

# Integrating family planning (FP) into ART DSD

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Integrating non-HIV Services into HIV Programs

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# What am I talking about?

**1. Integrated less-intensive DSD models for ART and contraception**

2. *HIV and FP service integration (HTS, PrEP and ART)*

3. *FP DSD*



**Differentiated service delivery (DSD) is a client-centred approach that simplifies and adapts services in ways that both serve the needs of people living with HIV and reduce unnecessary burdens on the health system.**



- An overview of DSD
- An overview of FP
- Key principles for FP in the context of DSD
- Guidance on how FP could be integrated into DSD models
- Case studies and examples
- [A tool to assess FP policies and model building blocks](#)
- Take-home messages for leveraging DSD to strengthen FP care.

## How to leverage DSD ART models to strengthen family planning care





**AIDS 2024**

AIDS 2024, the 25th International AIDS Conference

Update will include:

- FP DSD (not only integration)
- Revised WHO FP and integration guidance
- Account for increasing self-care methods - scale up of sub-cut self-injectable access and implementation

**Presentation note:**

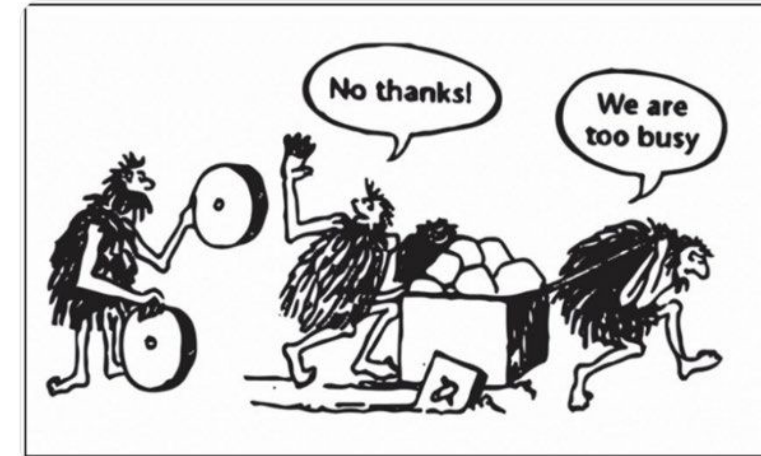
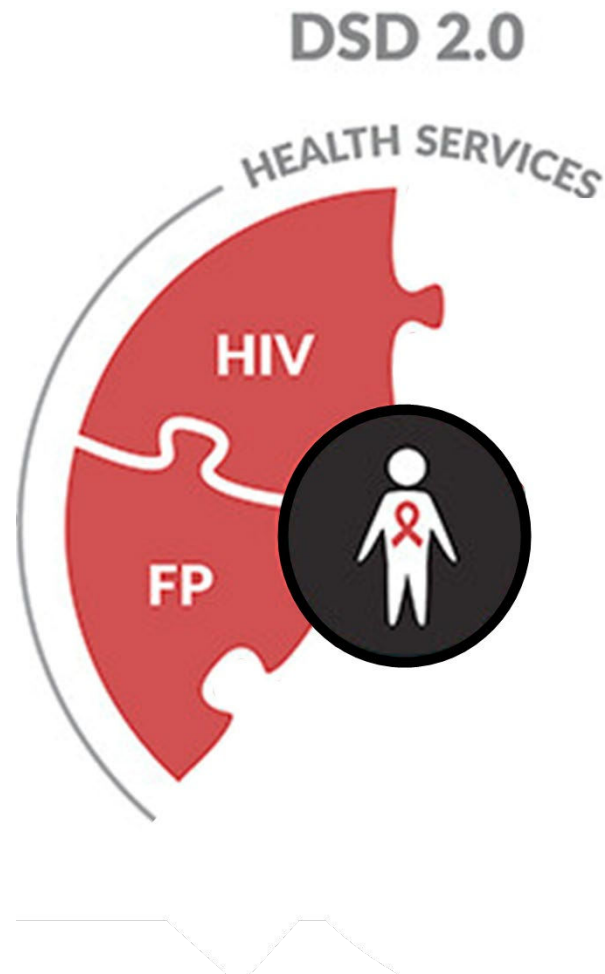
Sub-cut injectable refers to  
Depo Provera SC = Sayana Press

- Integrating FP and PrEP DSD

## How to leverage DSD ART models to strengthen family planning care

# Meeting PLHIV's FP needs and preferences

- Recognise that FP less-intensive DSD already exists and can be leveraged.
- Identify opportunities to integrate ART and FP service delivery:
  - Adapt existing FP or ART DSD models; and/or
  - Build new models



# Remember the ART DSD evolution...

	<b>ART maintenance</b>
	Clinical consultation + ART refill
<b>WHEN</b> Service frequency	Monthly
<b>WHERE</b> Service location	Health facility
<b>WHO</b> Service provider	Doctor/Nurse
<b>WHAT</b> Service package	ART clinical guidance

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	<b>ART maintenance</b> <i>(from 6 months on ART with VL suppression)</i>	
	<b>ART refill only</b>	<b>Clinical consultation</b>
<b>WHEN</b> Service frequency	3 to 6 monthly <i>(increasingly 6MMD)</i>	6 to 12 monthly
<b>WHERE</b> Service location	Community pick-up Health facility fast lane	Community outreach Health facility
<b>WHO</b> Service provider	Client, Peers, Lay health providers	Nurse
<b>WHAT</b> Service package	Minimum package commonly only distributing ART	ART clinical guidelines

# Remember the ART DSD for HIV treatment evolution...

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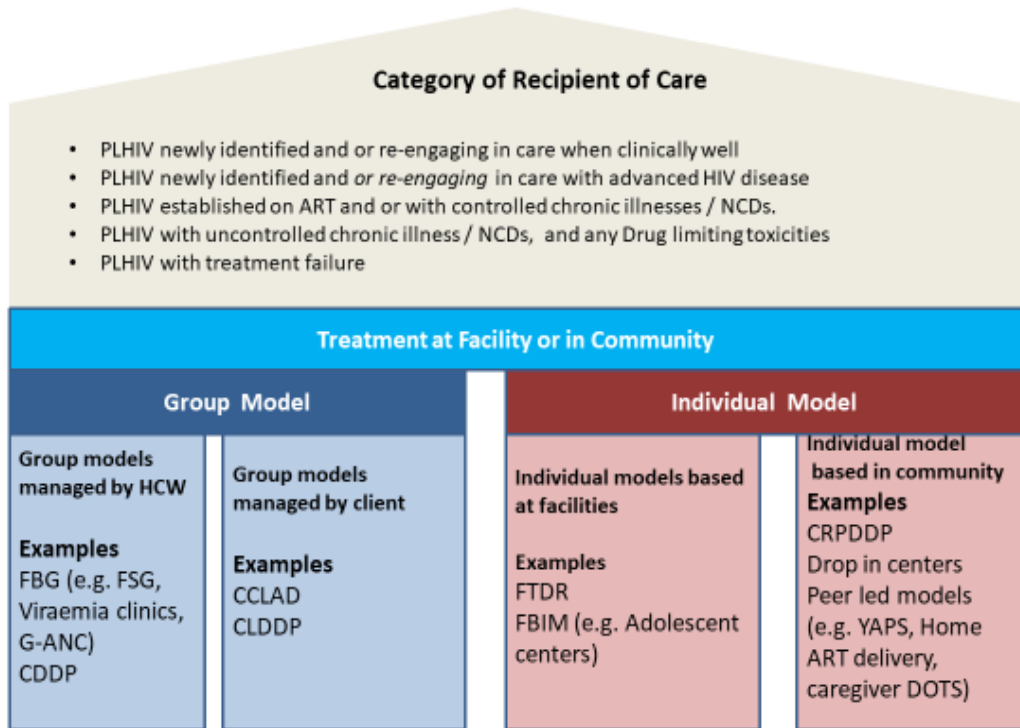




# FP and ART DSD might already exist in parallel

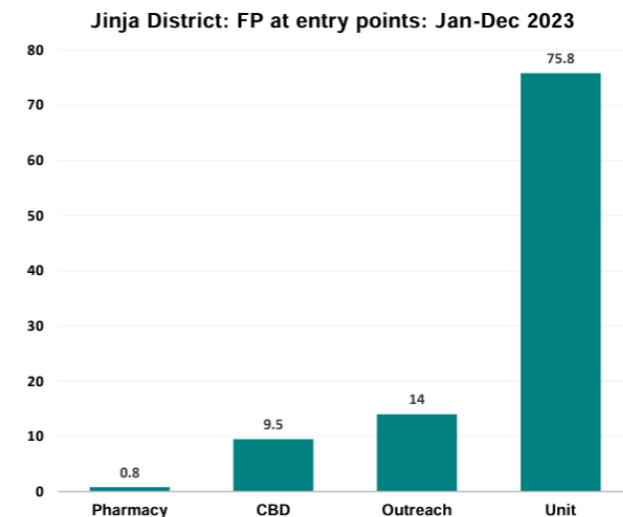


New DSD guidelines will increase convenience for ROC



## CHWs | Their contribution to the FP program in Uganda

In Uganda CHWs distributing 10% of FP commodities in community predominantly self-injectable Depo-Provera SC (Sayana Press) + oral FP



[Injectables Access Collaborative Learning and Action Network](#)

# Understand existing FP DSD: Policy and models

<b>WHEN</b> Service frequency	What is the maximum clinical review frequency? What is the maximum script length for FP? Allow MMD for oral FP? how many months refill at a time (1-12MMD?) Allow more than one unit of self-injectable/ring/patches to be dispensed?
<b>WHERE</b> Service location	Where are LARC methods available? Where is IM short-acting injectable possible outside of health facilities?
<b>WHO</b> Service provider	Is self-injection and/or lay provider injection of sub-cut allowed? Can lay providers distribute oral/ring/patch?
<b>WHAT</b> Service package	What FP methods are available? Any specific service package requirements

# Remember contraception methods are ahead of HIV treatment

## 1. Long-acting formulations – LARC:

- Contraceptive implants (LNG and ETG implants): 3-5 years
- Hormonal intrauterine device (LNG-IUD): 3-5 years
- Copper-bearing intrauterine device (Cu-IUD): 5-10 years

## 2. More self-care methods:

- **Self-injectable contraception (Sayana Press/DMPA-SC)**
  - 3-monthly
  - No cold chain/36 month expiry
  - Sub-cut and easy to self-administer
- **Patch (weekly)/Ring (monthly)\***

## 3. Combined oral contraception:

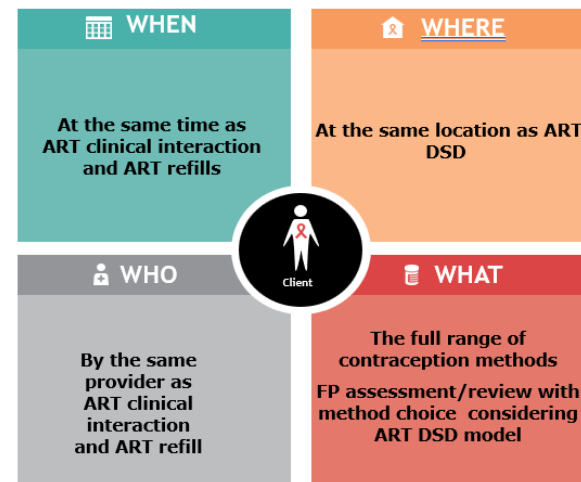
- **WHO recommends 12MMS and 12MMD**



*\*not widely available*

# Apply DSD principles to FP to enable integration

1. Separate (re)initiation/early follow-up and maintenance phases
2. Is “stability” on specific method required before the maintenance phase?
3. Maintenance phase – “how to reduce intensity of service delivery burden”
  - i. Separation of clinical consultation and refill collection visits
  - ii. Integrate FP/ART DSD building blocks






# 1. Separate initiation/re-initiation and maintenance phases

Initiation and early follow up phase (more-intensive)		Maintenance phase
ART	(Re) initiation until enrolment in less-intensive DSD (4-12 months)	Less-intensive DSD
FP	(Re) initiation/method change and early follow-up (0-3 months)	Less-intensive DSD

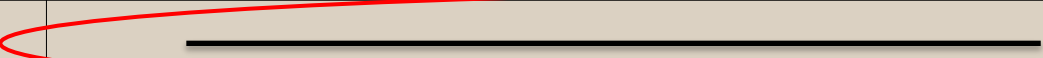
- (Re) assess FP needs and preferences at ART (re) initiation; provide method choice information.
- Inform on how method choice affects overall service delivery frequency and location.
- *Initiate/change contraception method:*
  - The initial phase length varies by method while the ART timeline is more fixed based on first viral load.
  - Early follow-up is necessary to check method satisfaction/address concerns

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  - Early follow-up is necessary to check method satisfaction/address concerns
  - FP method can be initiated when ART is already in the maintenance phase
- *Can be no change to FP method at ART (re) initiation:*
  - Directly into the FP maintenance phase enabling infrequent clinical follow-up.

## ART initiation

Provide family  
planning  
assessment

*Include FP on  
script  
LARC linkage or  
aligned refill/  
administration*



## Until established on ART

Review family  
planning needs  
and method  
choice

*Same script and  
aligned refills/  
administration*



## Entry into DSD for clients established on ART and family planning

Review family planning  
needs and method choice

Does a long- acting or a  
change to short-acting  
method simplify access  
and delivery of family  
planning in clients chosen  
ART DSD model?

*Same script  
LARC linkage or aligned  
refill/administration*



Initiation and early follow-up phase

Maintenance/continuation phase



# Considerations for FP integration into ART DSD

	Initiation phase and early follow-up		Maintenance phase	
Method choice	ART (re) initiation	Clinical consultations until DSD		
LARC	Always offer and facilitate insertion/administration ( <u>consider linkage component</u> ). Remind client simplifies less-intensive DSD models and can be reversed.			
Short-acting:	Review 1-3 months after method initiation			
Oral	Align with next required ART clinical consult: Same script and refill length			
Injectable SC	Offer, demonstrate, and align with an ART clinical review 3 months later			
Injectable IM	Administer and align ART clinical follow-up with next administration 2-3 months later using IM timing flexibilities			

## 2. Stability criteria for less intensive FP DSD

Unlike ART/NCDs, for FP there is no need for stability-specific criteria:

- Establish the client is satisfied/has no concerns with their method choice
- Assess method choice impact on combined service delivery frequency and locations and support any method change

ART DSD model type	Individual models NOT based at facilities (3MMD)		Individual models based at facility		Group models (3MMD)	
	Community point	Private pharmacy	Fast-track 3MMD	6MMD	HCW managed group	Client-led group
LARC: Implants/IUD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Oral: COC/POP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Self-injectable (Sayana press) <i>*also patch/ring</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Provided 2 units can be dispensed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
IM injectable	*	*	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> <i>If at facility</i>	

# 3. Maintenance phase: Integrate building blocks for differentiated service delivery

ART refills can also be aligned with contraception refills when simplified e.g., IM injectables

 WHEN

At the same time as ART clinical interaction and ART refills

 WHERE

At the same location as ART DSD

 WHO

By the same provider as ART clinical interaction and ART refill



 WHAT

The full range of contraception methods  
FP assessment/review with method choice considering ART DSD model



- Repeat DMPA and NET-EN can be given 2 weeks early
- Repeat DMPA can be given 4 weeks late
- Repeat NET-EN can be given 2 weeks late

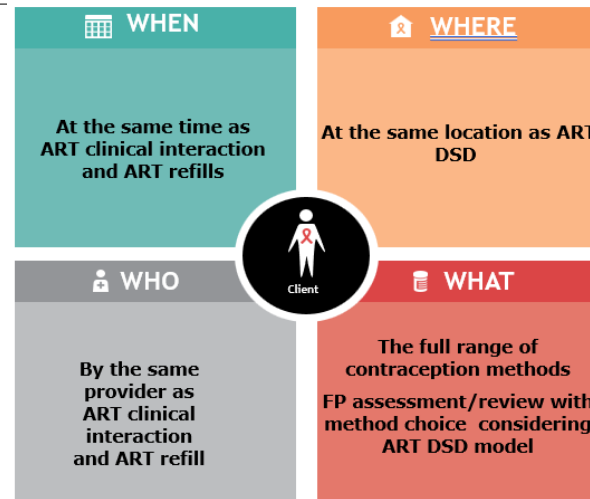
# Separate clinical consults and refill-only visits

Initiation and early follow up phase (more-intensive)		Maintenance phase
ART/FP	(Re) initiation until enrolment in less-intensive DSD	Less-intensive DSD
	(Re) initiation/method change and early follow-up	

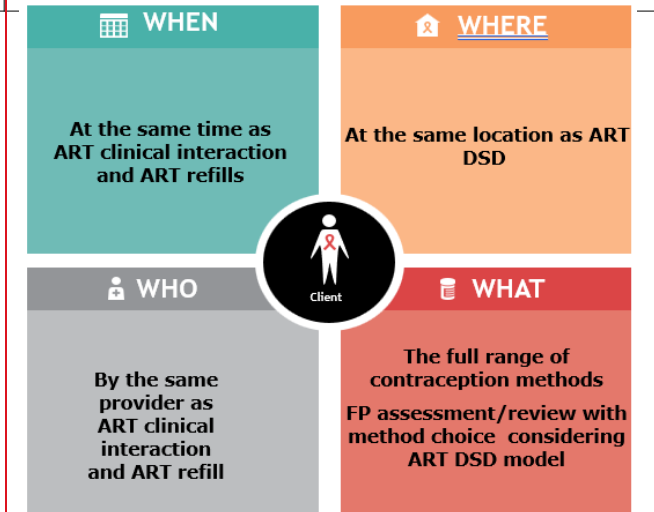


Separation enables fast lane/community models by lay providers

## Refill only building blocks



## Clinical consultation building blocks





**ART initiation**

Provide family planning assessment

*Include FP on script  
LARC linkage or aligned refill/  
administration*

**Until established on ART**

Review family planning needs and method choice

*Same script and aligned refills/  
administration*

**Entry into DSD for clients established on ART and family planning**

Review family planning needs and method choice

Does a long-acting or a change to short-acting method simplify access and delivery of family planning in clients chosen ART DSD model?

*Same script  
LARC linkage or aligned refill/administration*

**At every clinical visit**

Assess family planning needs and method choice

*Same script  
aligned refill/  
administration*

**At refill only visits (if any)**

*Aligned refill/  
administration*

Initiation and early follow-up phase

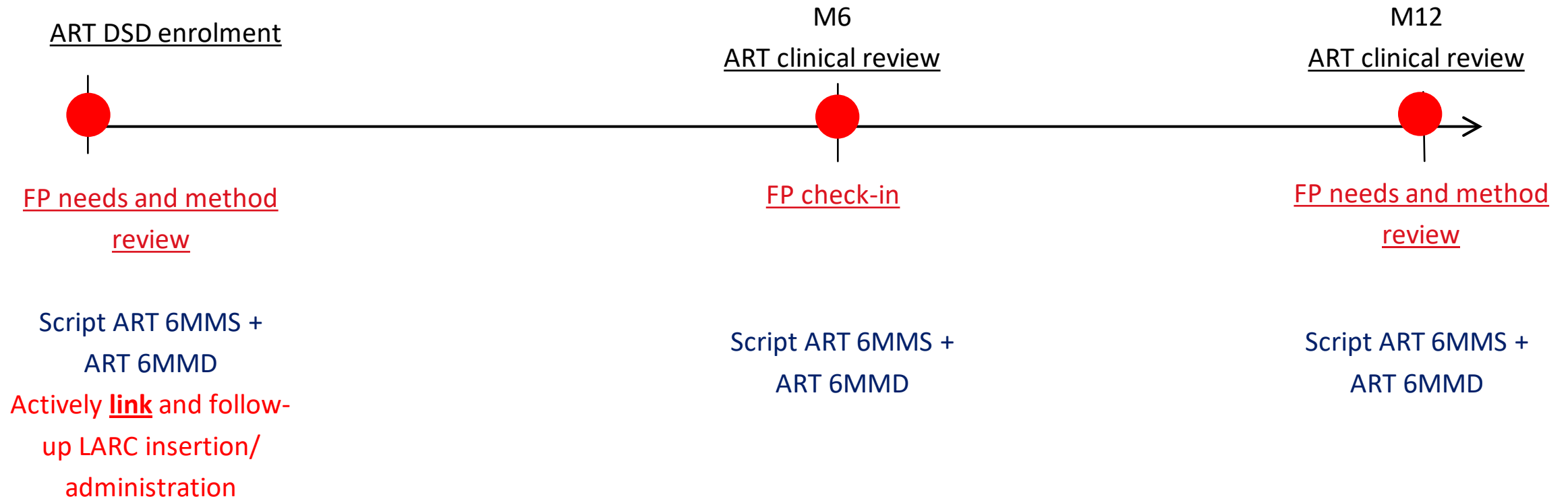
Maintenance/continuation phase

# Important considerations for FP integration into ART DSD

	Initial phase and early follow-up		Maintenance phase	
Method choice	ART (re) initiation	Clinical consults	DSD enrolment	Less-intensive DSD clinical consults
Long –acting (LARC)	Always offer and facilitate insertion/administration ( <u>consider linkage component</u> ). Remind client simplifies less-intensive DSD models and can be reversed.			
Short-acting:	Review 1-3 months after method initiation		Utilize longest FP scripting period and MMD/number units allowed in FP policy <u>at least</u> same as ART, can be longer. If shorter period than ART refill length allowed, same script length with more frequent FP refill only collection in DSD model	
Oral	Align with next required ART clinical consult: Same script and refill length			
Injectable SC*	Offer, demonstrate, and align with an ART clinical review 3 months later			
Injectable IM	Administer and align ART clinical follow-up with next administration 2-3 months later using IM timing flexibilities		Remind method choice will increase intensity of model, offer method change or consider facility-based DSD models if no community-based IM options. Align ART refills with injectable timing.	

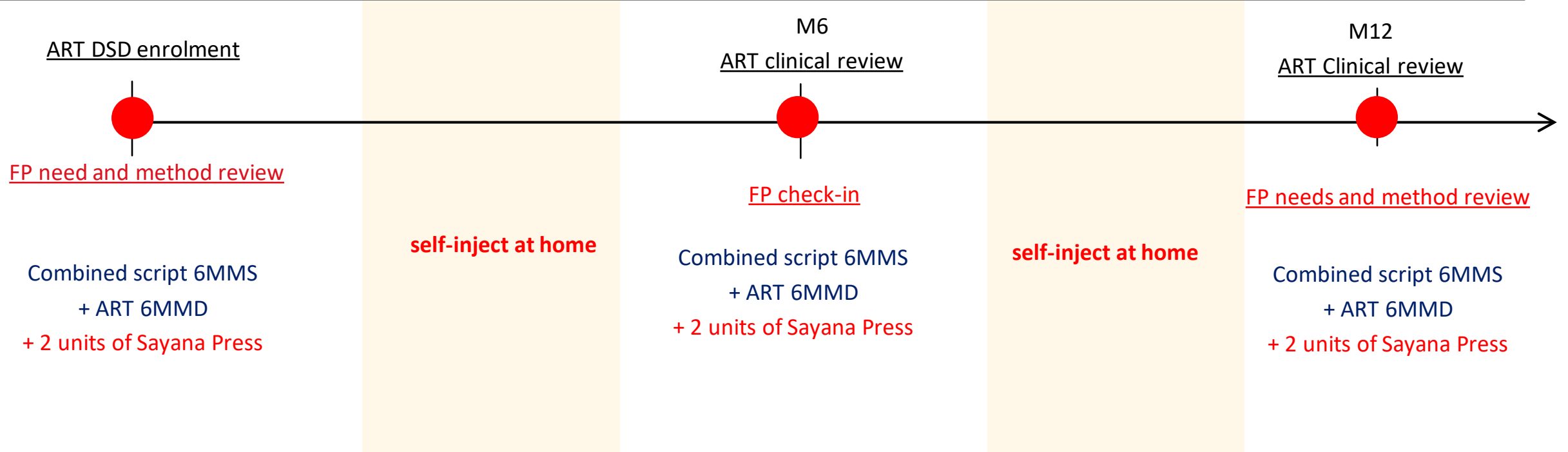
# Example 1: Facility-based 6MMD with LARC

Less-intensive DSD maintenance phase: LARC



# Example 2: Facility-based 6MMD with Sayana Press (DMPA-SC)

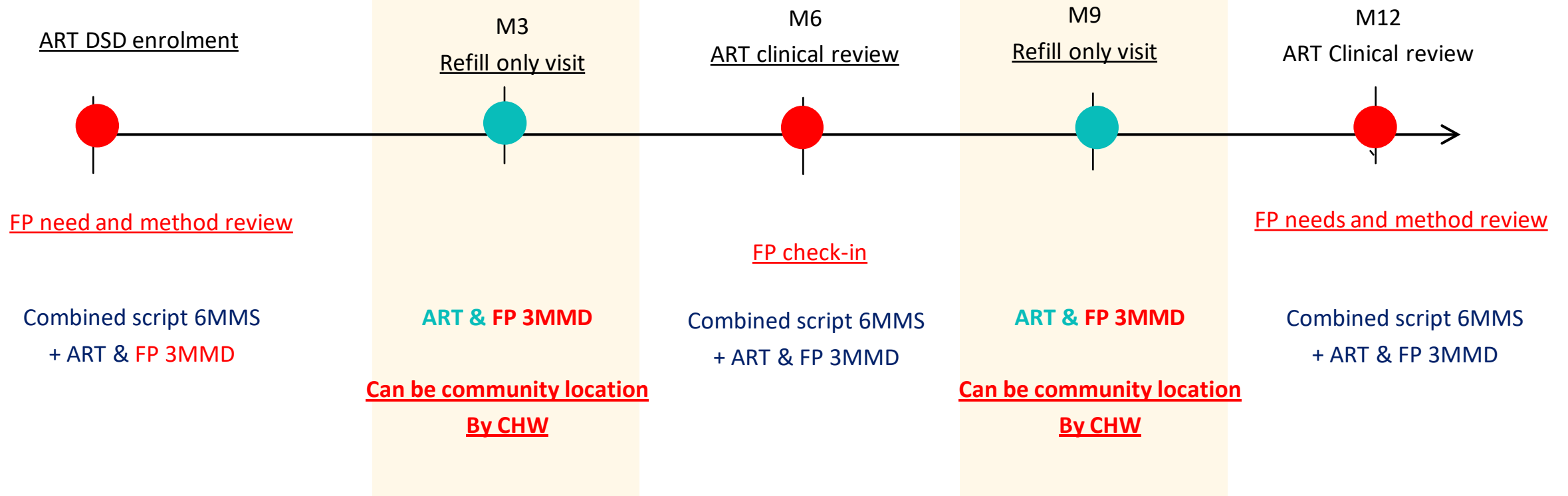
Less-intensive DSD maintenance phase: Self-injectable (Sayana Press)

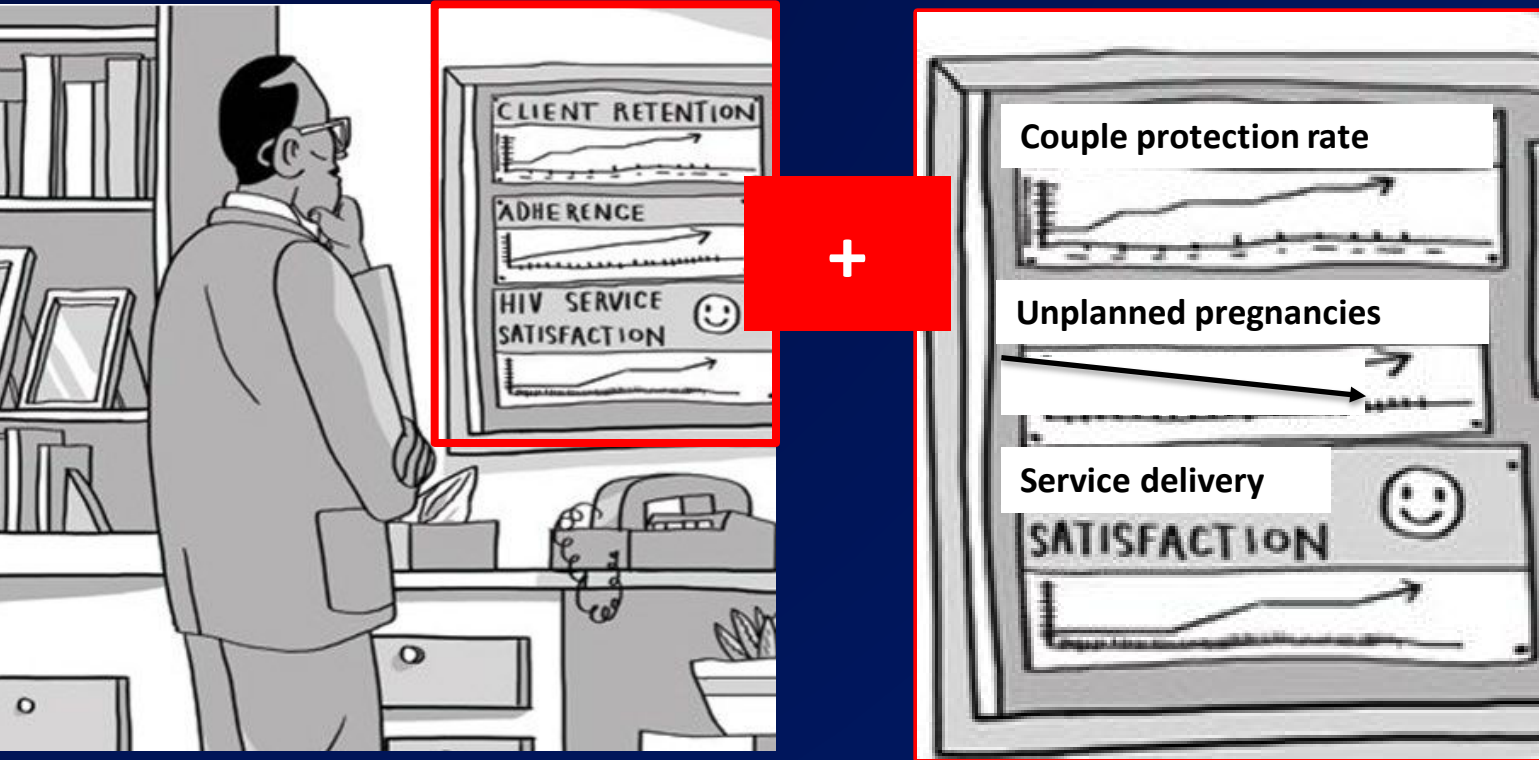


\* Can rotate IM and SC with IM administered at clinical consult and SC dispensed for self-injection 3-months later to support 6MMD ART DSD models

# Example 3: Community-based 3MMD ART and 3MMD oral contraception

Less-intensive DSD maintenance phase: Oral FP refill





**Thank You!**

