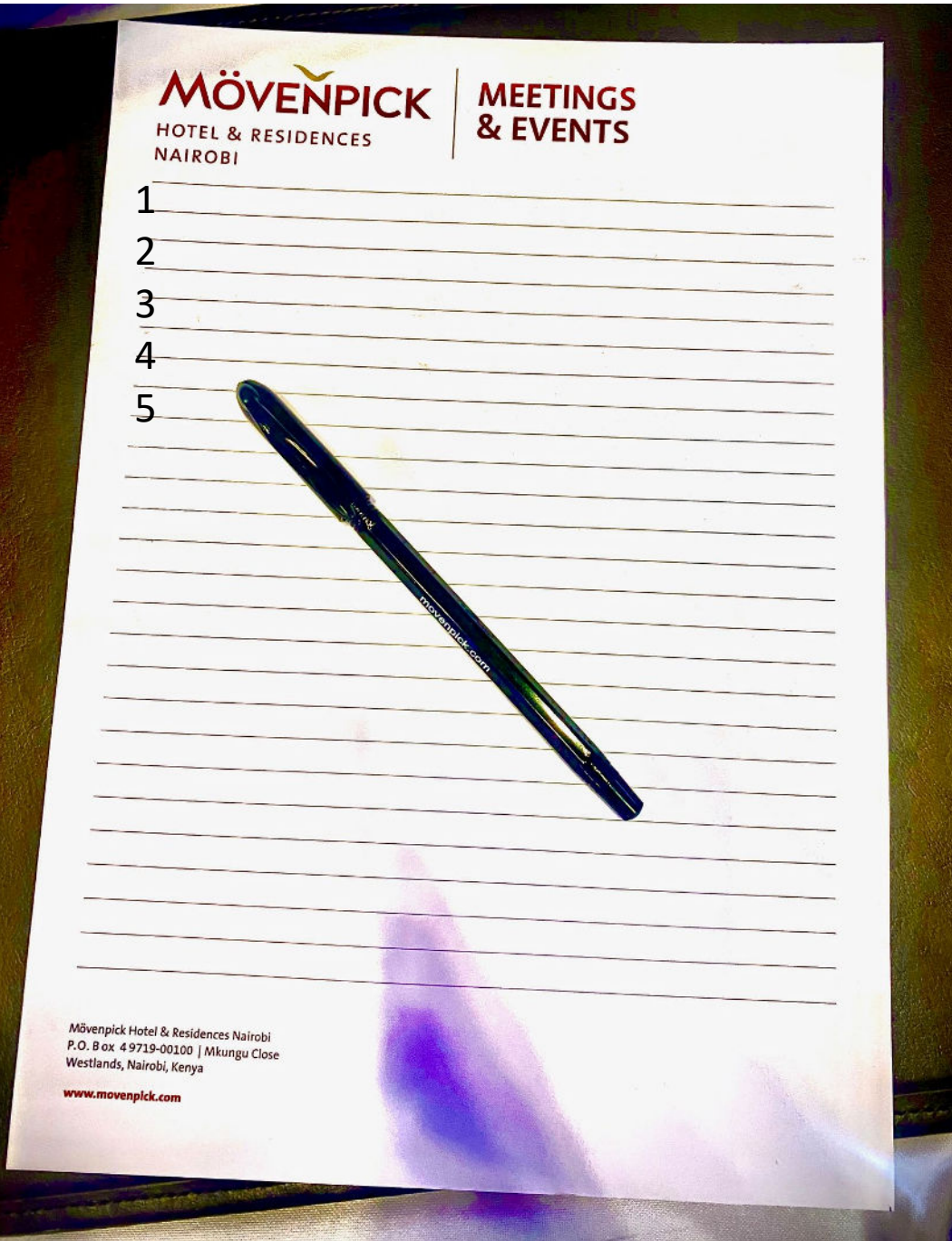


POP QUIZ:

**FP and HTN
integration within
differentiated ART
models**



1. A recipient of care attends her community ART group meeting. The provider leading the group distributes condoms to everyone in the group

Is this an example of integrated FP-HTN services within a less-intensive ART model?

- a. Yes**
- b. No**
- c. Unsure**

2 . A recipient of care attends her community ART group meeting. The provider leading the group finds an opportunity to privately discuss her family planning needs and options. The recipient of care does not wish to get pregnant in the near future but makes the informed choice not to receive any contraception.

Is this an example of integrated FP-HTN services within a less-intensive ART model?

- a. Yes**
- b. No**
- c. Unsure**

3. A recipient of care enrolled in fast-track ART attends her annual clinical visit at her local district hospital. The provider discusses her FP needs and options and the recipient of care decides that she prefers to receive the Sayana Press. The provider asks the recipient to visit the FP clinic at the hospital to request the option.

Is this an example of integrated FP-HTN services within a less-intensive ART model?

- a. Yes**
- b. No**
- c. Unsure**

4. A recipient of care enrolled in fast-track ART attends her annual clinical visit at her nearby rural health clinic. The provider discusses her FP needs and options and the recipient of care decides that she prefers to receive the Sayana Press. The clinic is not provided a stock of SP so a peer is assigned to escort the recipient to a larger health center to receive the FP option. The provider closely tracks this referral and follows up with the recipient of care via a phone call.

Is this an example of integrated FP-HTN services within a less-intensive ART model?

- a. Yes**
- b. No**
- c. Unsure**

5. A 50-year-old man is receiving ART through a HCW-led community ART group every three months. The HCW checks his BP during a group meeting and finds it to be mildly elevated. In line with national policies, the HCW provides lifestyle counseling and plans to recheck his BP in 3 months. After three months his BP has not improved, so he is referred to the OPD of his local HF for further management with medication.

Is this an example of integrated HIV-HTN services within a less-intensive ART model?

- a. Yes**
- b. No**
- c. Unsure**

Session 12 Framing Remarks

Bill Reidy, PhD

ICAP, Columbia University Mailman School of Public Health

Integrating non-HIV Services into HIV Programs

April 15-18, 2024 | Nairobi, Kenya

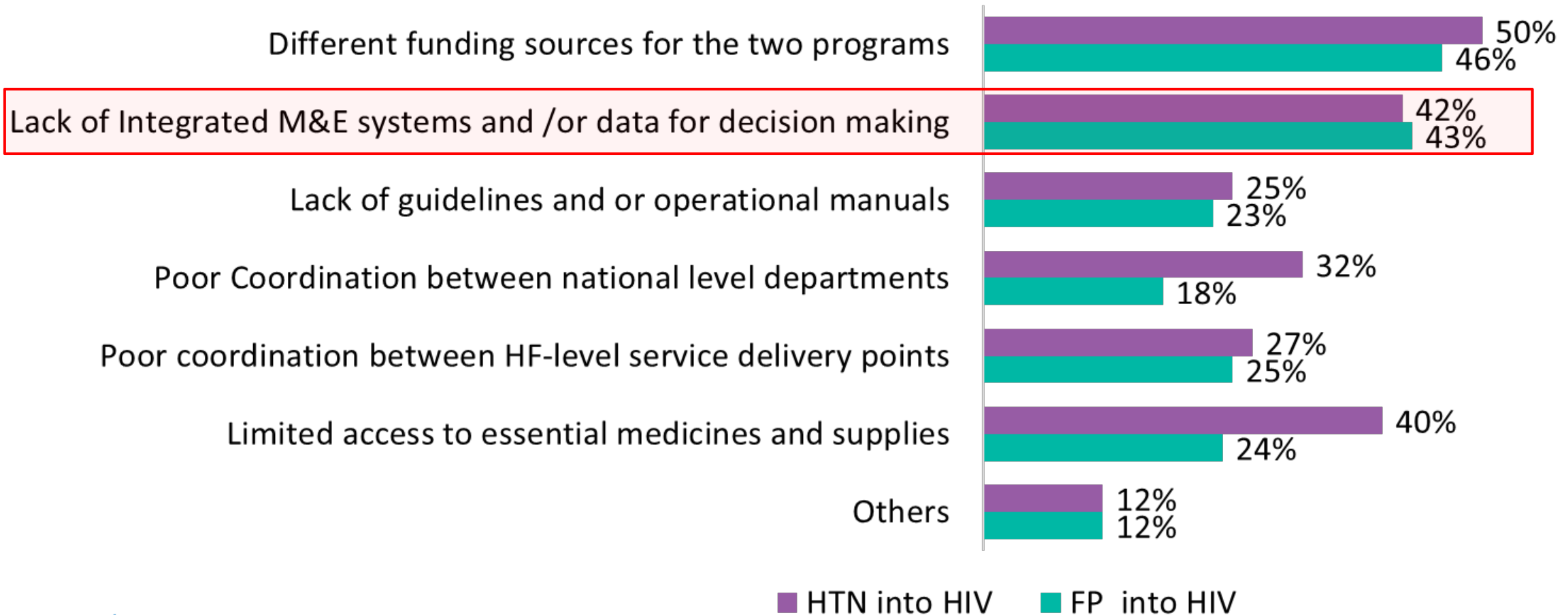


Outline

- **Monitoring and evaluation as a challenge to integrated services**
- **A closer look:**
 - **FP/HIV integration**
 - **HTN/HIV integration**
- **Summary of key points**

Responses from pre-meeting survey: **M&E is a challenge**

Primary Challenges Faced in Integrating HTN and FP Services into HIV Treatment



A) Integration data from 2023 CQUIN DART CMM

	HIV/HTN integration	HIV/FP integration
Burundi	Red	Red
Cameroon	Yellow	Orange
Cote d'Ivoire	Red	Red
DR Congo	Orange	Orange
Eswatini	Yellow	Orange
Ethiopia	Yellow	Yellow
Ghana	Yellow	Orange
Kenya	Yellow	Orange
Lesotho	Red	Orange
Liberia	Red	Orange
Malawi	Orange	Orange
Mozambique	Red	Red
Nigeria	Yellow	Orange
Rwanda	Red	Orange
Senegal	Red	Orange
Sierra Leone	Yellow	Orange
South Africa	Yellow	Orange
Tanzania	Yellow	Orange
Uganda	Yellow	Orange
Zambia	Yellow	Orange
Zimbabwe	Yellow	Orange

- All the 21 CQUIN member countries are at the least mature stages (Red, Orange or Yellow) for the **HIV/HTN** and **HIV/FP** integration domains.
- **HIV/HTN integration** (12 Yellow, 7 Red and 2 Orange)
- **HIV/FP integration**, is the least mature domain (17 scoring Orange, 3 Red and 1 Yellow)

Source: Jean-Jacques M'Bea, M&E pre-meeting

FP/HIV integration



CQUIN 2023 CMM FP Domains

Integration of Family Planning Services into DART models

<p>National policies do not support integration of family planning (FP) services into less-intensive DART models</p>	<p>National policies do support integration of FP services into less-intensive DART models BUT there are no national coverage targets for the number or proportion of eligible women enrolled in DART who receive integrated FP services</p> <p>OR there are targets, but no data with which to assess progress towards targets in the past year</p>	<p>National policies do support integration of FP services into less-intensive DART models AND there are national coverage targets for the number or proportion of eligible women enrolled in DART who receive integrated FP services</p> <p>AND the country has achieved < 50% of its national targets in the past year</p>	<p>National policies do support integration of FP services into less-intensive DART models AND there are national coverage targets for the number or proportion of eligible women enrolled in DART who receive integrated FP services</p> <p>AND the country has achieved 50-75% of its national targets in the past year</p>	<p>National policies do support integration of FP services into less-intensive DART models AND there are national coverage targets for the number or proportion of eligible women enrolled in DART who receive integrated FP services</p> <p>AND the country has achieved over 75% of its national targets in the past year</p>
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A closer look: The Dark Green CMM FP stage

National policies do support integration of FP services into less-intensive DART models

AND there are national coverage targets for the number or proportion of eligible women enrolled in DART who receive integrated FP services

AND the country has achieved over 75% of its national targets in the past year

A closer look: The Dark Green CMM FP stage

KEY WORDS:

1. FP services
2. Integration
3. Targets

National policies do support **integration** of **FP services** into less-intensive DART models

AND there are national coverage **targets** for the number or proportion of eligible women enrolled in DART who receive **integrated FP services**

AND the country has achieved over 75% of its national **targets** in the past year

A closer look: The Dark Green CMM FP stage

KEY WORDS:

1. FP services

2. Integration

3. Targets

What could this mean?

- Assessment of pregnancy intention
- Providing critical information on FP options*
- Allowing the ROC to weigh options and make an informed choice
- Providing FP option**
- Checking in at follow up visits

(*A minimum of 5+ options provided)

(**Dual method recommended!)

What FP services are offered and what information is captured in ART settings?

5	6
Pregnancy & Breast-feeding Status <i>(see codes below)</i>	Family Planning Status <i>(multiple response: use codes below)</i>

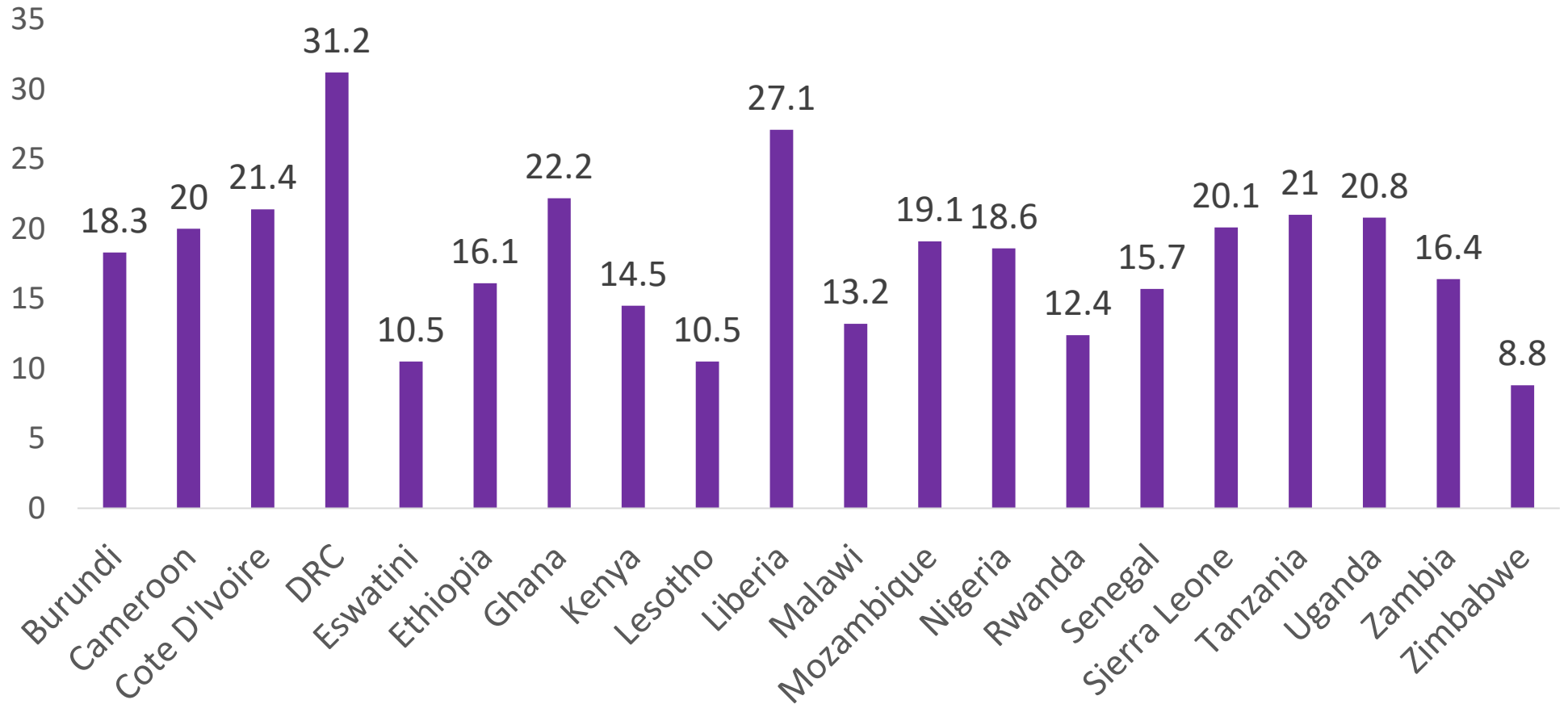
5. Pregnancy/Breastfeeding Status
P= Pregnant
EFF= Exclusive Formula Feeding
MF= Mixed Feeding (Below 6 Months)
BFCF= Breast Feeding & Complementary Feeding
SBF= Stopped Breastfeeding
NPL= Neither Pregnant nor lactating (for women)
N/A=Not Applicable (for men & minors)

6. Family Planning Status (multiple response)	M= Implants
A= Abstinence	Z= Sterilization
O= Not using	C= Condom
P= Pills	T= Traditional/Withdrawal
J= Injections (e.g Depo)	L= IUD
	D= Dual Method

Typically, only the FP option received (when applicable) is captured in ART records

Unmet Need for Modern Methods among AW in CQUIN Countries

(The percentage of women of reproductive age who want no more children or to postpone having the next child but are not using a contraceptive method.)



Source: Tugwell Chadywanembwa, Session 2

Source:Track20

A closer look: The Dark Green CMM FP stage

KEY WORDS:

1. FP services
- 2. Integration**
3. Targets

What could this mean?

1. FP within the HIV/ART clinic or in the community (“One stop shop”)
2. Coordinated intra-facility referral
3. Non-coordinated intra-facility referral for FP
4. Inter-facility referral for FP
5. Other

Is there a minimum expectation for integrated services? Will this differ by context, e.g., facility level/type; FP option; and quality of referral tracking and follow-up?

Which HIV-FP services are integrated?

For consideration...

Scenario	Services package					“Integrated”
	Assess pregnancy intention	Review FP needs and options, counsel	Provide FP option and ongoing support	Standard referral for FP provision	Robust linkage and coordination for FP provision	
One-stop-shop	Yes	Yes	Yes			✓
Community-to-facility referral	Yes			Yes		✗
Intra-facility referral	Yes			Yes		✗
Inter-facility referral	Yes			Yes		✗

Which HIV-FP services are integrated?

For consideration...

Scenario	Services package					“Integrated”
	Assess pregnancy intention	Review FP needs and options, counsel	Provide FP option and ongoing support	Standard referral for FP provision	Robust linkage and coordination for FP provision	
One-stop-shop	Yes	Yes	Yes			✓
Community-to-facility referral	Yes	Yes			Yes	✓
Intra-facility referral	Yes	Yes			Yes	✓
Inter-facility referral	Yes	Yes			Yes	✓

(NOTE: it's probably not this simple)

A closer look: The Dark Green CMM FP stage

KEY WORDS:

1. FP services
2. Integration
- 3. Targets**

What could this mean?

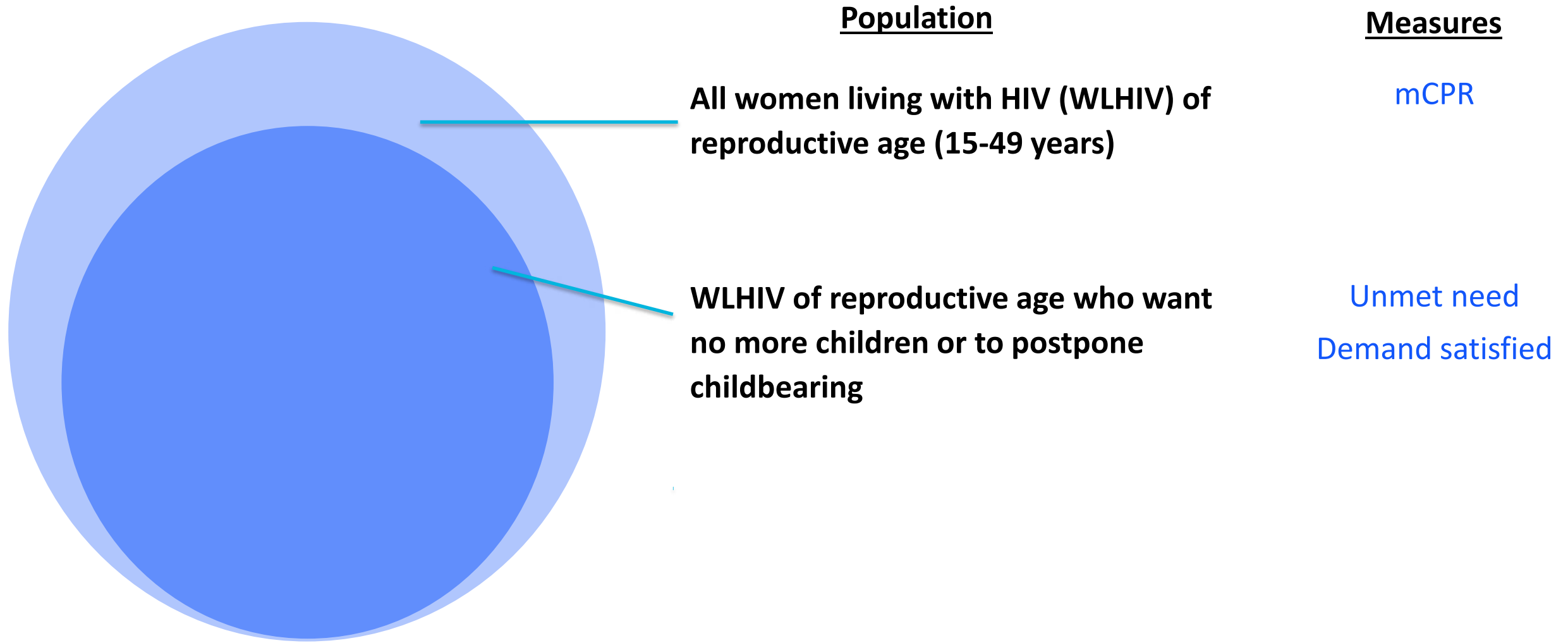
Should all WLHIV receive FP?

What do we mean by 'receive FP?'

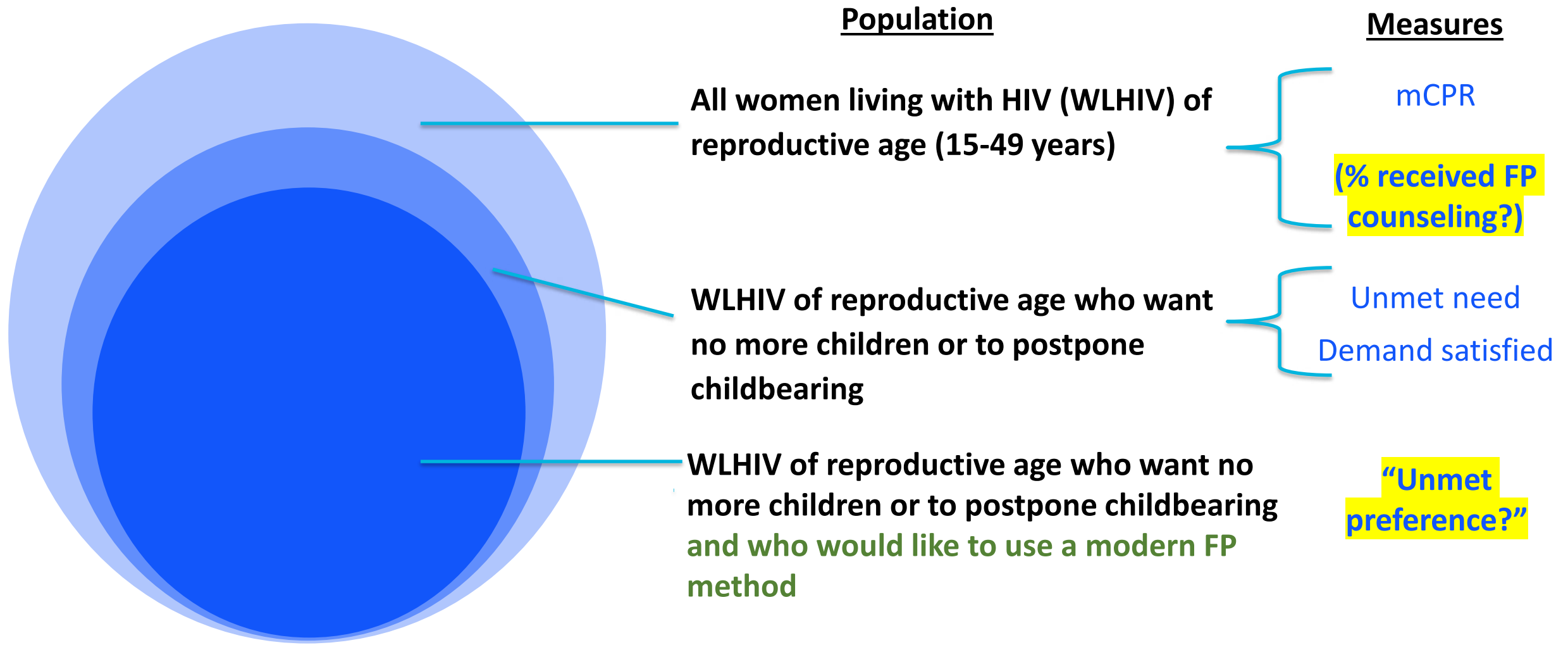
Should we worry about informed choice vs. coercion?

What exactly are we measuring here??

Family planning measures and population of interest – adapted to PLHIV population



Family planning measures and population of interest – PLHIV population



How should we think about FP targets among WLHIV?

Should we think of targets as one or more steps in a cascade, akin to the 95-95-95 goals?

95

95

95

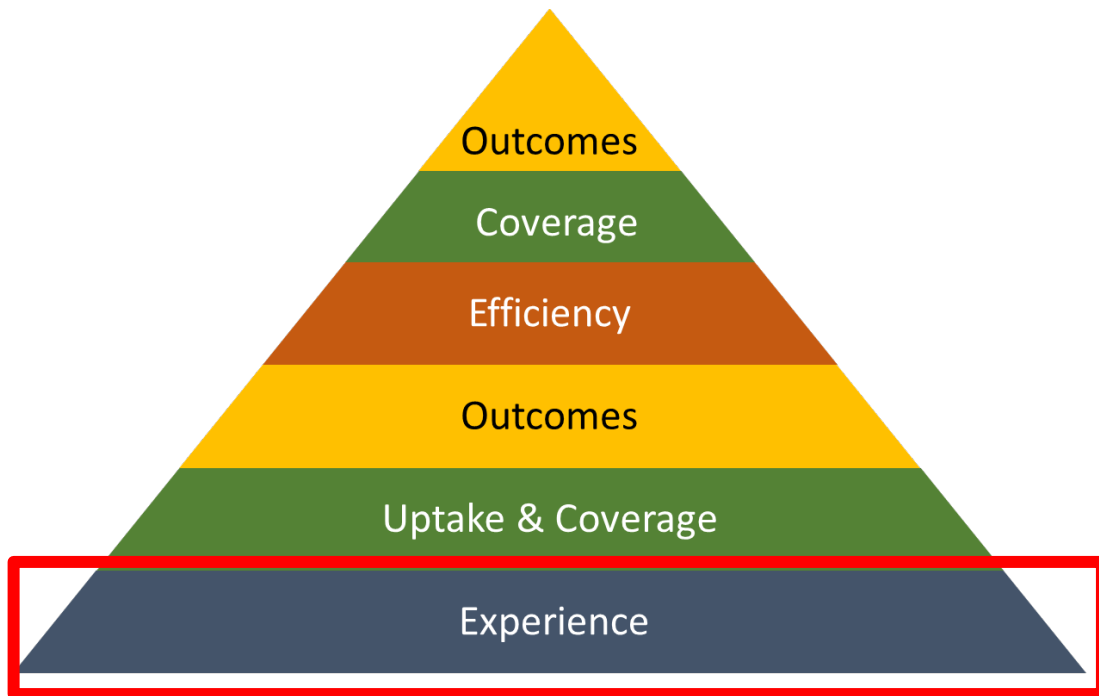


“95 percent” of:

- All WLHIV on ART **receive FP counseling services?**
- All WLHIV on ART not wanting pregnancy **offered FP methods?**
- All WLHIV on ART not wanting pregnancy **received an FP method (dual+)?**
- All WLHIV on ART receiving an FP method **assessed at last clinical visit?**

Does it make sense to have targets for WLHIV within primary care settings?

Other important M&E considerations for integrated FP



Source: CQUIN M&E of DSD Framework

- **Assessment of ROC satisfaction with integrated FP services**
- **Experiences of stigma and discrimination**
- **Risk of gender-based violence**

Also:

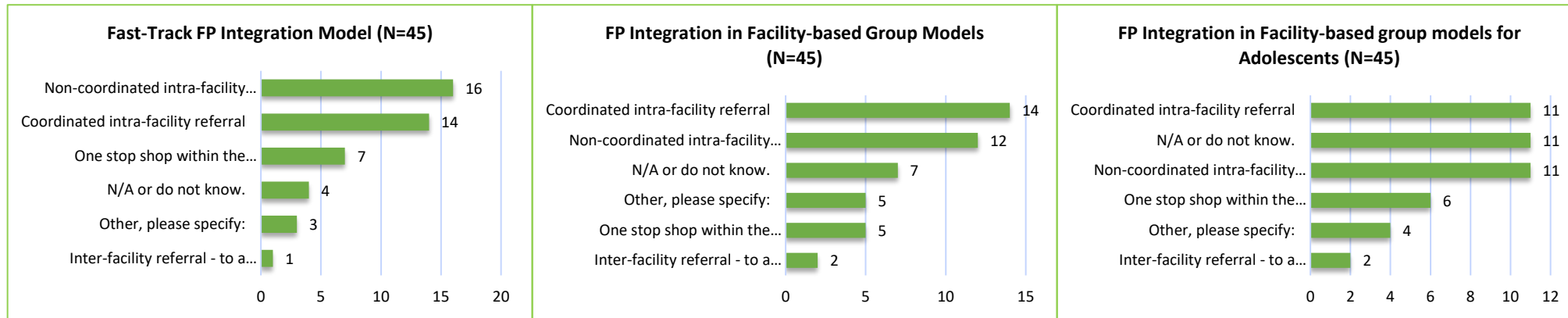
- **Opportunities for community-led monitoring**

FP integration into less-intensive ART models



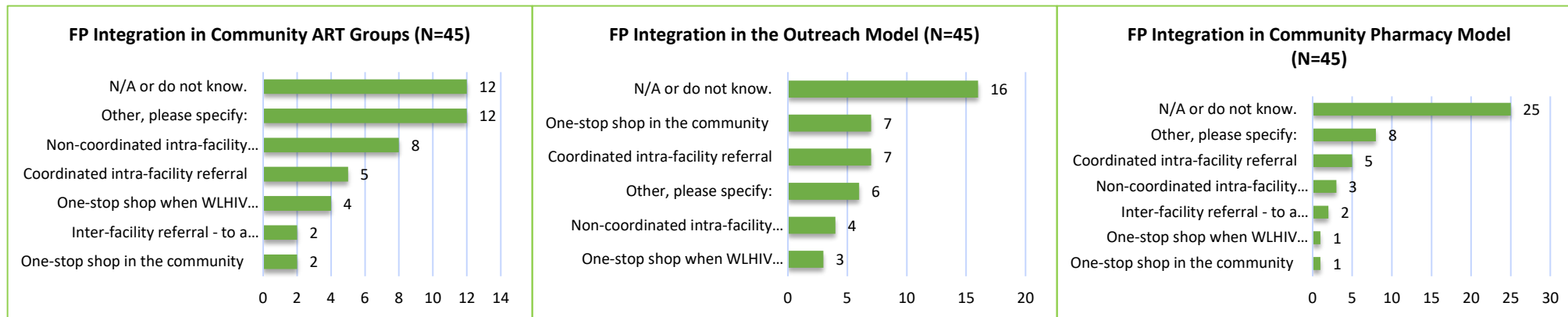
- Out of 40 responses on the **most common method of FP integration**, both **Coordinated** and **Non-Coordinated** intra-facility referral models were the most common models for FP service delivery

FP Integration into Facility-based DSD Models



- The most common **facility-based group model** of FP/HIV service delivery was **Coordinated FP referral**
- In the **fast-track model**, the **Non-coordinated intra-facility referral** was **common**.

FP Integration into Community-based DSD Models



Integration of FP into **community models** = Largely unknown & likely not happening.

HTN integration M&E



CQUIN 2023 CMM HTN Domains

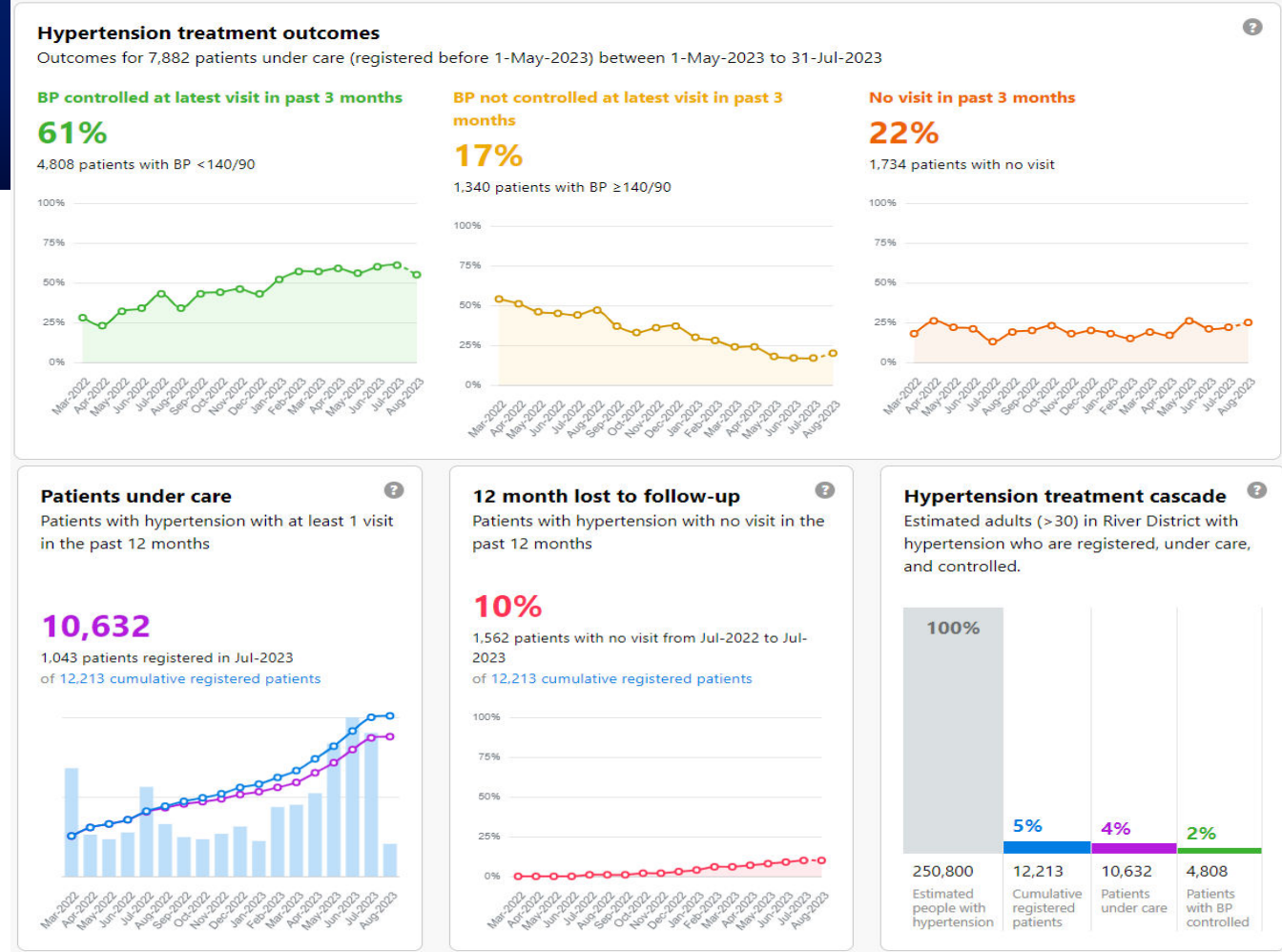
Integration of HTN services into DART models

<p>National M&E systems can report the proportion of people in less-intensive DART models who receive the minimum package of services for hypertension (HTN)</p>	<p>National M&E systems can report the proportion of people in less-intensive DART models who receive the minimum package of services for hypertension (HTN)</p>	<p>In addition to meeting the criteria for the yellow stage:</p> <p>National M&E systems can report the proportion of people in less-intensive DART models who receive the minimum package of services for hypertension (HTN) at a minimum:</p> <p>AND</p> <p>There are national coverage targets for the proportion of people with HIV and HTN enrolled in DART who receive integrated services.</p>	<p>In addition to meeting the criteria for the light green stage:</p> <p>The country has data from the past 12 months on the proportion of people in less-intensive DART models who receive the minimum package of services for hypertension (HTN) at a minimum:</p> <p>AND</p> <p>Coverage has reached $\geq 75\%$ of national targets.</p>
<p>1. Defining HTN screening, treatment, and integrated models.</p> <p>2. Including DART models for HIV/HTN.</p> <p>3. Providing <i>where</i> HTN services should be provided for people on ART (e.g., at the point of HIV treatment or elsewhere).</p> <p>4. Providing guidance regarding <i>who</i> should provide HTN services for people on ART (e.g., the HIV service provider or other).</p> <p>5. Providing guidance regarding <i>when</i> HTN and HIV appointments, lab testing, and drug pick-ups should be scheduled.</p>	<p>HTN services should be provided to people on ART (e.g., at the point of HIV treatment or elsewhere).</p> <p>4. Guidance regarding <i>who</i> should provide HTN services to people on ART (e.g., the HIV service provider or other).</p> <p>5. Guidance regarding <i>when</i> HTN and HIV appointments, lab testing, and drug pick-ups should be scheduled.</p>	<p>Scheduled (e.g., provided at the same visit)</p> <p>3. HTN and refills are maximize and minim facilities /</p>	<p>There are national coverage targets for the proportion of people with HIV and HTN enrolled in DART who receive integrated services.</p>

River District

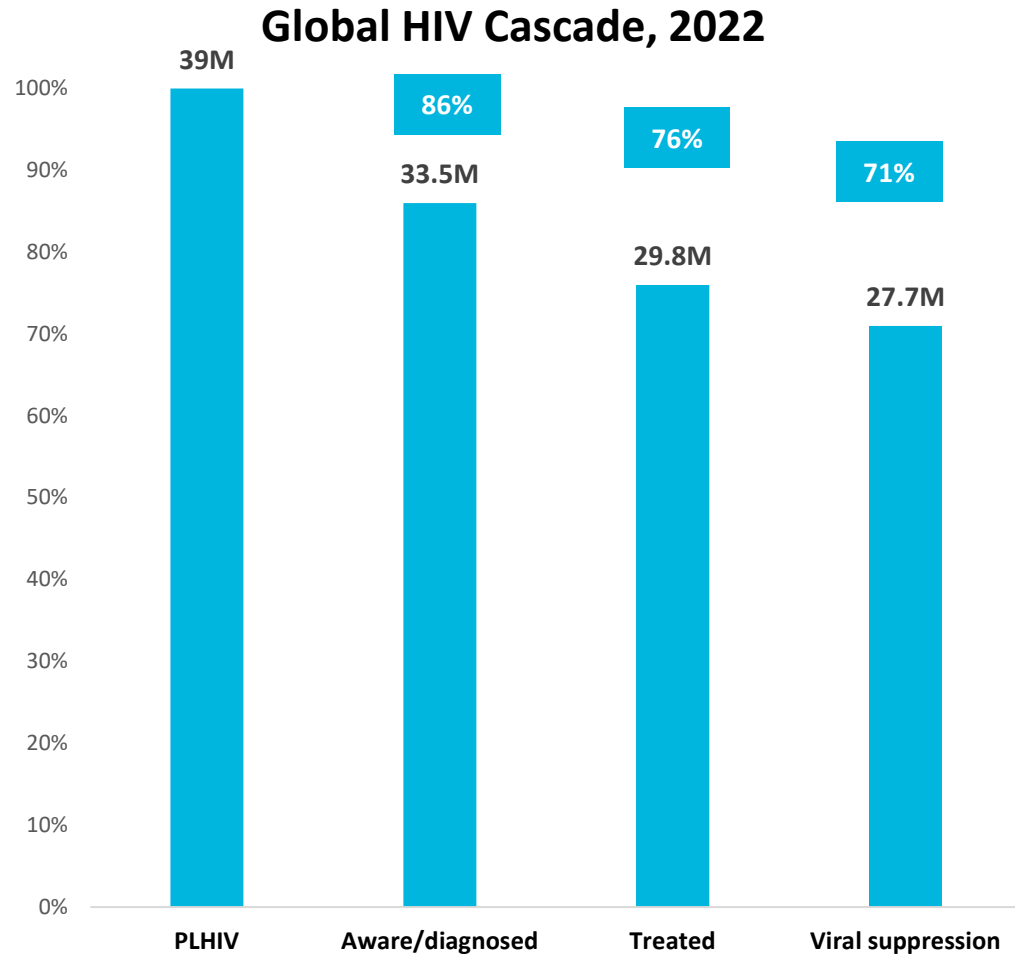
Use key indicators to drive HTN program improvement

- If administrators and hospital leaders can monitor an easy-to-use dashboard, they can drive health system improvement.
- Fast, monthly, feedback loops.
- Learn from the best facilities and apply those lessons to low performers.

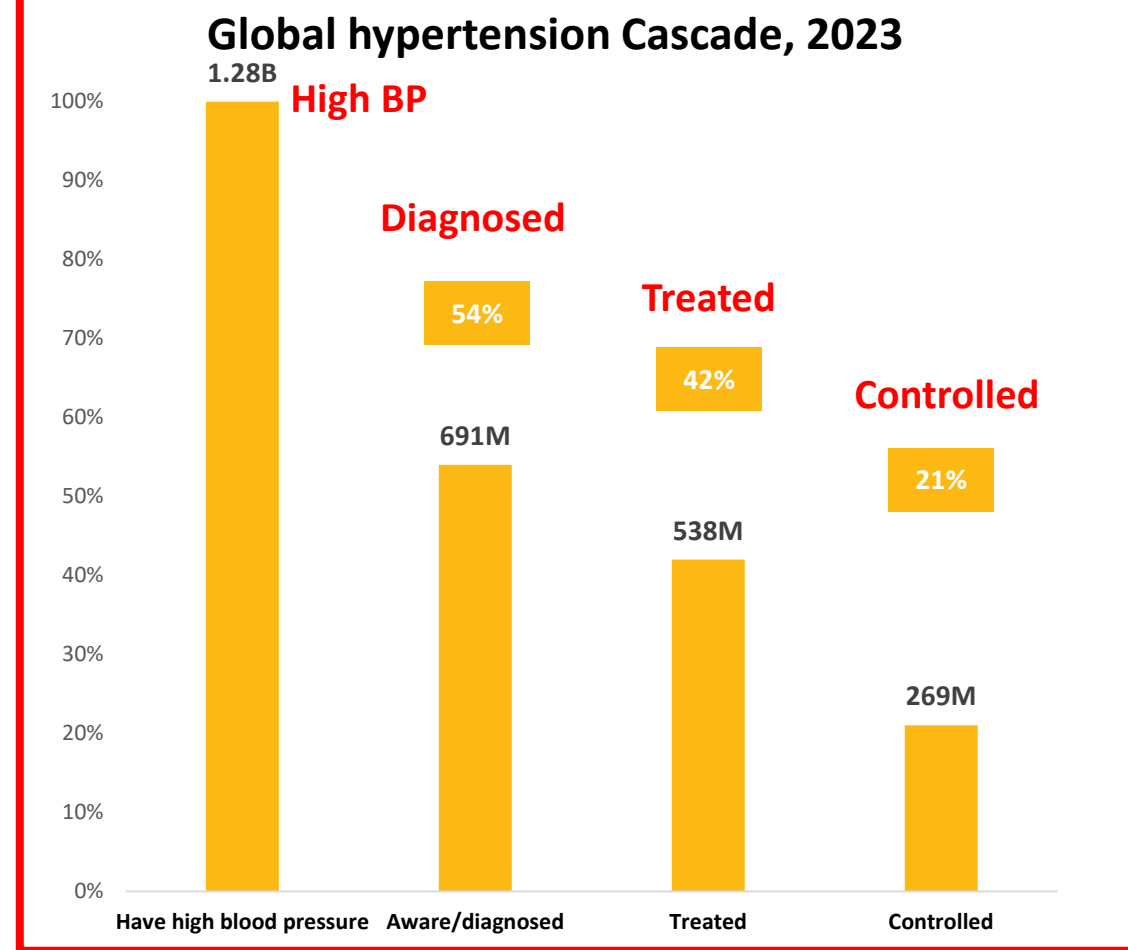


HEARTS360 Dashboard has all the indicators required to monitor a hypertension program

SIMILAR CONDITIONS, DIFFERENT PICTURES



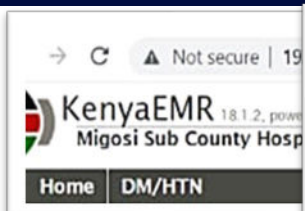
<https://www.unaids.org/en/resources/fact-sheet>



<https://www.who.int/news-room/fact-sheets/detail/hypertension>

Effective use of EMR for HIV/NCD integration

Example from Kenya



Diabetes/Hypertension												
Age Group	New DM Patients		Known DM Patients		New HTN Patients		Known HTN Patients		New Co-morbid Patients		Known Co-morbid Patients	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0 to 5	0	0	0	0	0	0	0	0	0	0	0	0
6 to 18	0	0	0	0	0	0	0	0	0	0	0	0
19 to 35	0	0	0	3	1	12	0	3	0	0	0	1
36 to 60	2	0	3	6	8	25	5	16	0	0	1	4
>60	0	0	4	0	3	7	3	5	0	0	2	3
Totals	2	0	7	9	12	44	8	24	0	0	3	8

HTN/Diabetes electronic module developed by MOH DNCD, UON HealthIT, and PATH.

Integrated KenyaEMR version rolled out at Migosi HC.

Leveraged PEPFAR-procured EMR hardware infrastructure for HIV services.

Project supported NCD data migration from paper-based tools to EMR platform.

Includes capacity building for MOPC clinicians and HRIO.

Improved documentation and follow up of HIV/HTN ROC

HIV

Enrolled: 30-Jul-2021 (9 months ago)

Entry point: **Voluntary counseling and testing program**

WHO stage: **WHO STAGE 1 ADULT**

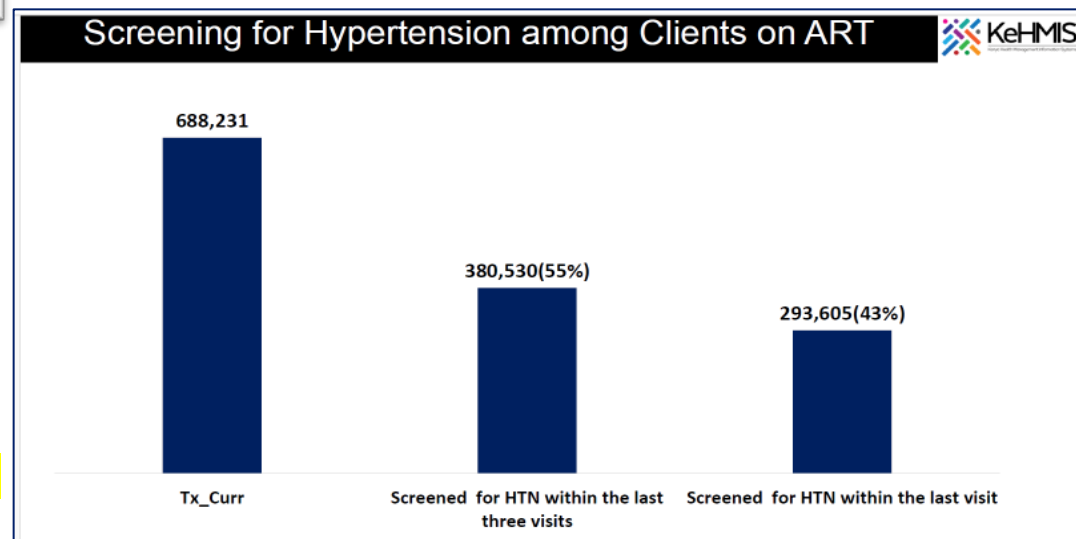
DM/HTN Program

Enrolled: 10-Feb-2022 (3 months ago)

WHO stage: **WHO STAGE 1 ADULT**

Patient dashboard screenshot for a HIV/NCD co-enrolled patient in Kenya EMR





Source: E Ngugi, Session 8



Which HIV-HTN services are integrated?

For consideration...

Services package

Scenario	Screening/ diagnosis	Treatment initiation	Titration and support	Standard referral for treatment	Robust linkage and coordination for treatment	“Integrated”
One-stop-shop	Yes	Yes	Yes			
Community-to-facility referral	Yes			Yes		
Intra-facility referral	Yes			Yes		
Inter-facility referral	Yes			Yes		

Which HIV-HTN services are integrated?

For consideration...

Scenario	Services package				Standard referral for treatment	Robust linkage and coordination for treatment	“Integrated”
	Screening/ diagnosis	Treatment initiation	Titration and support				
One-stop-shop	Yes	Yes	Yes				✓
Community-to-facility referral	Yes					Yes	✓
Intra-facility referral	Yes					Yes	✓
Inter-facility referral	Yes					Yes	✓

(AGAIN: it's probably not this simple)

Summary of key points

- **We know what we want to do – expand availability of quality integrated HIV and HTN + FP services (there should be no delay with this)**
- **The issues of measurement require clearer definitions and standards for integration and HTN and FP services**
 - **Will likely be required to define targets**
 - **Needed to help ensure consistent, reliable, interpretable data – to understand whether quality FP and HTN services are being provided within the various DSD models**
 - **Definitions of FP services and integration within ART context particularly unclear**
- **Country data systems typically include some, but not all data elements needed for integrated HIV-FP and HIV-HTN diagnosis and treatment**
 - **EMRs are best suited for monitoring of integrated services**
 - **More resources are needed for data use – management, analytics, visualization, dissemination**

Thank You!

