



Integration of Non-HIV Services into HIV Care Services



The case of Burundi
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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

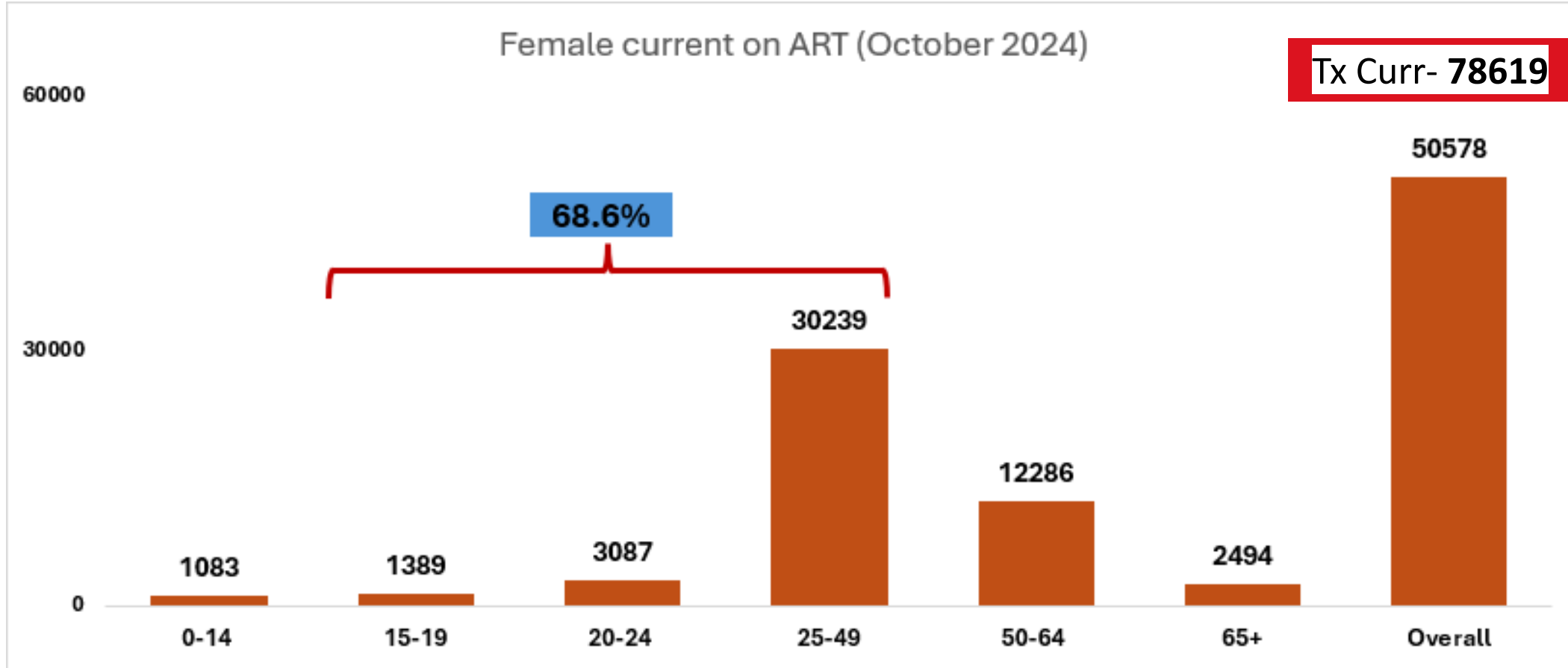
Brief overview of service integration policies

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 non-communicable 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.



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	Green	Green	Dark Green
Guidelines	Dark Green	Dark Green	Dark Green
Diversity	Yellow	Yellow	Light Green
Scale Up Plan	Red	Orange	Yellow
Coordination	Light Green	Light Green	Dark Green
Community	Orange	Dark Green	Dark Green
Training	Yellow	Light Green	Light Green
M&E System	Red	Yellow	Yellow
Procurement	Dark Green	Dark Green	Dark Green
Facility Coverage	Orange	Yellow	Light Green
Client Coverage	Yellow	Light Green	Light Green
AHD	Red	Red	Orange
Key Populations	Red	Red	Red
TB/HIV	Orange	Light Green	Dark Green
MCH	Red	Orange	Orange
NCD/HIV	Grey	Red	Red
Family Planning	Red	Red	Yellow
Country	Red	Orange	Orange
Impact	Red	Orange	Orange

- **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

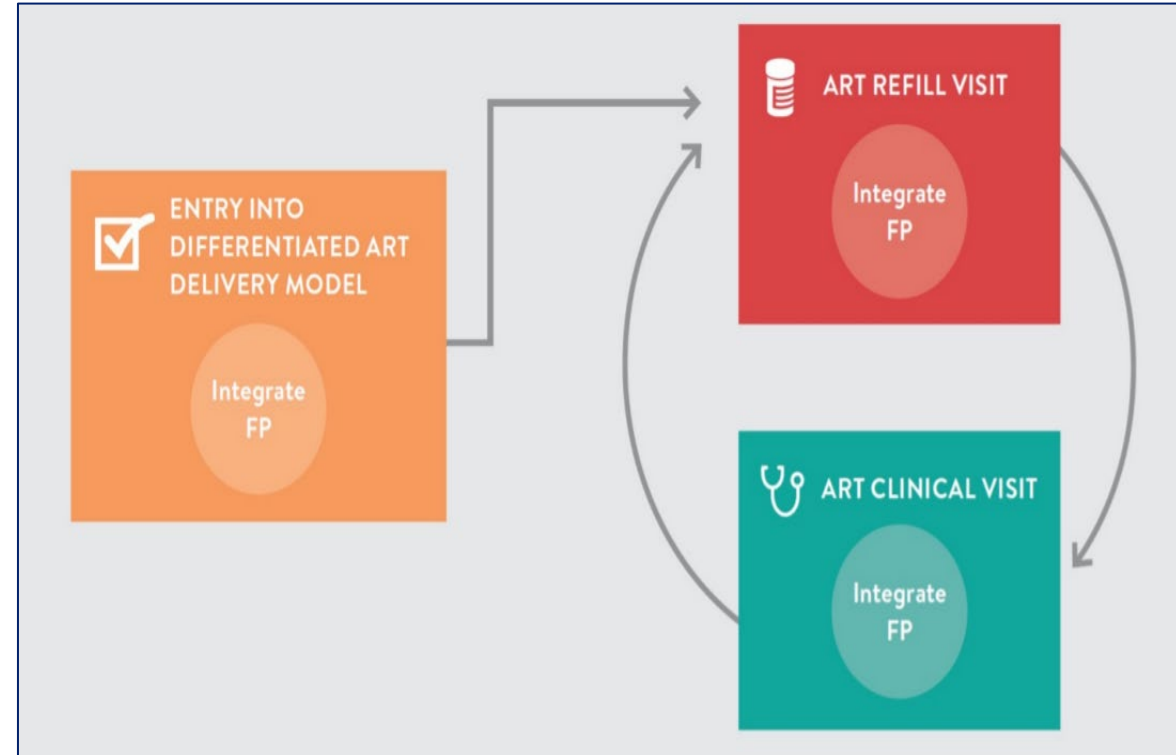


2025 targets

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		
Ministry	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.

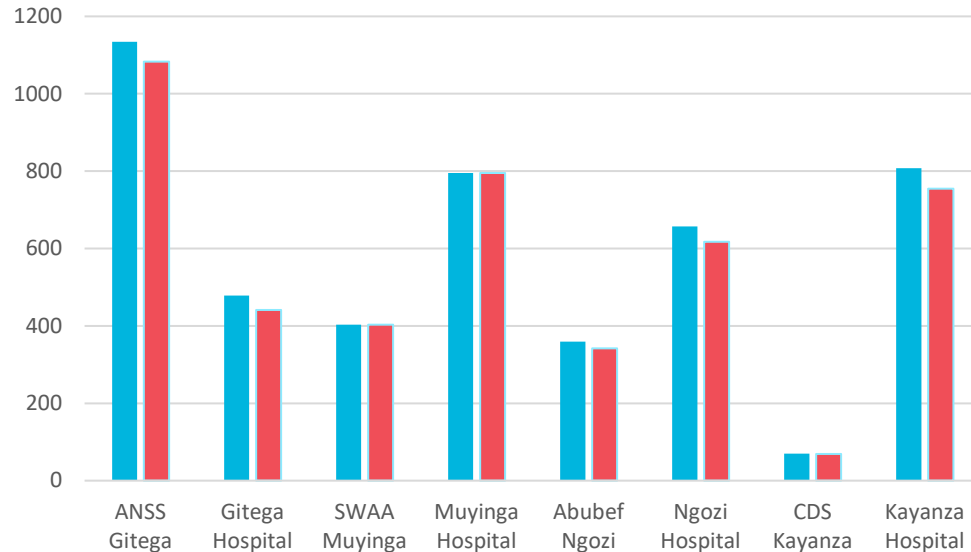
Model for integrating FP into SDPs

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 form 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

Evaluation data of FP integration - 8 Pilot Sites

Good coverage of DSD models

Tx Curr of WLHIV and PSD models

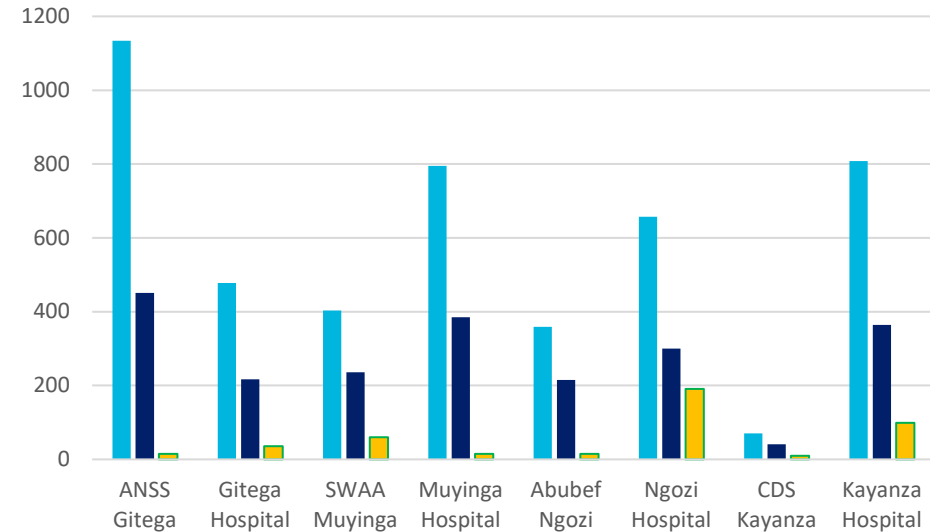


On ART

in
DSD Models

Low FP coverage among women of childbearing age

Women on FP



On ART

WCA
15-49

ON FP

Indicators

- Number of WLHIV in DSD Models
- Number of WCA,
- Number of WCA on FP Method

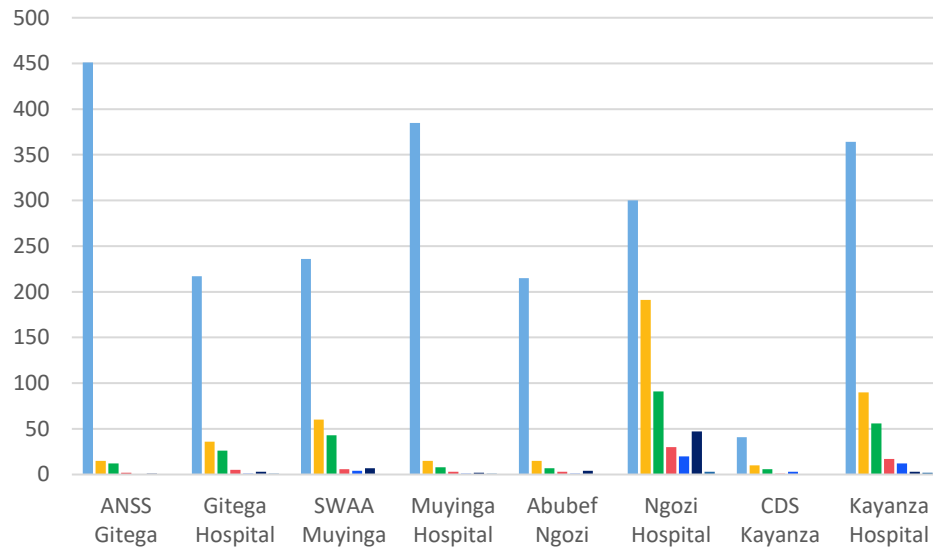
Source: Global report in DHIS2, EMR and Register

Some data on the use of FP/HIV services (8 pilot sites)

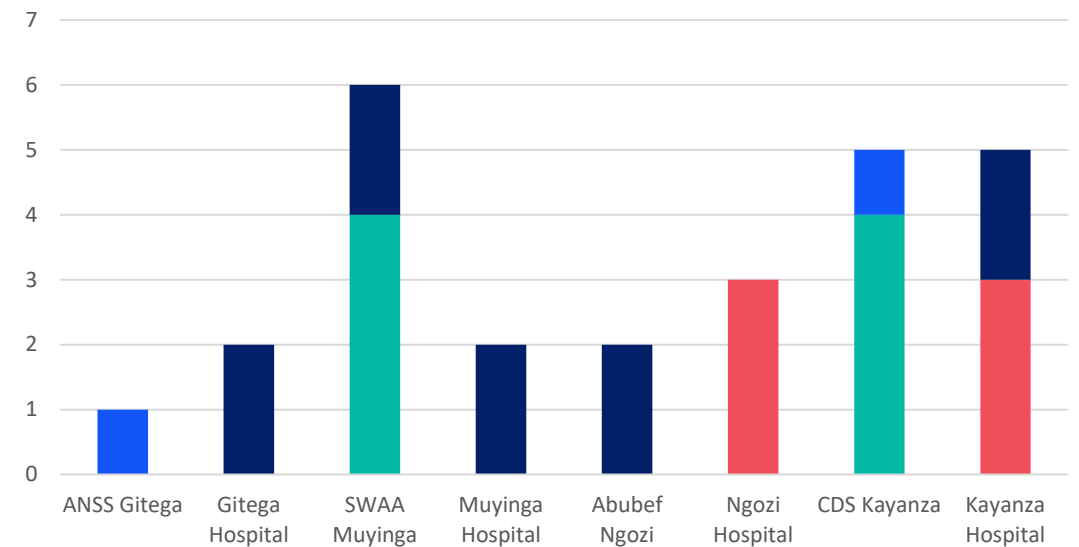
A variety of methods are available, but injectables predominate. Natural methods and condom use lack in-depth documentation.

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

Contraceptive methods



Types of FP integration



WLH
15-49

Injectable
including
SAYANA

implants

IUD/
sterilet

pills

condom

Tubal
ligatures

Transfer
between sites,
including
auto-transfer

Uncoordinated
transfer within
the site (RDV
not aligned)

One-stop
shopping

Transfer
coordinated
within the site
(RDV aligned)

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 step

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



Thank You!

