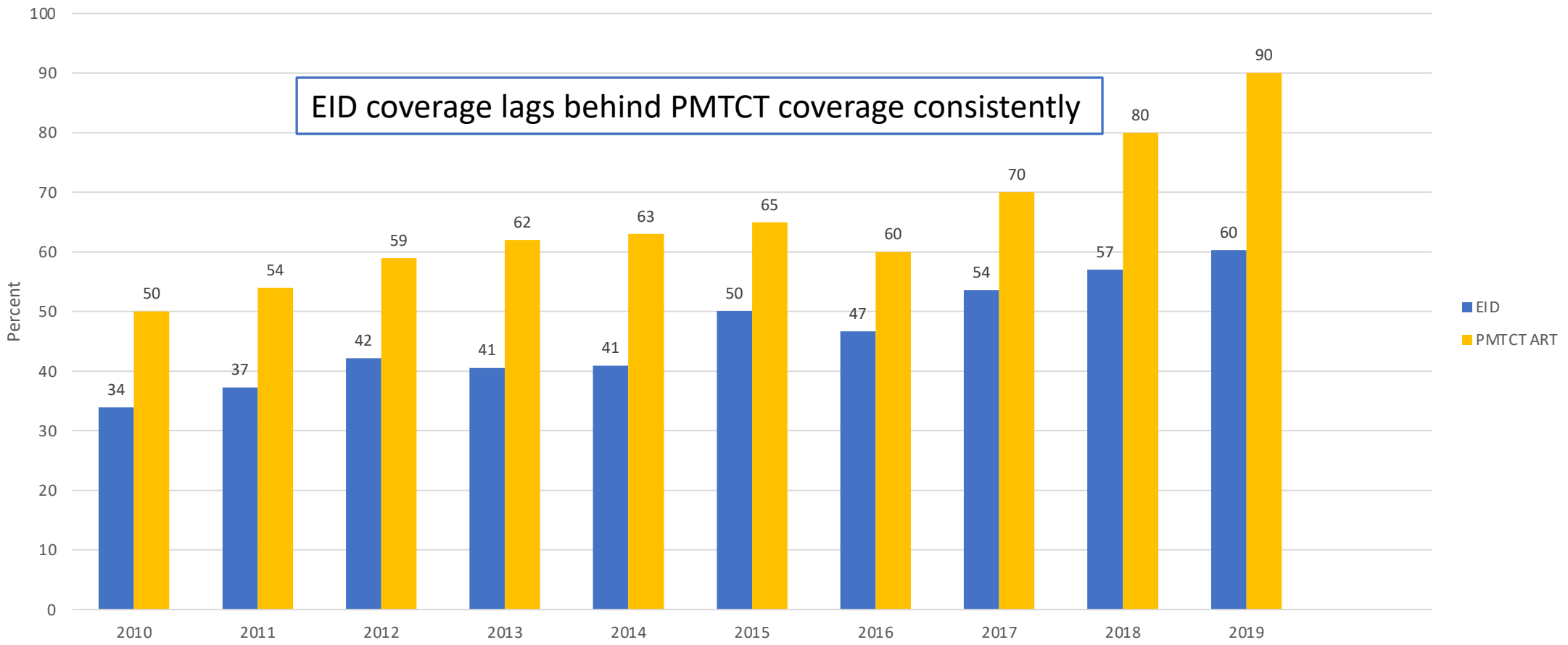
Outline

- Background
- Gaps and opportunities
- DSD in postnatal care
- Promising Approaches
- Conclusion

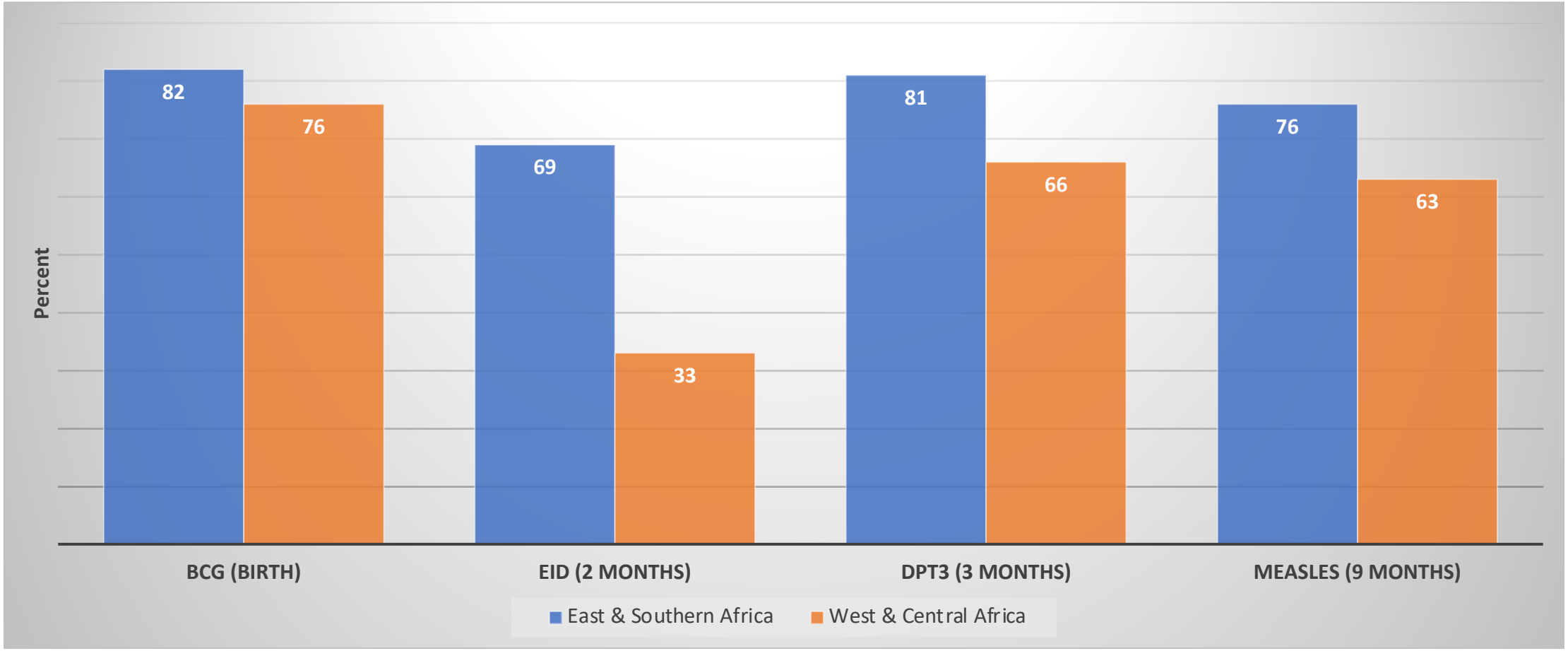
Percentage coverage of pregnant women reached with antiretroviral therapy and number of children acquiring HIV, focus countries, 2010–2019



Percentage global PMTCT and EID coverage, 2010-2019



Retention of infants on the MCH platform by region, 2019.

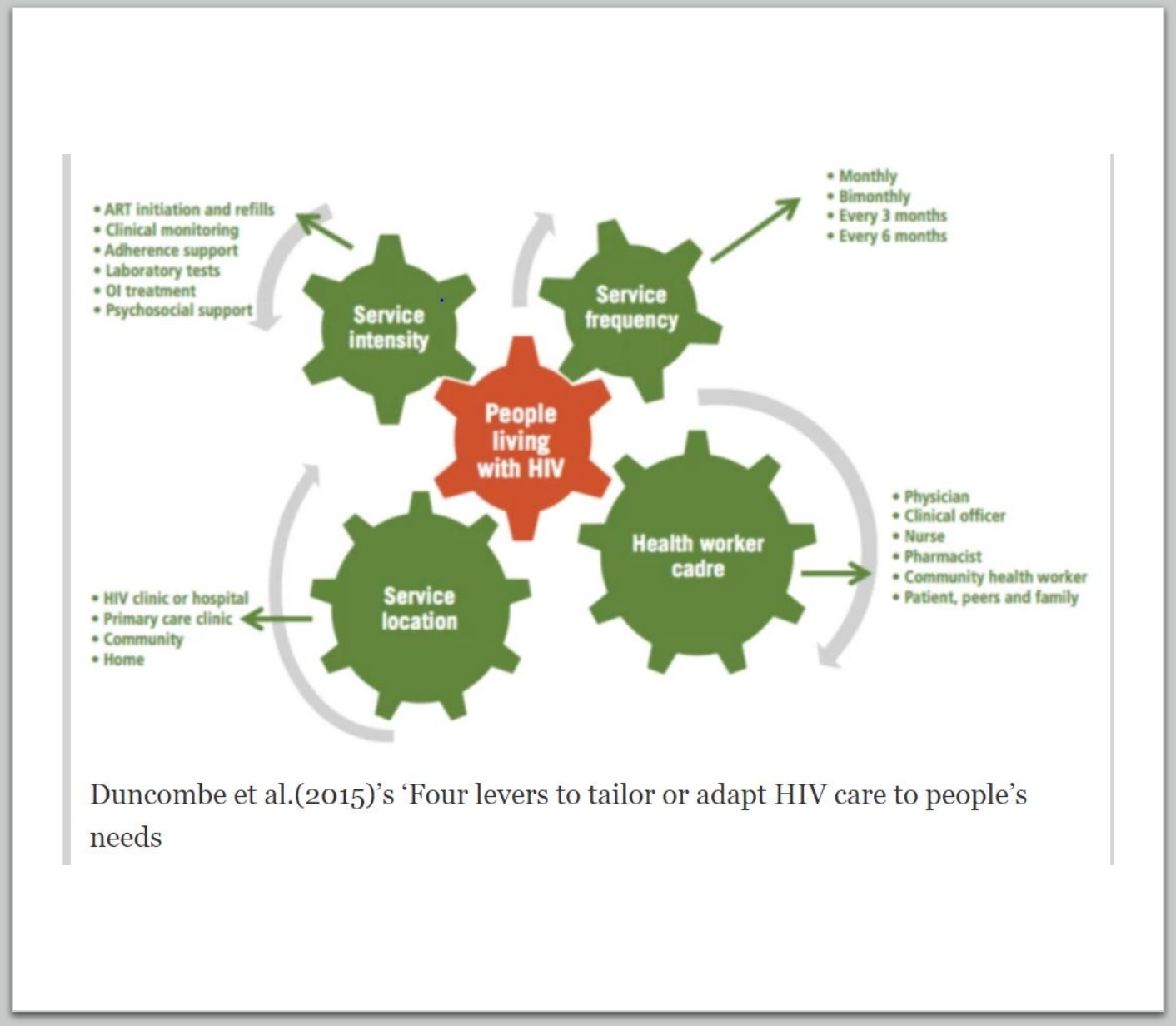


Rationale for DSD in the postnatal period

- Improve infant diagnosis
- Strengthen retention in care
- Adherence support to ensure viral suppression
- Enhance Family Planning uptake
- Incorporate HIV prevention strategies for the mother
- HIV-free survival of infants
- To optimize overall health outcomes for the mother infant pair

Differentiated Service Delivery

- A client-centred approach
- Align with the clinical status (clinically stable or unstable) of people living with HIV
- Simplifies and adapts HIV services across the cascade
- Serves the needs of PLHIV better
- Reduce unnecessary burdens on the health system



Duncombe et al.(2015)'s 'Four levers to tailor or adapt HIV care to people's needs

Postpartum Care Package

- Standard four postnatal visits:
  - **First day** (24 hours); **Day 3** (48–72 hours); **Between days 7–14** and at **six weeks**
  (Extra contacts for mothers and babies needing extra care)
- Extended “postpartum” includes the period up to **12 months** after birth
- Components of postpartum care
  - **Mood and emotional well-being**.
  - Infant care and feeding.
  - Sexuality, **contraception, and birth spacing**.
  - Sleep and fatigue.
  - Physical recovery from birth.
  - **Chronic disease management.**
  - **Health maintenance.**

Differentiated Service Delivery for Postpartum Women Living with HIV

- Postpartum women can be **'established on ART'** and qualify for DSD using the following criteria
  - receiving ART for **at least six months**;
  - **no current illness**, which **does not include well-controlled chronic health conditions**;
  - **good understanding** of lifelong adherence: **adequate adherence counselling** provided; and
  - **evidence of treatment success**: at least one suppressed viral load result within the past six months (if viral load is not available: CD4 count >200 cells/mm3 or weight gain, absence of symptoms and concurrent infections).
- The first 42 days postpartum require specialized care which is **non-negotiable**
- As far as possible, without compromising care provision;
  - Provide **choice**
  - **Synchronize** scheduling of health care visits/contacts as far as possible

World Health Organization

The building blocks: differentiated service delivery for (patient centred) HIV treatment and intersection with Postpartum care

When

How frequent are clinical appointments and ART refill / pick-up ?

- Monthly
- Every 2 months
- Every 3 months
- Every 6 months

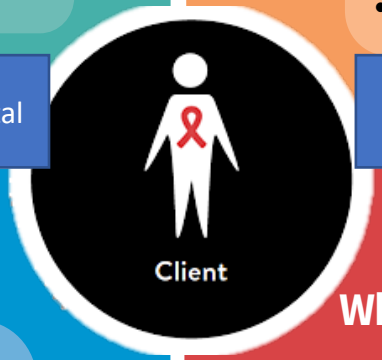
May maintain MMS but synchronize refills with post natal visits

Where

Where are the services provided?

- HIV clinic / hospital
- Primary care clinic
- Other clinic
- Community
- Home

Provide Choice for postpartum WLHIV



Who

Who can provide the services?

- Physician
- Clinical officer
- Pharmacists
- Community Health worker
- Client / peer/ family member

Coordinate HIV and PNC within postpartum WLHIV's Choice

What

What are the services provided?

- ART initiation / refills
- Clinical monitoring
- Laboratory tests
- OI treatment
- Psychosocial support
- Adherence support

Provide Choice for postpartum WLHIV

Key Considerations
Delivery of DSD in the Postnatal period

- **Engage MCH / RH to recognise and facilitate delivery of ART in MNCH settings**
  - Joint planning and resource mobilisation with HIV
  - Provision of DSD in the context of the number of expected MCH visits and client choice
  - Strengthening management of transitioning between the MCH and routine ART care services
- **Capacity building for various cadres**
  - Primary and outreach care staff to provide tailored services for PBFW (task shifting and sharing)
  - RMNCAH staff (task shifting and sharing, nurse led ART training)
  - Capacity building for community led DSD providers to
  - Support identification of incident HIV infection during the breastfeeding period

WHAT PROMISING MODELS ARE BEING IMPLEMENTED?

- Facility based
- Outreach from the health facility
- Community Health Workers as providers
- Client led (community of facility based)
- Combination approaches

Promising Models: Khayelitsha, South Africa

Postnatal Clubs

- Key HIV outcomes include:
  - Increased adherence,
  - Increased follow-up tests for babies,
  - Increased disclosure,
- Main perceived benefits– complete care for mother-infant pairs making time spent at the clinic more efficient and decreasing the number of consultations

Promising Models: Maseru, Lesotho

- Multidisciplinary integrated teams of facility, community and lay providers delivering HIV and Maternal Child Health Services
- Key HIV outcomes at 12 months after delivery (compared to standard of care):
- - **Maintain adherence 76% vs 65% (p=0.003)**
- - **Undetectable viral load 83.4% vs 72%**

Conclusion

- Mothers living with HIV and their infants are an important target population for differentiated service delivery (DSD)
- Promising models need to be evaluated and rapidly taken to scale
- DSD can help us address the persisting gaps in our PMTCT programs and help push as closer to our goal of ending new paediatric infections by 2030

Thank You

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