

# Scaling up DSD integration: Global guidance & FP/NCD insights from AIDS 2024

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# Global guidance updates



# Global guidance updates: NCDs

## 2023: WHO Implementation guidance for integration into other services



### Integrating the prevention and control of noncommunicable diseases in HIV/AIDS, tuberculosis, and sexual and reproductive health programmes

Implementation guidance

**1**  
People and community

1.1 Engage and empower people living with NCDs and their communities.

1.2 Develop patient-centred measures and monitoring systems.

Available [here](#)

**2**  
Policy and leadership

2.1 Provide policy directives for integration.

2.2 Align political, institutional and health systems with the necessary resources.

**3**  
Financing

3.1 Align financing mechanisms and sources to ensure implementation of national health plans and NCD service integration objectives.

3.2 Availa  
resourc

**4**  
Capacity and infrastructure

4.1 Build multidisciplinary teams.

4.2 Provide comprehensive, tailored, flexible, interactive training in integration.

4.3 Ensure strong operational management and human resources development.

4.4 Provide adequate infrastructure for delivering integrated NCD care.

4.5 Develop strong procurement systems to meet the requirements of NCD services.

4.6 Ensure robust NCD information and technology for integration.

**5**  
Models of care for NCDs

5.1 Assess health system functioning, strength and "readiness" for integration.

5.2 Create a cooperative model of NCD care that ensures that integration is compatible, acceptable, feasible and fits well with existing services.

5.3 Clarify the roles and functions of providers.

5.4 Engage with managers and providers throughout integration.

5.5 Ensure effective coordination, supportive supervision and mentoring.

Guidance on developing health system building blocks to enable integration of NCDs into HIV services

# Global guidance updates: NCD DSD integration

## 2024 Decision framework supplement: Chronic conditions

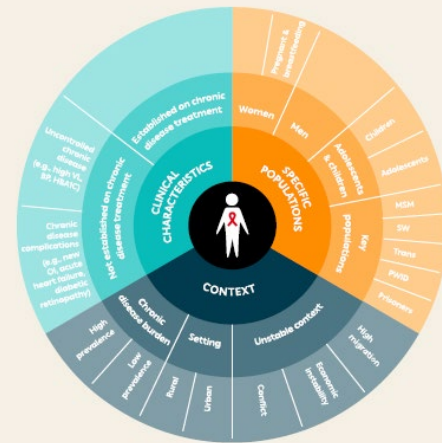
### Differentiated service delivery for chronic conditions

A supplement to *A Decision Framework for antiretroviral therapy delivery*



- An overview of why DSD is needed beyond HIV
- The key enablers for DSD for chronic conditions
- Examples of how the building blocks of DSD can be used for chronic conditions
- Examples of how service delivery for chronic conditions may be integrated

Example of use of DSD building blocks across the hypertension care cascade



	Diagnosis	Initiation	Titration	Continuation for those established on treatment
WHEN	For people living with HIV at initiation, entry into DSD or at each annual clinical visit  General population according to risk criteria (e.g., age, body mass index)	For people living with HIV at initiation, entry into DSD or at each annual clinical visit  General population at time diagnosis is made	Monthly visits until blood pressure is controlled	Six-monthly clinical visits Three-monthly refills
WHERE	Outpatient department (OPD) at hospital Primary care Community	OPD at hospital Primary care For people living with HIV, same clinic as ART	OPD at hospital Primary care For people living with HIV, same clinic as ART	OPD at hospital Primary care For people living with HIV, same clinic as ART
WHO	Doctor, nurse, community health worker (CHW)	Doctor, nurse For people living with HIV, same healthcare worker (HCW) who provides ART	Doctor, nurse For people living with HIV, same HCW who provides ART	Doctor, nurse (clinical visit and refill visits); CHW, peers (refill visits) For people living with HIV, same HCW who provides ART

Available [here](https://www.differentiatedservicedelivery.org)  
[www.differentiatedservicedelivery.org](https://www.differentiatedservicedelivery.org)

# Global guidance updates: Family planning integration 2022: WHO self-care guidance – focus on contraception

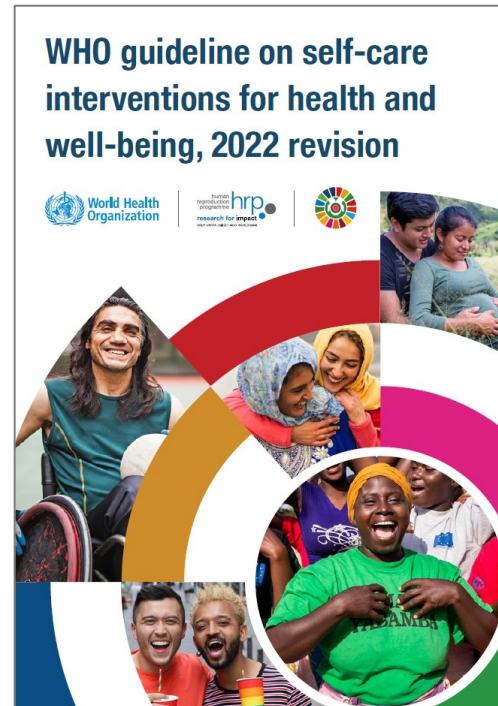
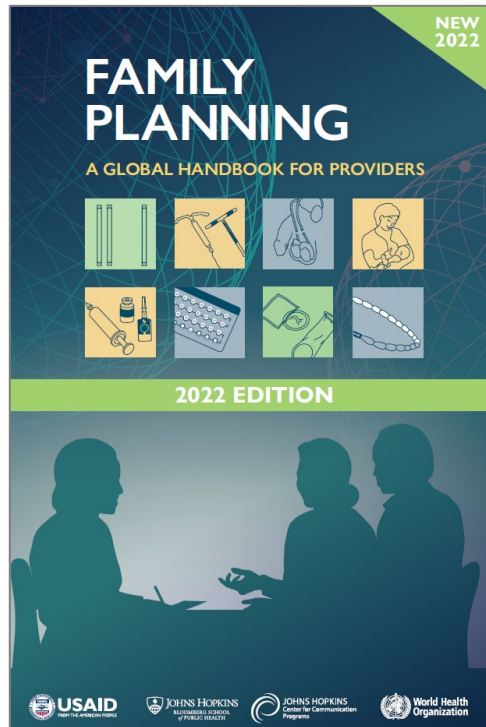
## WHO guideline on self-care interventions for health and well-being, 2022 revision



## Important contraceptive method DSD related guidance

	Recommendation
<b>Recommendation 14</b>	Self-administered injectable contraception should be made available as an additional approach to deliver injectable contraception for individuals of reproductive age. <i>(Strong recommendation; moderate certainty evidence)</i>
<b>Recommendation 15</b>	Over-the-counter oral contraceptive pills (OCPs) should be made available without a prescription for individuals using OCPs. <i>(Strong recommendation; very low certainty evidence)</i>
<b>Recommendation 20a</b>	Provide up to one year's supply of pills, depending on the woman's preference and anticipated use.
<b>Recommendation 20b</b>	Programmes must balance the desirability of giving women maximum access to pills with concerns regarding contraceptive supply and logistics.
<b>Recommendation 20c</b>	The resupply system should be flexible, so that the woman can obtain pills easily in the amount and at the time she requires them.

# Global guidance updates: Family planning DSD integration



## WHO launches online learning programme to increase access to contraception via pharmacies

25 September 2024 | Departmental update | Reading time: 2 min (470 words)

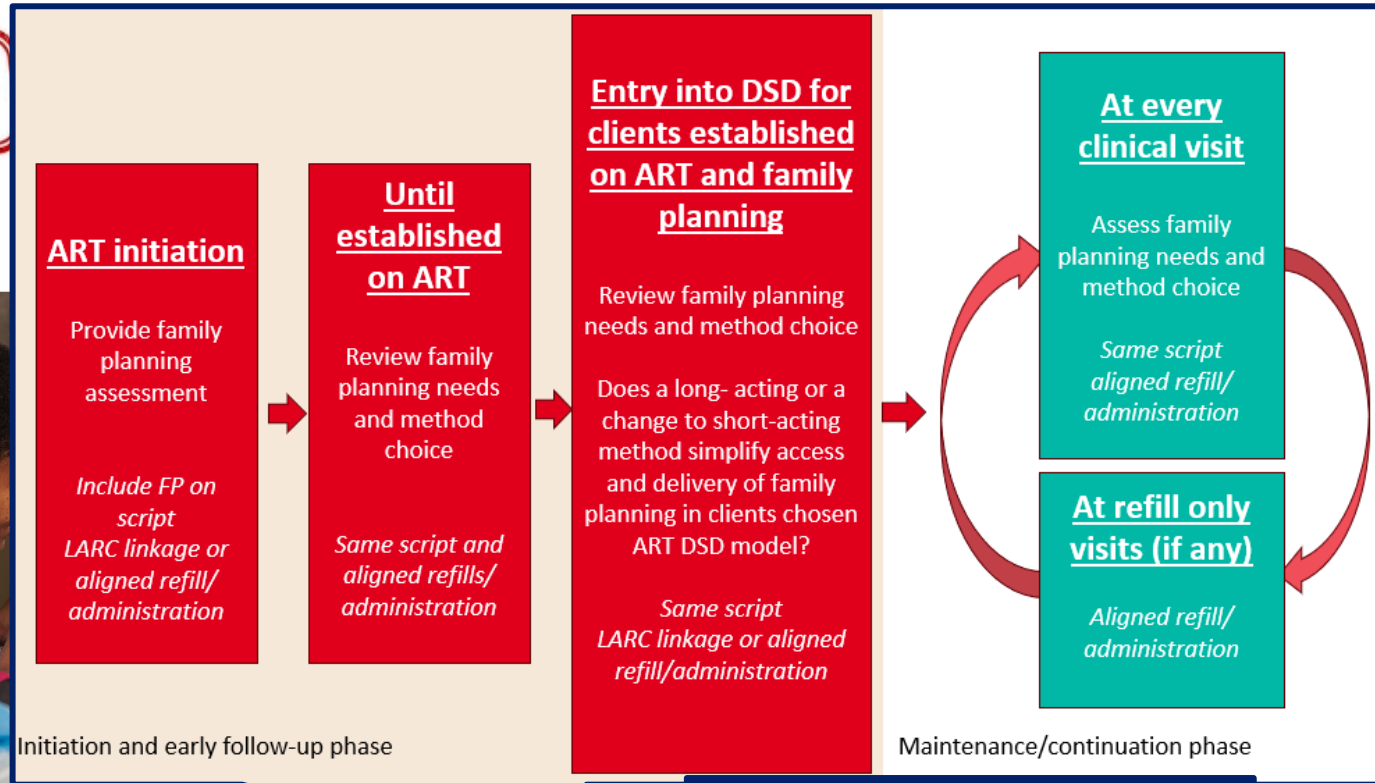


**Combines WHO FP and self-care guidance to over-the-counter contraceptive care provision by private pharmacies**

**Important lessons for DSD**

# Global guidance updates: Family planning

## 2025 Decision framework supplement: DSD for family planning



### Update to include:

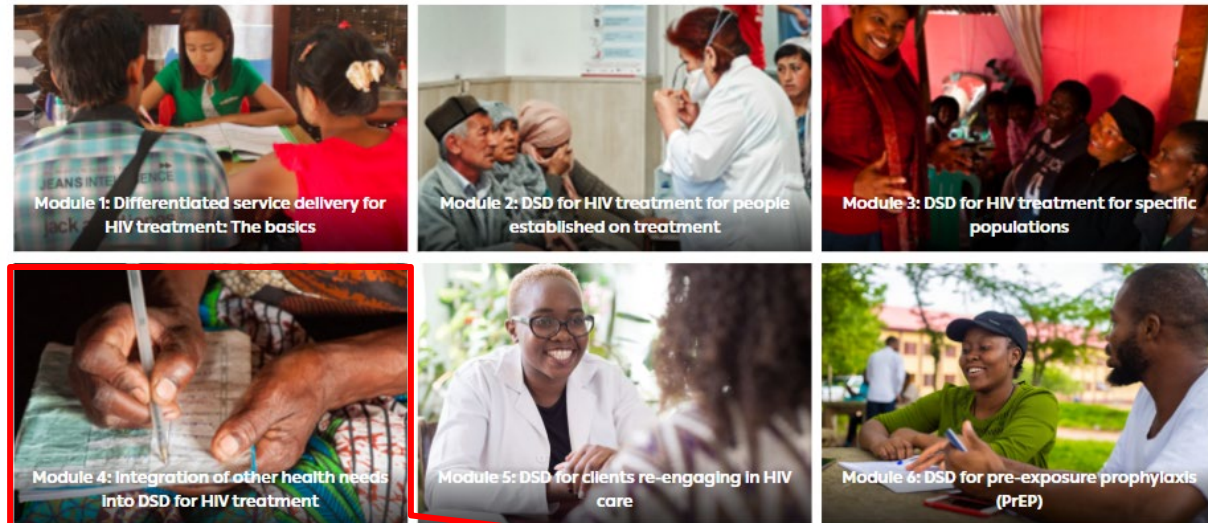
- FP DSD (not only integration)
- Revised WHO FP and integration guidance
- Account for increasing self-care methods
- Integrating FP and PrEP DSD

2018 version available [here](http://www.differentiatedservicedelivery.org)  
[www.differentiatedservicedelivery.org](http://www.differentiatedservicedelivery.org)


2024 CQUIN  
 integration meeting  
 presentation [here](#)

**UPDATED VERSION:  
 EXPECTED BY MARCH 2025**

# Free online, open-access DSD course includes a module on integration



## Differentiated Service Delivery – Online training course

 Implementation tools

### 4. Integration of other health needs into DSD for HIV treatment



In this module, we're exploring the integration of other health needs into DSD for HIV treatment.

People living with HIV have health needs beyond just HIV. Providing person-centred care means addressing other health needs, which may include treatment of other acute or chronic co-morbidities and the provision of family planning (FP) and other sexual and reproductive health services.

People living with HIV who visit health facilities every three to six months to collect their ART do not maximize the benefit of their DSD for HIV treatment model if they need to return to the facility more frequently for management of other medical needs.

This module will address three areas of integration where DSD for HIV treatment models can be leveraged to provide care for these other health needs. We will focus on the integration of TB preventive therapy (TPT), family planning (FP), and diabetes (DM) and hypertension (HTN).



# CQUIN member country FP/NCD policy dashboards

Update  
September 2024





# INTEGRATION OF FAMILY PLANNING

2024 CQUIN  
integration meeting  
presentation [here](#)

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 <sup>1</sup>	✓	✓	✗	●	●	
Ethiopia	X					
Ghana <sup>2</sup>	✓	X				
Kenya <sup>3</sup>	✓	✓	X		●	
Lesotho	X					
Liberia	X					
Malawi	X					
Mozambique	X					
Namibia	X					
Nigeria	X					
Rwanda <sup>4</sup>	✓	✓	X	●		●
South Africa <sup>5</sup>	✓	✓	✓		●	
Sierra Leone <sup>6</sup>	✓	✓	✗		●	
Tanzania <sup>7</sup>	X					
Uganda <sup>8</sup>	✓	✓	✗			
Zambia <sup>9</sup>	✓	✓	X		●	
Zimbabwe <sup>10</sup>	✓	✓	✓	●	●	

Updated DSD/HIV treatment guideline analysis  
→ More policies refer to FP integration, but low on detail by method and DSD model

Version: September 2024  
www.differentiatedservicedelivery.org

**Key**

- National policy
- X No
- ✓ Yes
- ✗ Partially

**References**

Click on the ovals in the table to access the referenced policy.

Dashboard available [here](#)



# INTEGRATION OF CONTROLLED NON-COMMUNICABLE DISEASES

2024 CQUIN  
integration meeting  
presentation [here](#)

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 <sup>1</sup>	✓				●	
Ethiopia <sup>2</sup>	✓		●			
Ghana <sup>3</sup>	✓					●
Kenya <sup>4</sup>	✓		●			
Lesotho <sup>5</sup>	✓			●		
Liberia	X					
Malawi <sup>6</sup>	X		●			
Mozambique <sup>7</sup>	X					
Namibia	X					
Nigeria <sup>8</sup>	X	●				
Rwanda	✓					●
South Africa <sup>9</sup>	✓					●
Sierra Leone	X					
Tanzania <sup>10</sup>	✓		●			
Uganda	✓					●
Zambia <sup>11</sup>	✓		●			
Zimbabwe <sup>12</sup>	✓				●	

Updated DSD/HIV treatment guideline analysis  
→ More country policies refer to NCD integration, but many with no consideration of integrated care models

Version: September 2024  
www.differentiatedservicedelivery.org

**Key**

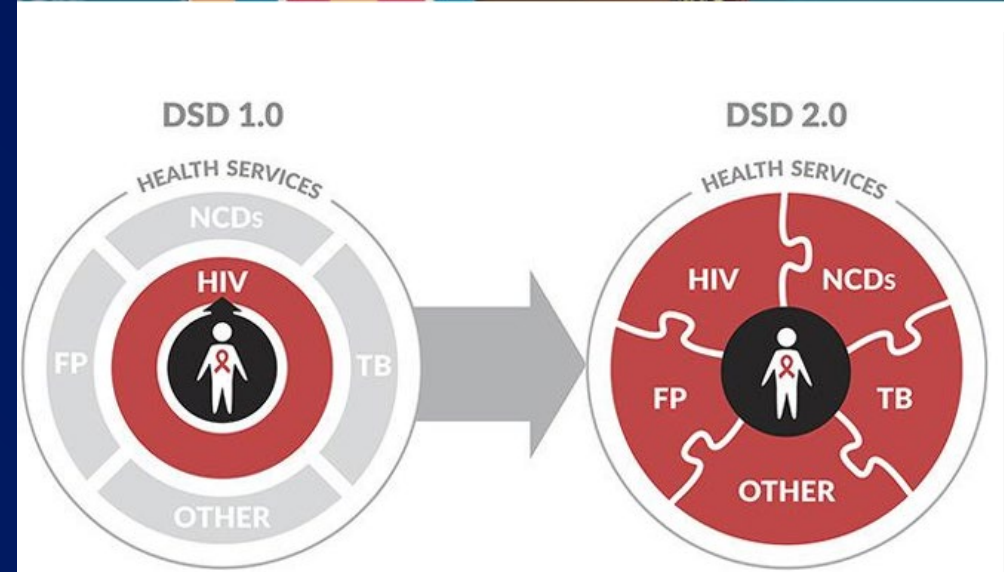
- National policy
- X No
- ✓ Yes

**References**

Click on the ovals in the table to access the referenced policy.

Dashboard available [here](#)

# Insights from AIDS 2024 pre-conference



# Lesotho



**Ntaoleng Mohlabane**  
Baylor College of Medicine  
Lesotho



Dr Ntaoleng Mohlabane, Baylor, Lesotho  
**DSD beyond HIV treatment – case studies from family planning**

## **Innovative integration: Contraception in Lesotho's DSD models**



22 - 26 July - Munich, Germany and virtual [aids2024.org](https://aids2024.org)



### **Insights:**

**DSD beyond HIV**

**DSD for family planning including integration**

**DSD for NCDs including integration**

- **High HIV burden, large rural context with faith-based ART services**
- **Annual clinical review for FP possible with 3-12 MMD**
- Possible to **integrate contraception methods into** all ART DSD models including **facility-based individual 6MMD models and CAG 6MMD model**
  - Fast track oral pill refill mechanism needed when short supply – leverage CHWs including for CAGs
  - Automated dispensing units already include oral pills and DMPA-SC units
  - CAG rotation to collect 6-months oral pills/DMPA-SC units from facility at ART clinical visit



# Mozambique



Aleny Couto and Alda Govo, MoH, Mozambique  
DSD beyond HIV treatment – case studies from family planning

**Integrating family planning into Mozambique's 6MMD ART and PrEP DSD models**



## Insights:

DSD beyond HIV

DSD for family planning including integration

Building blocks for each integration model developed and explained

- High HIV burden context low contraception coverage for WLHIV
- Possible to **integrate FP assessment, continuation and maintenance in facility-based 6MMD individual model**
  - All contraception methods only assessed once 3-months after method initiation before inclusion in DSD
  - Not necessary to perform FP clinical assessment at every visit
  - Annual FP clinical review with quick check-in at 6-month ART clinical review
  - 6MMD for both with 3MMD fast-track refill mechanism for oral pill/DMPA-SC unit supply challenges.



**Claudette Diogo**  
Ministry of Health  
Ghana

# Ghana



Dr. Claudette A. Diogo, MoH, Ghana  
DSD beyond HIV treatment – case studies from family planning

## Considerations for integrated DSD for HIV treatment and family planning Ghana



DSD beyond HIV

DSD for family planning including integration

DSD for integration

Building blocks for each integration model developed and explained



### Insights:

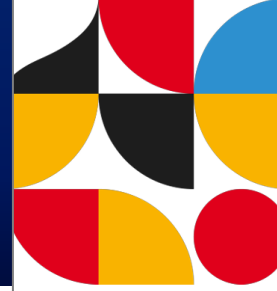
- Low HIV burden context with faith-based ART services possible to **integrate FP into 6MMD facility-based individual DSD models**
- HIV + SRH programs developed **three integrated DSD models** for demonstration:

- **One-stop-shop**
  - Public sector ART services with sufficient human resources
- **Coordinated intra-facility referral**
  - Public sector ART services with insufficient human resources or space
- **Coordinated inter-facility referral**
  - Faith-based ART services



**Ntombifuthi Ginindza**  
Ministry of Health  
Eswatini

# Eswatini



Ntombifuthi Ginindza, Ministry of Health, Eswatini  
**DSD beyond HIV treatment**

## **Building on DSD for HIV: The integrated chronic disease management (ICDM) framework for Eswatini**

22 - 26 July - Munich, Germany and virtual

aids2024.org



### Insights:

DSD beyond HIV

DSD for family planning including integration

DSD for NCDs including integration

- **High HIV burden context with ART clinics at capacity**
- Enabled by developing **an integrated chronic disease framework**
- Possible to use the lessons learnt from ART DSD to develop **integrated chronic care DSD models**
  - Facility-based fast-track
  - Treatment club model
  - CAG model
- Inclusion criteria **stable with NCDs only** or **stable with NCD and HIV**





**Dike Ojji**  
University of Abuja and University of Abuja Teaching Hospital  
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# Nigeria



Dr Dike Ojji (MBBS, PhD, FWACP FACP, FESC), University of Abuja & University of Abuja Teaching Hospital , Gwagwalada, Abuja, Nigeria

**DSD beyond HIV treatment**

## **A pathway to hypertension (HTN) and HIV integration: Lessons from Nigeria**



**AIDS 2024**



### **Insights:**

- Enabled by:
  - **NCD task shifting guidelines, training and mentorship and stakeholder engagement**
  - **Fixed dose combinations**
- Possible to reach consensus on **integrated HIV/Hypertension DSD building blocks** including **annual clinical review** for both with **3-6MMD for ART and 3MMD for hypertension from lay provider** including BP measurement.
- **Early outcomes of improved systolic and diastolic BP**

**DSD beyond HIV**

**DSD for family planning including integration**

**DSD for NCDs including integration**

All presentations and recordings available [here](#)

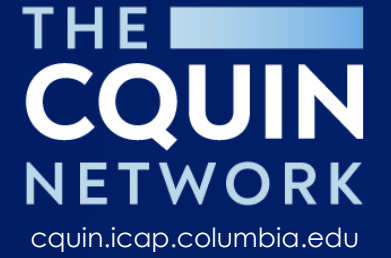
DSD beyond HIV

DSD for family planning including integration

DSD for NCDs including integration

Consider convening your own in-country integration workshop, on FP or NCD DSD, with stakeholders using these online presentations to guide discussions and consider lessons from case studies





Thank you

