ICCIP Globa Health





Integration of Family Planning Into HIV Care Services



The Case of Burundi Saidi Karemangingo, MD

December 13, 2024



CQUIN 8th Annual Meeting | December 9-13, 2024 – Johannesburg, South Africa

Presentation plan

- Policies for integrating non-HIV services with HIV services in Burundi
- FP/HIV integration- Where do we stand?
- Approaches to FP/HIV integration
- Coordination of FP/HIV integration
- Monitoring and evaluation of FP/HIV integration
- Lessons learned and next steps



Brief overview of service integration policies

Burundi's 2018-2027 development plan focuses on the following actions:

- Improve access to family planning for women of childbearing age, as well as access to sexual and reproductive health services for young people and adolescents.
- Strengthen care provision for noncommunicable diseases (NCDs) and • integrate them into the Minimum and Complementary Activity Packages (PMA and PCA).

- Making care available for NCDs more affordable.
- Involve the private sector and social security systems in financing, organizing and delivering services.
- Create services to manage the illnesses of the elderly.

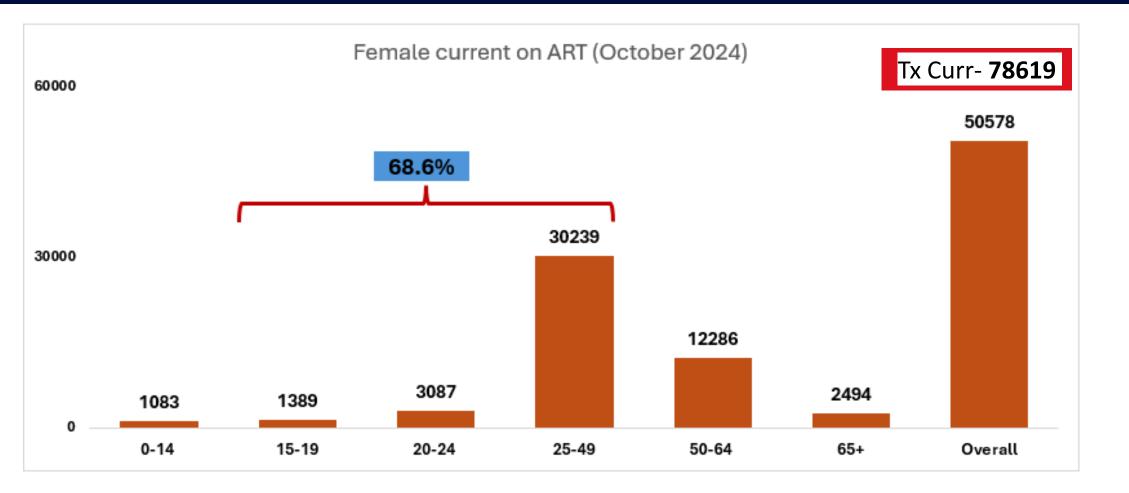


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Women of reproductive age on ART make a significant proportion of TX_Curr in Burundi





Trends for the CQUIN CMM FP Domain

Domains	2022	2023	2024
Policies			
Guidelines			
Diversity			
Scale Up Plan			
Coordination			
Community	-		
Training			
M&E System			
Procurement			
Facility Coverage			
Client Coverage			
AHD	_		
Key Populations			
тв/ніv	-		
МСН			
Family Planning			
Impact			

- Pilot in 8 HF: Enhanced TA
- Adoption of the national target for the general population

2024 Results

National policies support the integration of FP services into DART models AND **national coverage targets** exist for the number or proportion of FVHIV of reproductive age using modern contraceptive methods AND coverage data exist, but the country has **achieved less than 50%** of its national targets in

the past year

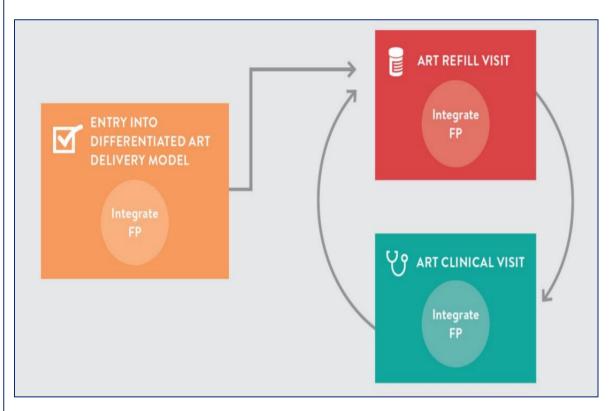
2025 targets

National policies support the integration of FP services

in TARVD models AND there are national coverage targets for the number or proportion of FVHIV of childbearing age who use modern contraceptives AND there are coverage data that show that the country has achieved at least 50% of its national targets over the past year

FP Integration Approach

- Promotion of one-stop shop, but also existence of co-ordinated or un-co-ordinated referrals
- Alignment of FP and ARV input replenishments in DSD models, including community replenishments
- Promotion of long-acting reversible contraception (LARC, IUD, implant) in PSD models
- Integration of FP and ART care into institutional DSD models and promotion of community linkages





Coordinating the integration of non-HIV services into HIV Services

A single national technical committee integrating non-HIV services (FP, NCDs, TB, diseases of the elderly, etc.).

Component organizations					
Ministtry	Partners	OSC			
DG Health					
PNLS	WHO; UNAIDS; ICAP;PSI; UNDP	CCDP+; ANSS; SWAA; RNJ+; AND			
PNSR	UNFPA; ENABEL	ABUBEF			
PNIMNT	WHO; ABUC				

- The committee led by DG Health currently comprises three programmes: PNLS, PNSR and PNIMNT.
- Joint strategy includes mobilization, screening, ECP and M&E
- Community agents (GAC managers, etc.) will receive training to strengthen their involvement at community level.



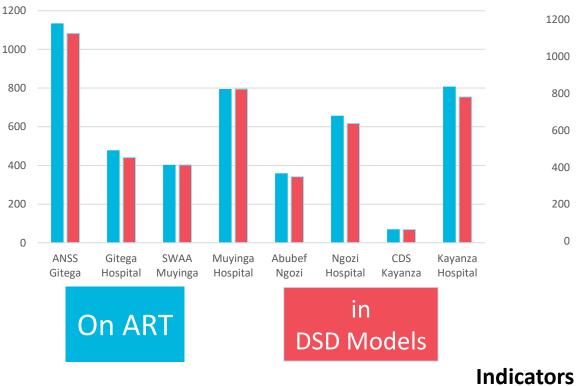
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Model for integrating FP into SDPs

Methods	Pills	Injectables	Implants	IUD		
When	Appointments aligned every 3 months	Aligned appointments every 3 months	Initiating the PSD model At the clinic visit	On request Or the clinical visit		
Where	FOSA Community (GAC, other CSAs)	FOSA PEC or PF service (depending on availability)	FOSA which initiated the PSD model	FOSA FP service or integrated into ECP if possible		
Who	ASC or GAC forme manager; Health care provider	ASC or GAC form manager; other service provider	Provider or other ASC form on implants	IUD form provider		
What	Counselling; method description; side effects management	Counselling; injectables; side effect management	Counselling; implant insertion and removal; side-effect management	Counselling; input pause and withdrawal; side- effect management		
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Evaluation data of FP integration - 8 pilot sites

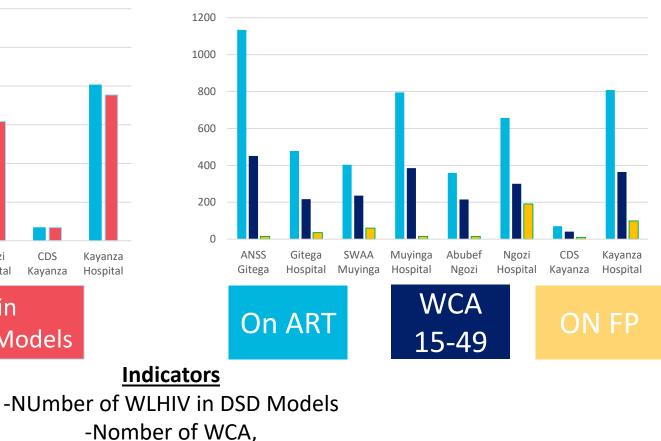
Good coverage of DSD models



Tx Curr of WLHIV and PSD models

Low FP coverage among women of childbearing age

Women on FP



-Number of WCA on FP Method

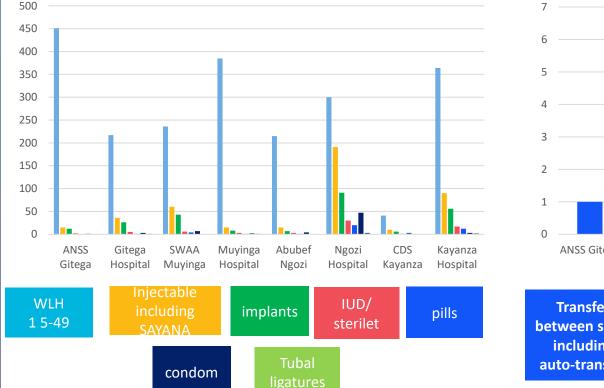


Source: Global report in DHIS2, EMR and Register

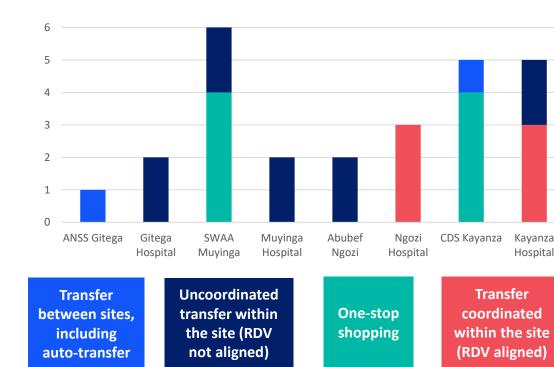
Some Data on the Use of FP/HIV Services (8 Pilot Sites)

A variety of methods are available, but injectables predominate. Natural methods and condom use lack in-depth documentation.

Transfers within the facility are common, but often occur without coordinating appointments with clinical visits or ARV distribution.











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Lessons Learned

- Providing integrated services in the community improves continued use of FP services.
- Broader access to a wider range of methods increases overall contraceptive use and gives customers more choice
- Collaboration between different programs must be strengthened via the technical committee to ensure quality services for PLHIV.

Next Steps

- Continue to improve FP/HIV reporting
- Increase coverage of sites offering FP/HIV integration services from 26% to 75% by 2025.
- Disaggregate data by FP methods used and DSD models









Thank You!

