

BACKGROUND

The 2021 WHO Consolidated HIV Guidelines (1) recommend integrating sexual and reproductive health (SRH) services, including contraception, into HIV care. In its implementation considerations, WHO emphasizes the alignment of SRH services, including contraception provision, within differentiated service delivery (DSD) models. It also reinforces its existing recommendation to provide a one-year supply of oral contraceptives to facilitate community-based delivery and self-management. In addition, WHO guidelines recommend integrating diabetes and hypertension care into HIV services, with eligibility for less-intensive DSD models extended to people established on ART with well-controlled chronic conditions.

However, a 2021 policy analysis (2,3) revealed that few countries' national guidelines included provisions for integrating family planning or non-communicable disease (NCD) care into DSD models.

To evaluate progress, we conducted a comprehensive review of national HIV policies in 21 CQUIN countries to assess the uptake of WHO recommendations and the extent of integration guidance provided. The review specifically examined whether clinical management of HIV and other services is aligned to the same visit frequency, and whether contraception and/or NCD treatment is provided for the same refill duration as ART within less-intensive DSD models.

METHODS

An internet search was conducted to identify the most recent HIV guidelines, both clinical and related to DSD from CQUIN countries. For the family planning (FP) policy analysis, the extracted data included: (a) guidance on FP provision within less-intensive DSD models; (b) requirements for reviewing FP needs and contraceptive methods during ART clinical reviews within DSD models; (c) the inclusion of long-acting reversible contraceptives (LARCs) at DSD enrollment and during ART clinical reviews; and (d) provisions for refills of oral and/or injectable contraceptive methods within DSD models. For the non-communicable disease (NCD) policy analysis, the data extraction included: (a) eligibility criteria for less-intensive DSD models; (b) guidance on NCD management within less-intensive DSD models; and (c) provisions for NCD medication refills within DSD models.

Figure 1: Integration of family planning

Not all national policies describe the integration of family planning (FP) into DSD. This dashboard describes how FP is integrated into DSD for HIV treatment models as outlined in national guidelines.

	Any guidance in DSD policy	FP provision within DSD models	Specifies FP needs and contraceptive method review at ART clinical reviews in DSD model	Specifies LARC offer at DSD enrolment and ART clinical reviews	Only oral refill in DSD model	Oral and self-injectable* refill in DSD model
Angola	x					
Burundi	x					
Cameroon	x					
DRC	x					
Eswatini ¹	✓	✓	✗	●	●	
Ethiopia	x					
Ghana ²	✓	x				
Kenya ³	✓	✓	x		●	
Lesotho	x					
Liberia	x					
Malawi	x					
Mozambique	x					
Namibia	x					
Nigeria	x					
Rwanda ⁴	✓	✓	x	●		●
South Africa ⁵	✓	✓	✓		●	
Sierra Leone ⁶	✓	✓	✗		●	
Tanzania ⁷	x					
Uganda ⁸	✓	✓	✗			
Zambia ⁹	✓	✓	x		●	
Zimbabwe ¹⁰	✓	✓	✓	●	●	

*Not all countries have DMPA-SC self-injectable

Scan the QR code to download the dashboard with additional note details by country



Key
 ● National policy
 x No
 ✓ Yes
 ✗ Partially

1. Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach. Geneva: World Health Organization; 2021.
2. Policy dashboard: Integration of family planning within DSD for HIV treatment models, IAS, Jan 2022
3. Policy dashboard: Integration of non-communicable disease refills within DSD for HIV treatment models, IAS, Jan 2022

RESULTS

Family planning (FP) service integration

Only nine countries included any guidance on FP integration in their HIV or DSD policies (Figure 1). Of these, eight countries allow FP service provision within less-intensive DSD models. Only two countries specify that FP needs and contraceptive method assessments should be included in DSD clinical reviews.

Three countries incorporate the offering of LARC at DSD model enrolment and clinical reviews. Six countries recommend aligning the duration of oral contraceptive refills with ART refills within the same DSD models. Among these, four countries specifically allow six-month oral contraception refills (6MMD). Notably, Rwanda's guidelines allow for 6–12 months of oral contraception refills, depending on stock availability. Rwanda also envisions broader integration of short-acting, self-care contraception methods (oral and self-injectable refills) within DSD models, although it does not specify the number of self-injection units that can be provided at once.

Non-communicable disease (NCD) integration

Eleven countries reference NCD integration within their HIV or DSD policies (Figure 2). Nigeria is the only country that explicitly excluded people living with HIV and NCDs from DSD model eligibility. Five countries mention NCD integration but provide no specific guidance on NCD management within DSD models. Lesotho recommends separate clinical reviews for NCD management. Eswatini and Zimbabwe allow NCD management within DSD models but stipulate shorter refill periods to accommodate more frequent NCD clinical reviews.

In four countries, people established on ART with controlled NCDs are eligible for all less-intensive DSD models, with the same ART and NCD refill durations and clinical review frequencies.

CONCLUSIONS

National policies in an increasing number of countries are beginning to address the integration of family planning services, including contraception, and NCD management for individuals with well-controlled NCDs within less-intensive DSD models. However, many policies lack the necessary detail to effectively guide and support healthcare workers in implementing these integrated services.

Figure 2: Integration of controlled non-communicable diseases

Not all national policies explicitly stipulate integration of non-communicable diseases (NCDs) into DSD. This dashboard describes if and how NCDs are integrated into DSD for HIV treatment models as per the national guidelines. It also describes the duration and alignment of NCD refills and clinical reviews.

	Specified in DSD policy	Not eligible for DSD models for HIV treatment	Eligible for DSD models for HIV treatment			
			No guidance on NCD management within DSD models	NCDs managed separately with visit dates aligned	Same, or reduced length, NCD refill in DSD model with separate NCD clinical review	Reduced* ART and NCD refill length and/or more frequent clinical reviews in DSD model
Angola	x					
Burundi	x					
Cameroon	x					
DRC	x					
Eswatini ¹	✓				●	
Ethiopia ²	✓		●			
Ghana ³	✓					●
Kenya ⁴	✓		●			
Lesotho ⁵	✓			●		
Liberia	x					
Malawi ⁶	x		●			
Mozambique ⁷	x					
Namibia	x					
Nigeria ⁸	x	●				
Rwanda	✓					●
South Africa ⁹	✓					●
Sierra Leone	x					
Tanzania ¹⁰	✓		●			
Uganda	✓					●
Zambia ¹¹	✓		●			
Zimbabwe ¹²	✓				●	

*"Reduced" in this dashboard means that clients established on ART with controlled NCDs are ineligible for their specific country's DSD models with the longest refill and least frequent clinical reviews allowed. DSD models with the longest refill are often 6MMD and in some countries, there is provision for an annual clinical review.

**"Same" in this dashboard means that clients established on ART with controlled NCDs are eligible for all their specific country's DSD models, including those with the longest refills and least frequent clinical reviews.

Scan the QR code to download the dashboard with additional note details by country



Key
 ● National policy
 x No
 ✓ Yes