

Leveraging DSD for strengthening contraceptive care

Leveraging differentiated service delivery for HIV treatment to strengthen
contraceptive care

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Where are we now?

Progress...

- **53 million more women and girls** using a modern method of contraception since 2012¹
- Contraceptive prevalence rate in **Eastern and Southern Africa** has increased by **7%** since 2012¹

But still...

- 225 million women have an unmet need for family planning annually²
- **Unmet need is 45% in sub Saharan Africa**²
- **44% of pregnancies in SSA unintended**³



Unintended pregnancy high among women living with HIV⁴

Recent data

Substantial unmet contraceptive need
Low levels of LARC use⁹
Condoms predominate over more effective methods^{7,8}
Low levels of dual use⁹

Among women with HIV in Sub-Saharan Africa **66-92% reported a need, but only 20-43% used contraception**⁵

Malawi:
75% of pregnant women on ART reported pregnancy was unintended and 79% were using contraception (91% condoms) at conception⁶

Botswana:
49% of pregnancies unintended among women living with HIV; **no LARC use**¹²

South Africa:
28% of women attending ART clinics had an unmet need for contraception and 62% of pregnancies were unintended⁷

Zimbabwe:
39% of women in HIV care not using contraception; 80% in 15-19 year olds¹⁰ 35% of pregnancies unintended¹¹



Data on access to DSD and contraceptive care



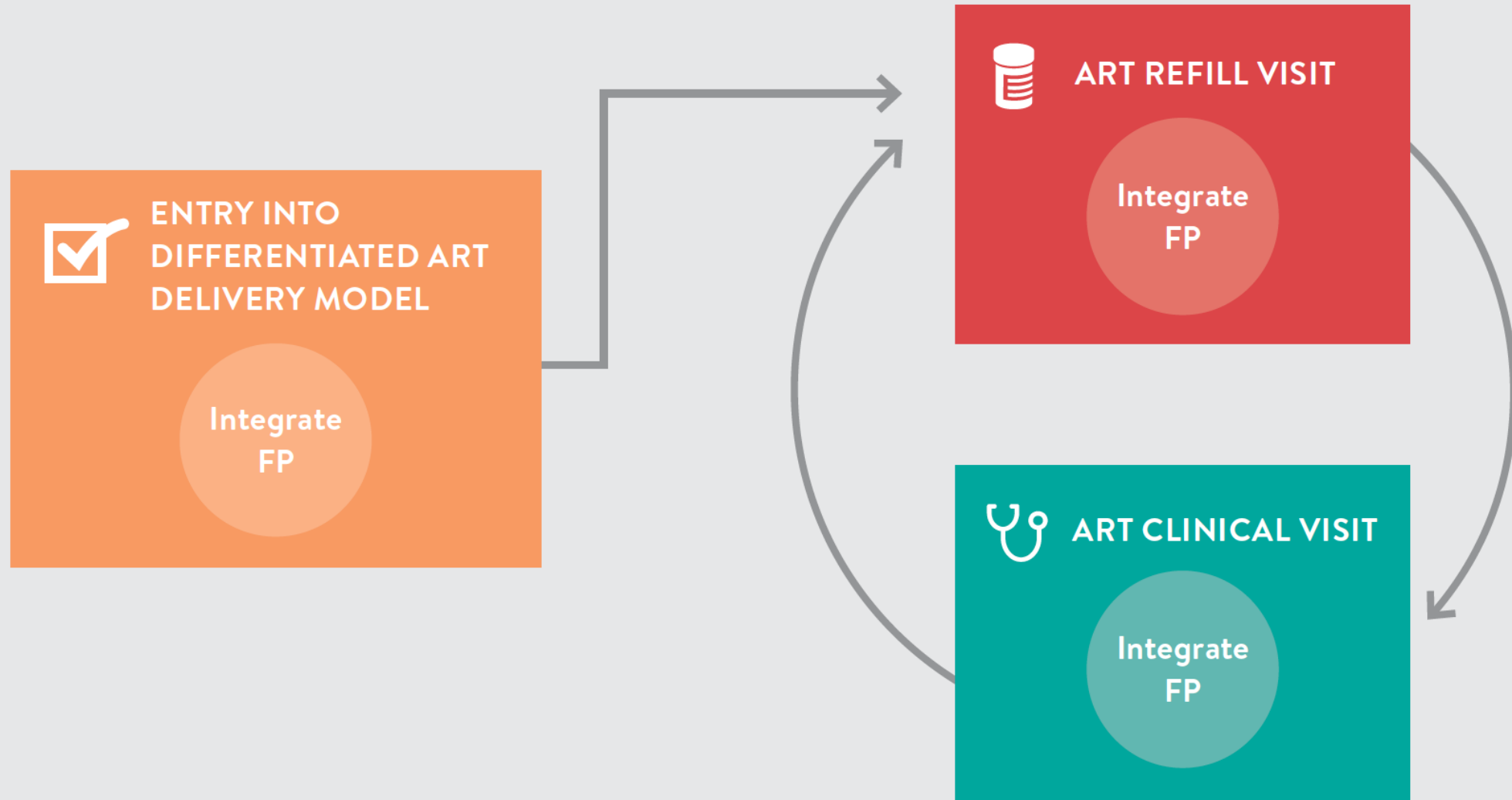
Country	DSD Models	Unmet need	IUD	Implant	Oral pills	Injectable	S/C injectable?
Eswatini	FT; Clubs; Individual community; CAGs	24%	0.2%	4.6%	12%	30%	
Ghana	FT; Clubs; Individual community	37%	1.9%	28%	18%	28%	Y
Kenya	FT; Individual community; CAGs	23%	6%	18%	14%	48%	Y
Malawi	6 MMR; Individual community; CAGs	26%	1.8%	20%	4%	50%	Y
Uganda	FT; CLADs; CDDP	38%	4%	17%	6%	51%	Y
Zambia	FT; Clubs; CAGS	27%	1.5%	17%	16%	54%	Y
Zimbabwe	FT; Clubs; CARGS; Individual Community; Family groups	14%	0.8%	17%	57%	15%	

Leveraging differentiated ART delivery models to strengthen family planning care



http://differentiatedservicedelivery.org/Guidance/DSD-decision_frameworks

Figure 1. Family planning care throughout differentiated service delivery of ART



Building blocks of service delivery



Example: Integration of family planning care within Community ART Groups, Kenya

	IUDs	Implants	Oral pills	Injectables*
WHEN	Available but not taken up	At DSD entry At DSD clinical visits At facility walk in services in between visits if contraceptive need identified	Every 3 months, aligned	Every 3 months, aligned
WHERE	Available but not taken up	At same facility as ART where transition to DSD initiated/ ART collected for CAG	Collect ART and FP script from same clinic room and collect from the same pharmacy	Injection given in same room as ART assessment; group member in need nominated to collect ART for others
WHO	Available but not taken up	Implant- trained doctor, clinical officer, midwife or nurse	FP-trained clinical officer, midwife or nurse provides script	FP-trained clinical officer, midwife or nurse
WHAT	Available but not taken up	Implant information, counselling, insertion/ removal, management of side effects	Combined and progestin- only pills, information, counselling, script for pills, management of side effects	Injectable information, counselling, giving of injection, management of side effects *Self-injectable not yet available

Key principles for integration of family planning into DSD models for HIV treatment



1. Engage women and girls living with HIV.
2. Utilize DSD referral and follow up as an opportunity for continuity of family planning care.
3. Promote the use of long-acting reversible contraceptives among clients in differentiated ART delivery models.
4. Align contraceptive and ART resupplies in differentiated ART delivery models.
5. Integrate family planning and ART care in differentiated ART delivery models in facilities and communities.

Excerpt from *"Leveraging differentiated ART delivery models to strengthen family planning care"*,
http://differentiatedservicedelivery.org/Guidance/DSD-decision_frameworks



www.differentiatedservicedelivery.org



It's time to deliver differently



- **Dr Anna Grimsrud**
- **Aamirah Mussa**
- **Recipients of care
who visit our clinics**

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