



Differentiated service delivery (DSD) for pregnant and breastfeeding women and their infants

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Overview

- ❑ What we know
- ❑ Differentiated service delivery to support elimination of HIV vertical transmission
- ❑ Key questions
- ❑ Q&A



Why it's time to deliver differently

I have been on treatment for 10 years. Why do I have to go back to collecting my treatment every month just because I am pregnant?



How will I manage to fit in visits to the clinic for my new baby and my visits to get my ARVs?

I start my clients on treatment while they are pregnant, but how will they stay on treatment if they're scared to go to the HIV clinic after delivery?

Why do I have to spend the whole day at the clinic every month to collect my ARVs now that I am pregnant when I used to get my treatment at a pick-up point in my community?

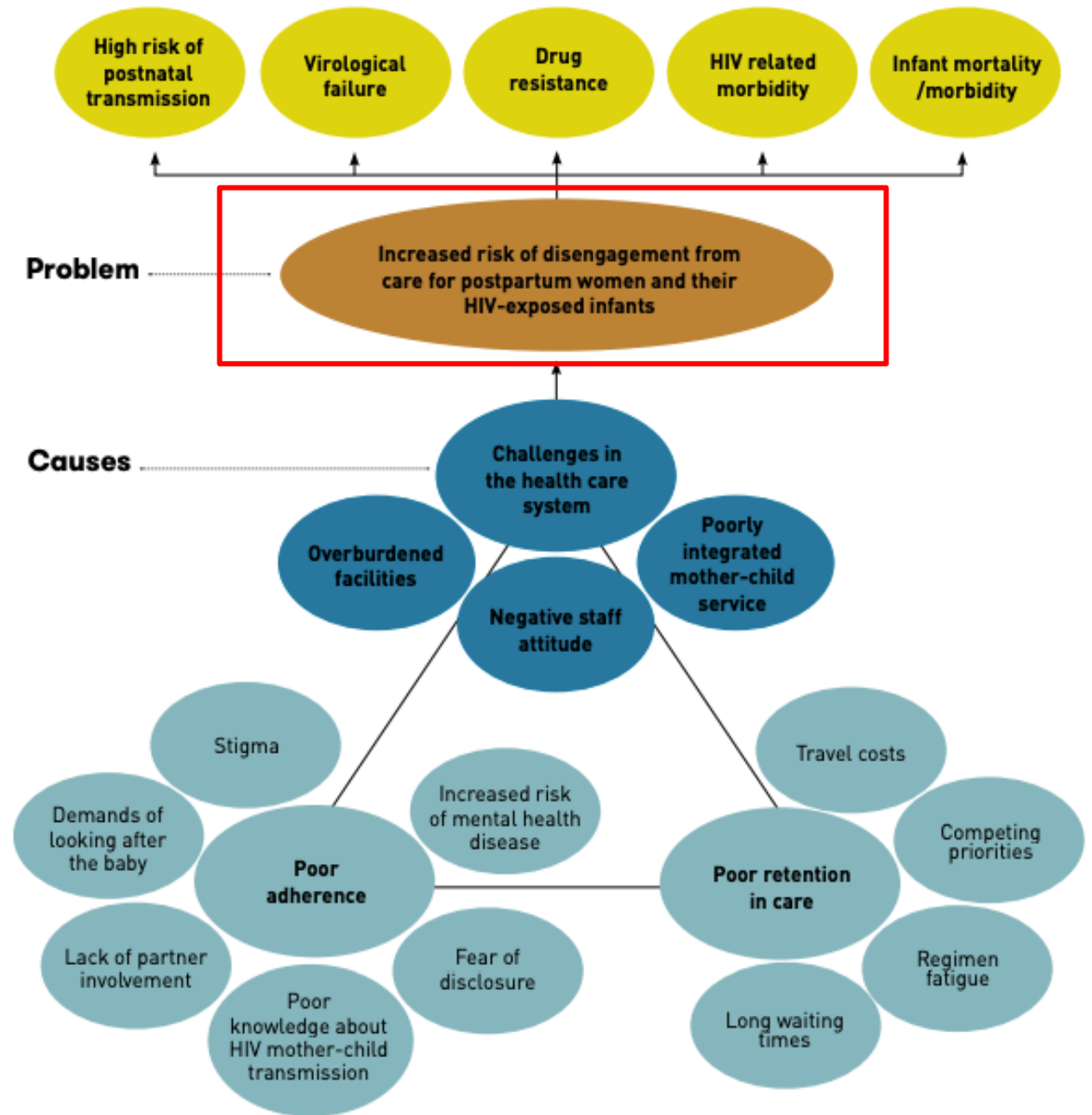
Why can't a good club member stay in the group now that she's pregnant?



Why it's time to deliver differently



We are struggling to keep new mothers coming back to our clinic. How can we improve their outcomes?





What we know

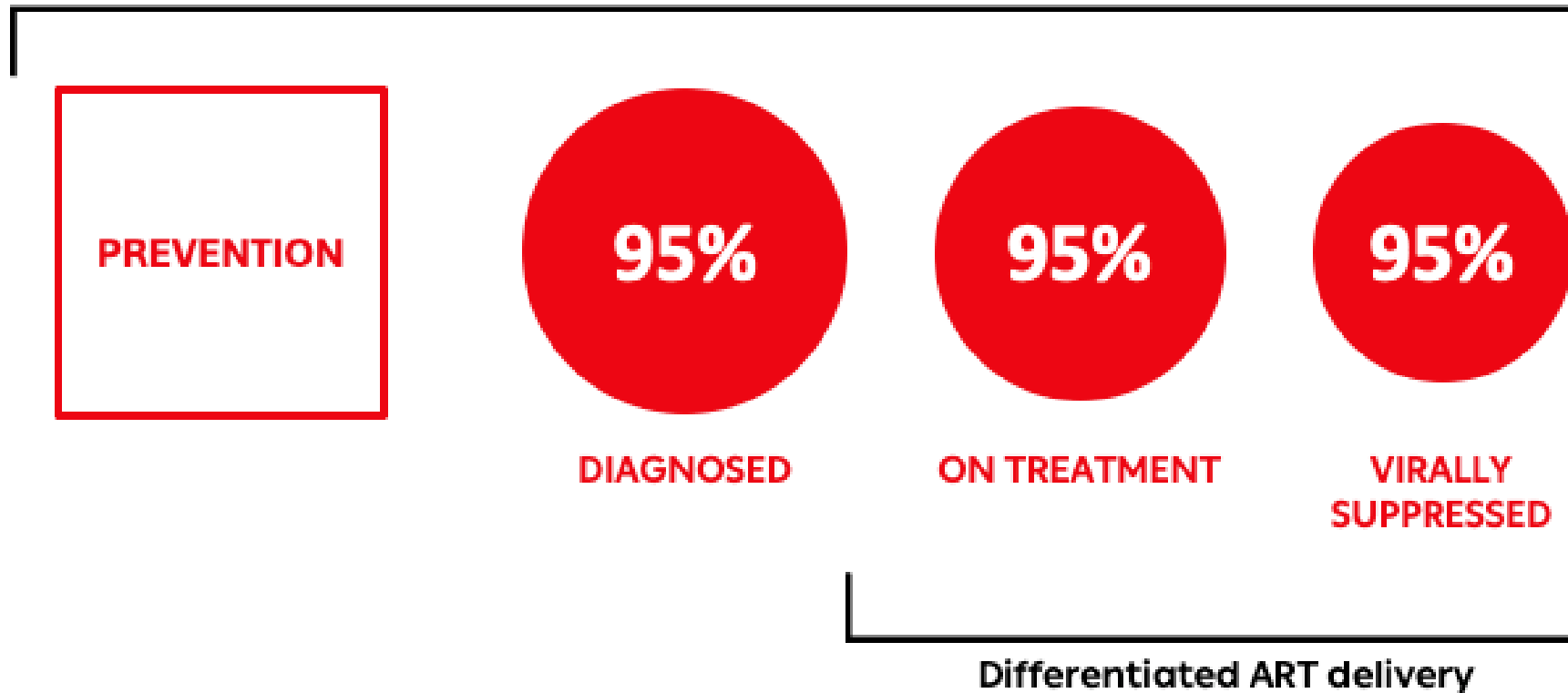


What we know

- DSD is a client-centred approach that simplifies and adapts HIV services across the cascade to reflect the preferences and expectations of various groups of people living with or at risk of acquiring HIV while reducing unnecessary burdens on the health system
 - Reduce barriers to clients' HIV service access
- DSD applies to all populations, including children, adolescents and pregnant and breastfeeding women
- DSD expands beyond HIV-specific care towards a broader, person-centred healthcare model
- Pregnant and breastfeeding women and their infants have health needs beyond HIV – as do all other populations

Differentiated DSD is applicable across the HIV care continuum

Differentiated service delivery



Countries have formulated differentiated HIV care policies for pregnant and breastfeeding women

Dashboard showing eligibility for pregnant and breastfeeding women in DSD for HIV treatment

	Excluded	Not specified	Limited inclusion		
			Stable before this pregnancy	Postpartum	Pregnant
Angola		●			
Burkina Faso	●				
Burundi	●				
Cameroon	●				
Cote D'Ivoire		●			
DRC	●				
Eswatini*	●			●*	●*
Ethiopia	●			●3	●3
Ghana*	●			●	
Guinea*	●				
Haiti*				●	
India		●			
Kenya	●				
Laos	●				
Liberia	●				
Malawi	●				
Mozambique*				●	
Myanmar		●			
Namibia*			●		
Nepal	●				
Nigeria	●				
Papua New Guinea	●				
Rwanda*					●
Senegal	●				
Sierra Leone		●			●*
South Africa*				●	
South Sudan*			●	●	
Tanzania	●				
Togo	●				
Uganda*			●	●	
Zambia	●				
ibwe*			●		

Key

- National policy
- COVID-19 policy adaptation
- * Only alignment of MMD and ANC/PNC visits
- 3 3MMD only

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

Notes

Eswatini: 'Non-COVID' policy: allows breastfeeding women in clubs in certain circumstances

Ghana: 3MMD from 6M postpartum

Guinea: 3MMD from 1M before birth if VL<1000; special provision for women who give birth away from home if on ART from 1st/2nd trimester

Haiti: From 6M postpartum

Mozambique: From 9M postpartum if infant is HIV negative, from 6M postpartum women are eligible for 3MMD

Namibia: 3MMD, but only in facility-based models

Rwanda: Pregnant women eligible for three monthly clinical visit with 3MMD

South Africa: Stable postpartum women eligible if no integrated ART/MCH care

South Sudan: Stable before this pregnancy: only eligible if already in a DSD model and VL<1000 in last 3M; Postpartum: Only qualify as stable after 12M on ART, and if infant is HIV negative



Uganda: Stable before this pregnancy: Only eligible if aligned with ANC/PNC visits; Postpartum: Only qualify as stable after 12M on ART

Zimbabwe: Only eligible if aligned with ANC/PNC visits

Countries have expanded DSD eligibility to include children




ELIGIBILITY OF CHILDREN FOR DSD AND INCLUSION IN LESS-INTENSIVE DSD MODELS

	Excluded	Included and from what age	Included in less-intensive DSD models	Included in specific family-centred, less-intensive DSD model
Burundi		>10 years		 ¹
Cameroon		>5 years	 ²	
Eswatini		No age specified	 ³	
Ethiopia		>5 years	 ⁴	
Ghana		>5 years ⁵		Family alignment
Kenya		>2 years	 ⁶	Family alignment
Lesotho		No age specified	 ⁷	
Liberia				
Malawi		No age specified ⁸		
Mozambique		>2 years	 ⁹	
Namibia ¹⁰		>2 years		Family alignment
Nigeria		>14 years ¹¹		
Rwanda		>2 years	 ¹²	
Sierra Leone		No age specified	 (Limited) ¹³	Family alignment
South Africa		>5 years ¹⁴		Family alignment
Tanzania		>5 years ¹⁵		Family alignment
Uganda		No age specified	 ¹⁶	Family alignment
Zambia		>2 years		 ¹⁷
Zimbabwe		>2 years		 ¹⁸

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Key

 National policy

References

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

Acronyms:

ART – Antiretroviral therapy
 DSD – Differentiated service delivery
 MMD – Multi-month dispensing

Countries have adopted community models of DSD for HIV treatment

	Not specified	Only facility-based DSD models endorsed	Facility and community-based DSD models endorsed
Angola	●		
Burkina Faso*			●
Burundi*			●
Cameroon*	●		
Cote D'Ivoire*	●		●
Dominican Republic	●		
DRC*			●
Eswatini*			●
Ethiopia*			● ●
Ghana*			●
Guinea			●
Haiti*			●
India*	●		●
Kenya*			●
Laos*	●		
Lesotho*			●
Liberia	●		
Malawi*			●
Mozambique*			●
Myanmar		●	
Namibia*			●
Nepal*			●
Nigeria*			●
Papua New Guinea*			●
Rwanda		●	
Senegal*			●
Sierra Leone*			●
South Africa*			●
South Sudan*			●
Tanzania*			●
Togo	●		
Uganda*			●
Zambia*			●
Zimbabwe*			●

Key

- National policy
- Interim COVID-19 policy

References

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

Notes

Burkina Faso: 6MMD at both facility and community level
Burundi: Community models are 3MMD community groups managed by facilitator collecting ART from facility (called PODI)
Cameroon: Separate policy for community-based organizations to dispense ART
Cote D'Ivoire: Covid-19 policy introduced home delivery of ART for those over 60 years and/or with co-morbidities
DRC: Community-based models are PODI (3MMD) and community adherence groups (CAGs) (1MMD)
Eswatini: Community outreach model and CAGs; KP specific community models: Fast track at outreach mobile model and KP Community ART groups serviced by mobile outreach (not clinic) and KP clubs at mobile outreach
Ethiopia: Urban health extension professional/health extension-managed community ART refill groups (UHEP/HEP_CAG) and peer-led community-based ART distribution model (PCAD) endorsed. COVID-19 policy introduced home delivery of ART.
Ghana: Community-based models are community health points (CHPs), drop-in centers and community pharmacy refills. Home delivery of ART is also permitted during routine home visits by Community Health Officers or peer supporters.
Guinea: After 12 months in the model, the 6MMD can be moved to community-based refills (with an annual clinical consultation)
Haiti: 6MMD model can be integrated into community-based models including home delivery, support groups and CAGs
India: COVID-19 policy introduced community-based models for ART refills including home delivery/peer networks
Kenya: Community-based models including home delivery via community health workers (CHWs) and CAGs
Laos: Community-based models endorsed but not detailed in policy
Lesotho: Community-based model is CAGs
Malawi: Models include Teen Clubs, mobile clinics like ART-provider managed Community ART Groups, drop-in centres, and pharmacy fast-track refills
Mozambique: Community-based models include mobile outreach (called Mobile Brigades) and CAGs (acronym in Portuguese is GAACs)
Namibia: Community-based models include comprehensive community-based health services (ole C-BART/outreach), CAGs, community-based, client-led distribution groups
Nepal: Community-based model is community ART centres
Nigeria: Community-based models endorsed but not detailed in policy
Papua New Guinea: Community-based models include individual refill model using CHWs, pharmacy dispensers or peer-led provided trained
Senegal: Community models endorsed but not detailed in policy
Sierra Leone: Community-based models include community ART refill collection points and drop-in centres
South Africa: Community-based models include external pick-up points (including private pharmacies/containers, lockers, community pick-up points) and community-based adherence clubs
South Sudan: Community-based models include outreach and community ART refill groups
Tanzania: Community-based model is mobile outreach services
Uganda: Community-based models include community drug distribution points (CDDPs) and community client-led ART delivery (CCLAD)
Zambia: Community-based models include health post dispensation, home delivery, community based pick-up, CAGs and Urban Adherence Groups (UAGs); Covid-19 policy mentions community based pick-up and home delivery
Zimbabwe: Community-based model is community adherence refill groups (CARGs)

Few countries have integrated family planning within DSD for HIV treatment



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	✓	✓	✓	●	●	

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Key

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

References

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

Acronyms:

- ART – Antiretroviral therapy
- DMPA – Depot medroxyprogesterone acetate
- DSD – Differentiated service delivery
- FP – Family planning
- IM – Intramuscular
- LARC – Long-acting reversible contraception
- MMD – Multi-month dispensing
- SC – Subcutaneous
- SRH – Sexual and reproductive health

*Not all countries have DMPA-SC self-injectable

Source
www.differentiatedservicedelivery.org



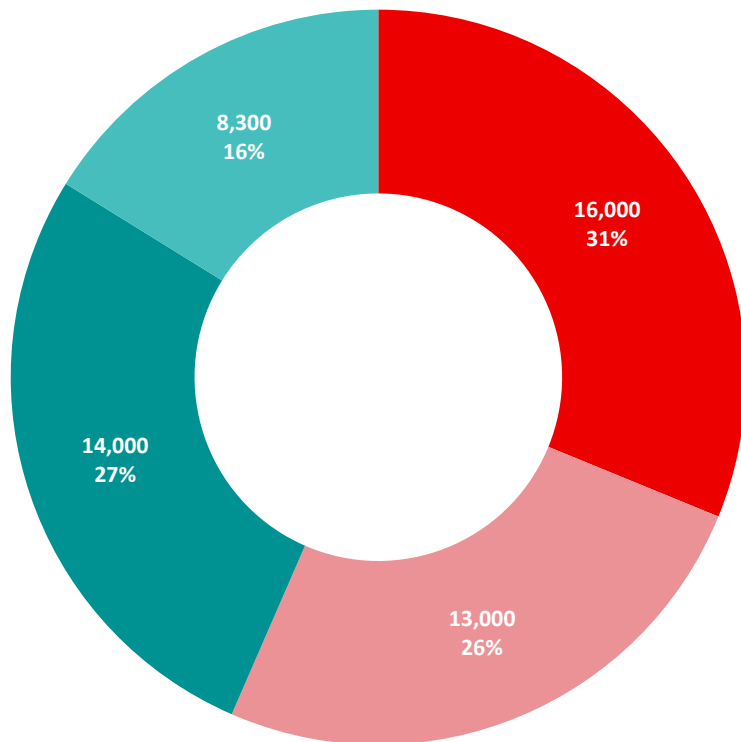


DSD to support elimination of HIV vertical transmission

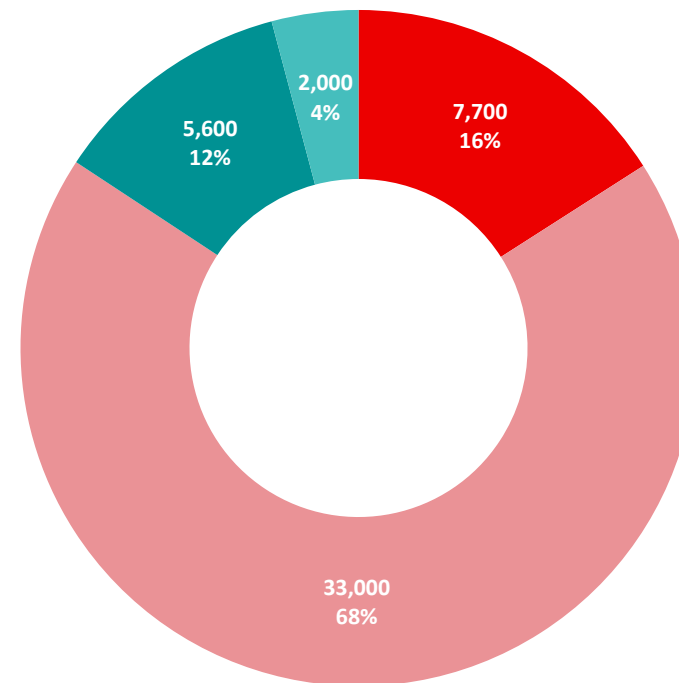






Timing of vertical HIV transmission

East and Southern Africa

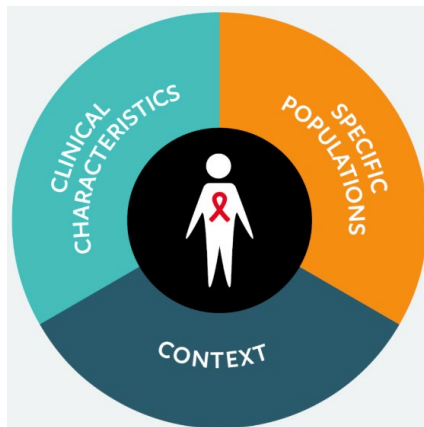


West and Central Africa



-  Mother acquired HIV during pregnancy or breastfeeding
-  Mother did not receive ART during pregnancy or breastfeeding
-  Mother did not continue ART during pregnancy or breastfeeding
-  Mother was on ART but did not achieve viral suppression

Leveraging existing models to adapt or build models for service delivery



ADULT CLUBS



FAMILY CLUBS
(CHILDREN & CAREGIVERS)



YOUTH CLUBS



POSTNATAL CLUBS

What are the core principles when offering DSD to pregnant and breastfeeding women and their infants?

Family based approach

Integrated services

Leveraging and encouraging psychosocial support



Key questions



**DSD for pregnant and
breastfeeding women and their
infants is not new... so how can
we do better?**

Key questions

WHEN

- Do our policies align models for children and their parents or caregivers?
- Do our policies and service provision consider the mother-baby pair by aligning the mother's ART, viral load monitoring, PrEP and/or contraception visits with that of the child's visits schedule?
- Do women who are in a DSD model have the option to continue in their model and/or continue receiving MMD during their pregnancy and post-partum period?

WHERE

- Do our policies allow the mother and the infant to receive care at the same facility?
- What community support structures are in place?

WHAT

- Can pregnant women easily access PrEP?
- Is there consideration for alignment/assessment of family planning needs for women living with HIV and on ART?

WHO

- Who is providing psychosocial support?
- What is the role of peers?

Example from South Africa – integration of mother and baby visits

Scenario 1

Care for a mother and baby without visit coordination or integration

Scheduled visit	Well baby visit	HIV exposed infant	ART/HIV prevention mother	Mother's Family planing.	Number of Visits
3-6 day visit	x	Birth PCR result Risk profile	Delivery VL result		1
6 weeks	x	stop NVP			1
8 weeks			ART	NET-EN	2
10 weeks	x	10 week PCR			1
12 weeks			HIV test	Depo/COCP	2
14 weeks	x				1
20 weeks			ART		1
6 months	x	6 month PCR	ART & VL test	x	2

10-11 Visits

- Coordinate visits (lose visits at 8, 12 and 20 wks)
- Integrate care at each visit

8 weeks X
12 weeks X
20 weeks X

Scenario 2

Care for a mother-baby-pair with visit coordination and integration

Scheduled visit	Well baby visit	HIV exposed infant	ART/HIV prevention mother	Mother's Family planing.	Number of Visits
3-6 day visit	x	Birth PCR result Risk profile	Delivery VL result		1
6 weeks	x	stop NVP	ART	NET-EN	1
10 weeks	x	10 week PCR	HIV test	Depo/COCP	1
14 weeks	x		ART		1
6 months	x	6 month PCR	ART & VL test	x	1

5 Visits

Visit schedule for integrated care for the mother living with HIV and her infant exposed to HIV

Age group	Age of child	Routine visits as per RTHB	ART Dispensing cycle (DC)	Follow-up for the HIV-exposed baby	ART Follow-up for mother	Immunisations	Feeding advice	Growth monitoring	Development	Head circumference	Vit A	Deworming	Oral Health	TB Screen	Mother's contraception
Neonate	1 st week of life	3-6 days postnatal (PN) visit for mother and baby	1	<ul style="list-style-type: none"> Follow-up results of birth PCR^a and mother's delivery VL. If birth PCR negative, re-classify the risk profile of the HEI: Delivery VL < 50 c/mL (low-risk) <ul style="list-style-type: none"> Stop AZT and continue NVP daily for six weeks Delivery VL ≥ 50 c/mL (higher-risk) <ul style="list-style-type: none"> Continue AZT twice daily for six weeks Continue NVP daily for minimum of 12 weeks Check adherence to NVP and AZT dispensed at delivery 	<ul style="list-style-type: none"> Follow-up results of mother's delivery VL Delivery VL ≥ 50 c/mL: manage as per <i>"Viral Load Monitoring Schedule"</i> on page 20. Check ART supply: The mother should have been provided with 2 months ART at discharge from labour ward which will last her until 6 week PN visit Adherence check-in for mother Provide breastfeeding support and routine PN care 		x	x						x	x**
2-6 months (monthly follow-up)	6 weeks	6 weeks	2*	<ul style="list-style-type: none"> Ensure that birth PCR and mother's VL results were checked, recorded and acted upon correctly If low-risk, stop NVP If higher-risk, stop AZT and dispense NVP for additional 6 weeks 	<ul style="list-style-type: none"> Postnatal clinical review and adherence check-in. If delivery VL ≥ 50 c/mL, repeat VL at this visit Provide breastfeeding support. Provide ART for 2 DCs (2MMD) for mother* 	x	x	x						x	
	10 weeks	10 weeks	3	<ul style="list-style-type: none"> Do 10 week HIV-PCR * If higher-risk, check result of repeat maternal VL done at 6 weeks visit. If VL < 50 c/mL, advise to stop NVP after 12 weeks If VL still ≥ 50 c/mL, dispense and continue NVP until the breastfeeding mother's VL is confirmed to be < 50 c/mL 	<ul style="list-style-type: none"> If VL repeated at 6 weeks, review results. Manage as per <i>"VL Non-Suppression Algorithm"</i> on page 21 If mother received either DMPA (Depo Provera®) or NET-EN (Nur lsterate®) after delivery, give repeat injection at this visit*** 	x	x	x						x	x
	14 weeks	14 weeks	4	<ul style="list-style-type: none"> Check that 10 week HIV-PCR results were checked, recorded and acted upon correctly 	<ul style="list-style-type: none"> Adherence check-in for mother Provide breastfeeding support. Provide ART for 3 DCs (3MMD) for mother 	x	x	x	x	x				x	
	18 weeks	4 months	5				x	x						x	
	22 weeks	5 months	6				x	x						x	

Integrated schedule for the mother taking PrEP

Age group	Age of child	Routine visits as per RTHB	PrEP Dispensing cycle (DC)	PrEP Follow-up for mother	Immunisations	Feeding advice	Growth monitoring	Development	Head circumference	Vit A	Deworming	Oral Health	TB Screen	Mother's contraception	
Delivery			1	<ul style="list-style-type: none"> Provide 3 months* of PrEP (3MMD) which will last until 10 week PN visit 		x									
Neonate	1st week of life	3-6 days postnatal (PN) visit for mother and baby		<ul style="list-style-type: none"> Provide HIV test to mother (if not tested in labour) Check PrEP supply: The mother should have been provided with 3 months* of PrEP at delivery which will last her until 10 week PN visit PrEP adherence check-in for mother Provide breastfeeding support and routine post natal care 		x	x						x	x***	
2 - 6 months	6 weeks	6 weeks	2*	<ul style="list-style-type: none"> Postnatal clinical review Provide breastfeeding support PrEP adherence check-in 	x	x	x						x		
	10 weeks	10 weeks	3	<ul style="list-style-type: none"> Postnatal and PrEP clinical review and PrEP adherence check-in Provide breastfeeding support. Provide HIV test and STI screen to mother Provide PrEP for 3 PrEP DCs (3MMD) for mother** If mother received either DMPA (Depo Provera®) or NET-EN (Nur Isterate®) after delivery, give repeat injection at this visit**** 	x	x	x						x	x	
	14 weeks	14 weeks	4	<ul style="list-style-type: none"> Postnatal clinical review Provide breastfeeding support PrEP adherence check-in 	x	x	x	x	x					x	
	18 weeks	4 months	5			x	x							x	
	22 weeks	5 months	6			x	x							x	
	26 weeks	6 months	7	<ul style="list-style-type: none"> PrEP clinical review Provide breastfeeding support. HIV test and STI screen for mother Script for and provide PrEP for 3DCs at a time (3MMD) 	x	x	x	x		x				x	x

Differentiated service delivery for HIV treatment and prevention course







Thank you

