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DSD beyond HIV treatment – case studies from family planning

Innovative integration: Contraception in Lesotho's DSD models



Background

Lesotho's HIV epidemic



- Lesotho total population of **2.3 million**
- 2nd highest global HIV prevalence, **19.3%** among adults (15-49 years) and women (15-49) **24.3%**
- **270,000 people living with HIV**
 - 89.6% (242 114) ART coverage
 - 122 829 women living with HIV on ART 15-49 years
- 95-95-95 progress: **95%-94%-99%**
- DSD for HIV treatment:
 - **80% on MMD**: 23% 3MMD & 77% 6MMD (in both facility-based & community-based DSD)
 - Less intensive DSD coverage among those viral suppressed: 93% (2022) to **96% (2023)** (mainly due to improved documentation)
- By Dec 2023: **31,229** PrEP initiations



AIDS 2024

Lesotho's contraception need

Figure 1 Trends in fertility by residence

TFR for the 3 years before each survey

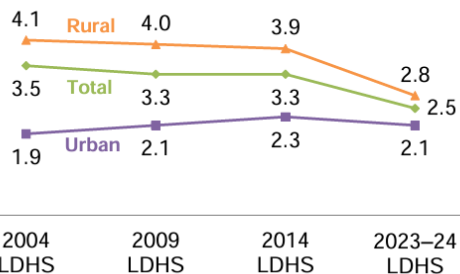
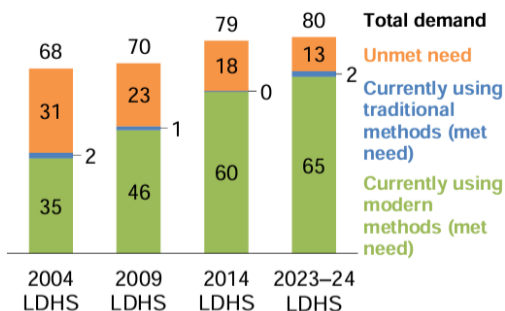
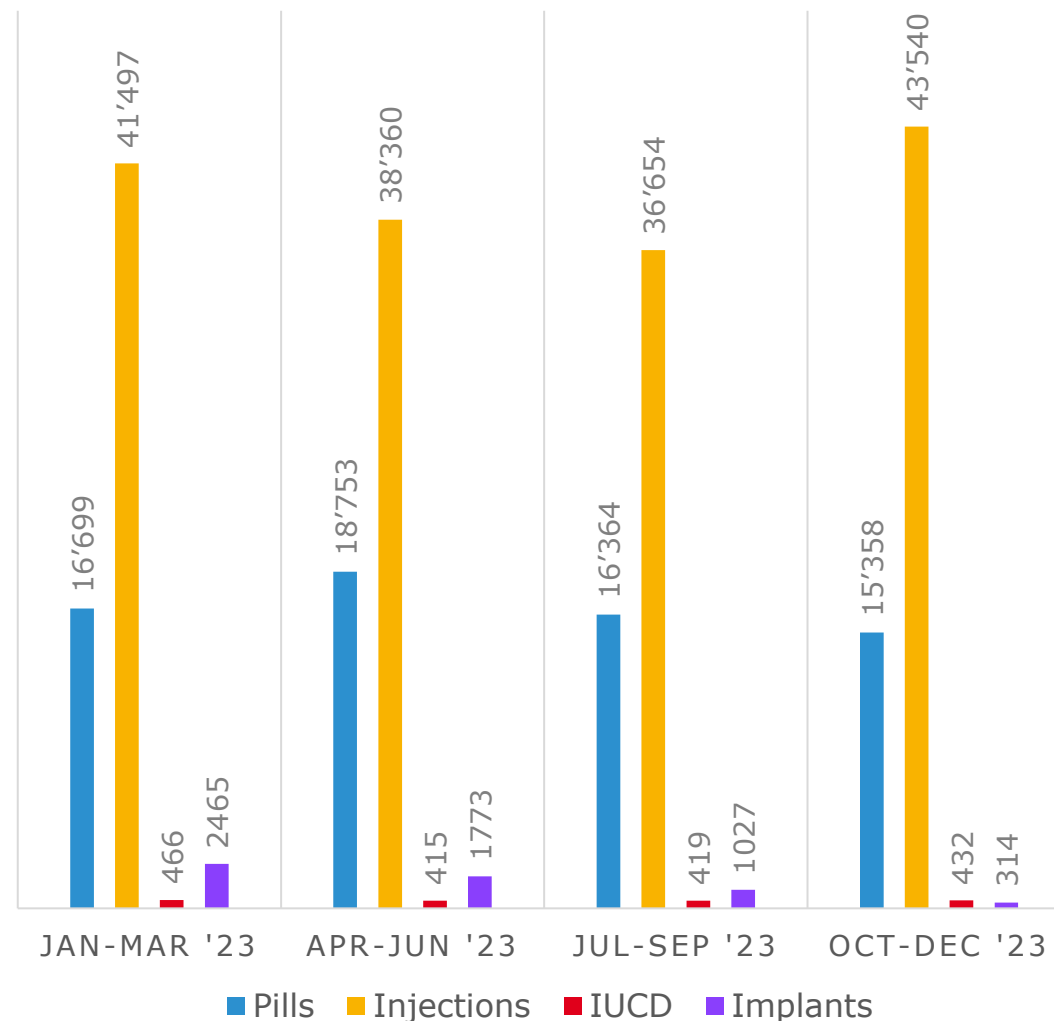


Figure 2 Trends in use of, need for, and demand for family planning

Percentage of currently married women age 15-49



Quarterly FP distribution by method mix (2023)



- Modern contraceptive prevalence rate total **65%** among married women and **71%** among sexually active unmarried women
- Unmet contraceptive need **13%**
- Teenage pregnancy **17%**
- Fertility rate **2.5%**.
- 2023: **30,821** DMPA-SC units distributed.

Lesotho's family planning policies

		IUD	Implant	IM injectable	Sub-cut self-injectable	Oral pill
WHEN Service frequency	Clinical review	Annual	Annual	6-12 monthly	6-12 monthly	6-12 monthly
	Script length			2 or 3 monthly	6-12 monthly	6-12 monthly
	MMD			1 unit	MMD 3 up to 12-monthly	2 units (6-months) * Community-based distributors can supply a further 2 units
WHO Service provider	Cadre	FP/maternity/ADH/MNCH/ART Nurse		Facility + community outreach nurses	Facility + community outreach nurses, village health workers (VHWs), community-based distributors (CBDs)	
			Community: FP/MNCH outreach services/ HIV community-based services		Community: FP/MNCH outreach + home HIV community-based services	
	Self-administered			No	Yes	Yes
WHERE Service location	In facility/ In Community/ Both	Facility: FP/maternity/ ADH/MNCH services	Facility: FP/maternity/MNCH/ADH/HIV services			
			Community: FP/MNCH outreach services/ HIV community-based services		Community: FP/MNCH outreach + home HIV community-based services	

Lesotho's existing contraceptive care delivery models

Primary models

Facility-based service points – MNCH, Maternity, ART clinic, OPD and Gynae				
IUD	Implants	Oral pill	Sub-cut self-injectable	IM injectable
Designated facilities	All facilities	3MMD up to 6 MMD fast track and by VHW	2 units self + 2 units by VHW	1 unit fast track
Community-based: Mobile outreach/ mobile clinic				
	Implants	Oral pill	Sub-cut self-injectable	IM injectable
	All mobile outreach	3MMD up to 6MMD + 3MMD by VHW	2 units + 2 units for self	1 unit
Community-based: Lay provider home visits				
		Oral pill	Sub-cut self-injectable	
		+3MMD	+2 units	

Lesotho's DSD models for HIV treatment

Primary DSD models

Facility or community-based outreach: fast-track 6MMD

Clinical review incl. ART refill	ART refill only
12-monthly at facility or outreach ART service	6MMD from facility or outreach ART service

Facility-based 6MMD automated dispensing unit (ADU)

Clinical review incl. ART refill	ART refills only
12-monthly	6MMD from ADU

Community-based community ART groups (CAGS)

Clinical review incl. ART refill	ART refills only
12-monthly	3 or 6MMD CAG member collects 3 or 6MMD depending on if member transitioned to 6MMD yet

Facility-based 6MMD models: Integrated DSD for ART & FP

Existing integration

- Implants are inserted in ART clinic (or active supported referral to FP service) on day of ART clinical review
- Sub-cut self-injectable scripted with ART MMD
 - offered to 6MMD ART clients
 - 6MMD ART + 2 units through fast track or ADU 6MMD model (same location, same timing and same provider)
- Oral pills scripted with ART
 - 6MMD ART + 3MMD/6MMD oral pills
 - Additional 3MMD oral pills can be collected through fast-track mechanism at facility FP/ART service or VHW/CBD deliver at home or village
 - Integrated refill at ADU in Maseru district

Opportunities



- Oral pills
 - Expand utilization of 6MMD flexibility = 6MMD oral pills + 6MMD ART through same DSD model for all clients in DSD models
- Sub-cut self -injectable (SC-DMPA)
 - Increase advocacy for self-care and self-injection
- Expand integrated (ART/FP) in ADU model to other districts currently only in Maseru district

Community-based CAG model: Integrated DSD for ART & FP

Existing integration

- Implants inserted in ART clinic (or active supported referral to FP service) at annual ART clinical review
- Sub-cut self-injectable scripted with ART
 - offered to CAG members + 2 units
 - 3MMD or 6MMD ART in CAG + 1-2 units delivered by community-based distributor
- Oral pills scripted with ART
 - 3MMD or 6MMD ART + 3MMD/6MMD oral pills
 - Additional 3MMD oral pills fast track facility collection or VHW deliver to CAG venue/home

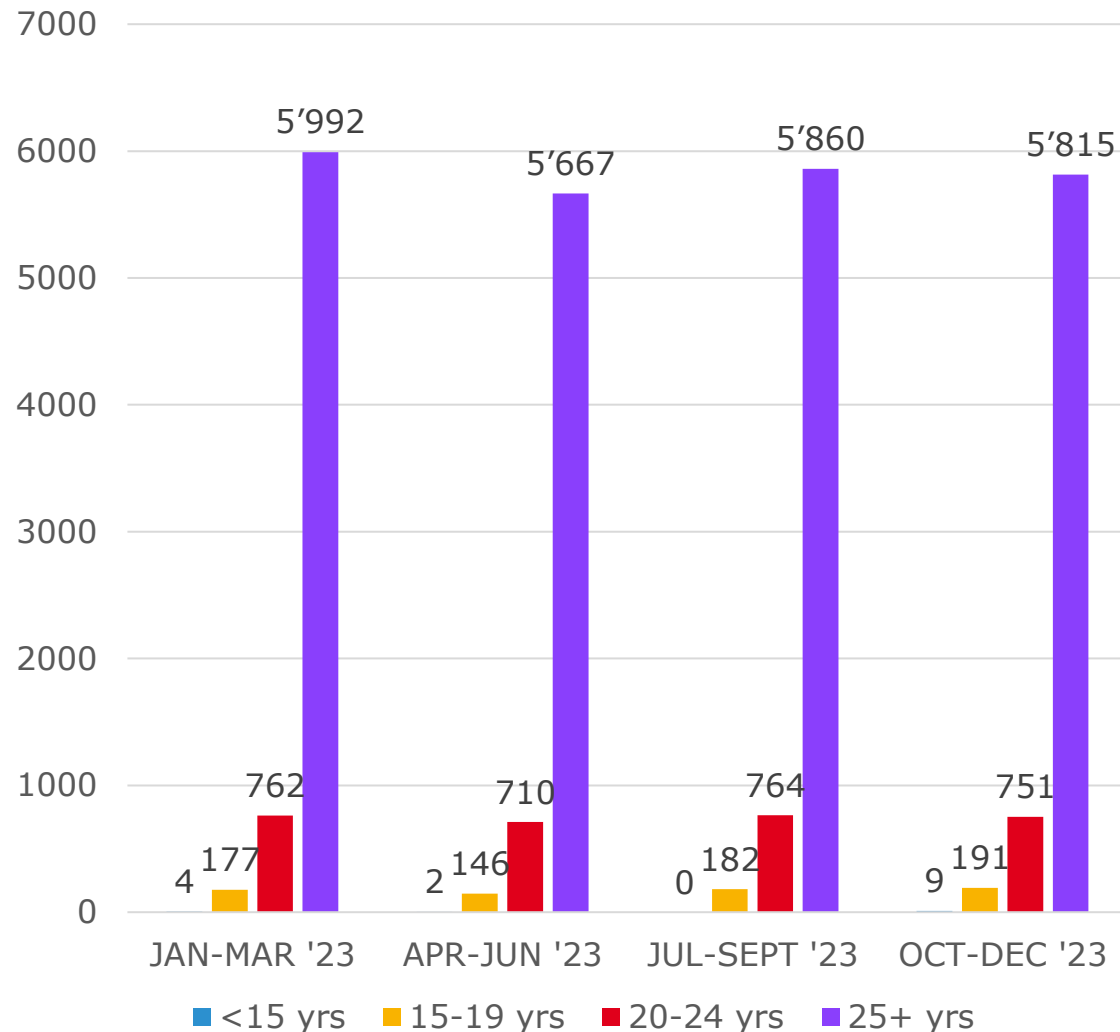
Opportunities

- Transitioning 3MMD CAG members to 6MMD to make equivalent to facility model (in progress)
- Sub-cut self-injectable
 - Increase CAG awareness and peer support for self-injection method option
 - 6MMD ART + 2 units collected by rotational member for CAG members
- Oral pills
 - Utilize 6MMD flexibility = 6MMD oral pills + 6MMD ART collection as option for CAG members

ART DSD clients receiving contraception in their DSD model

* No disaggregation by method or DSD model currently available but will be soon with updated M&E implementation

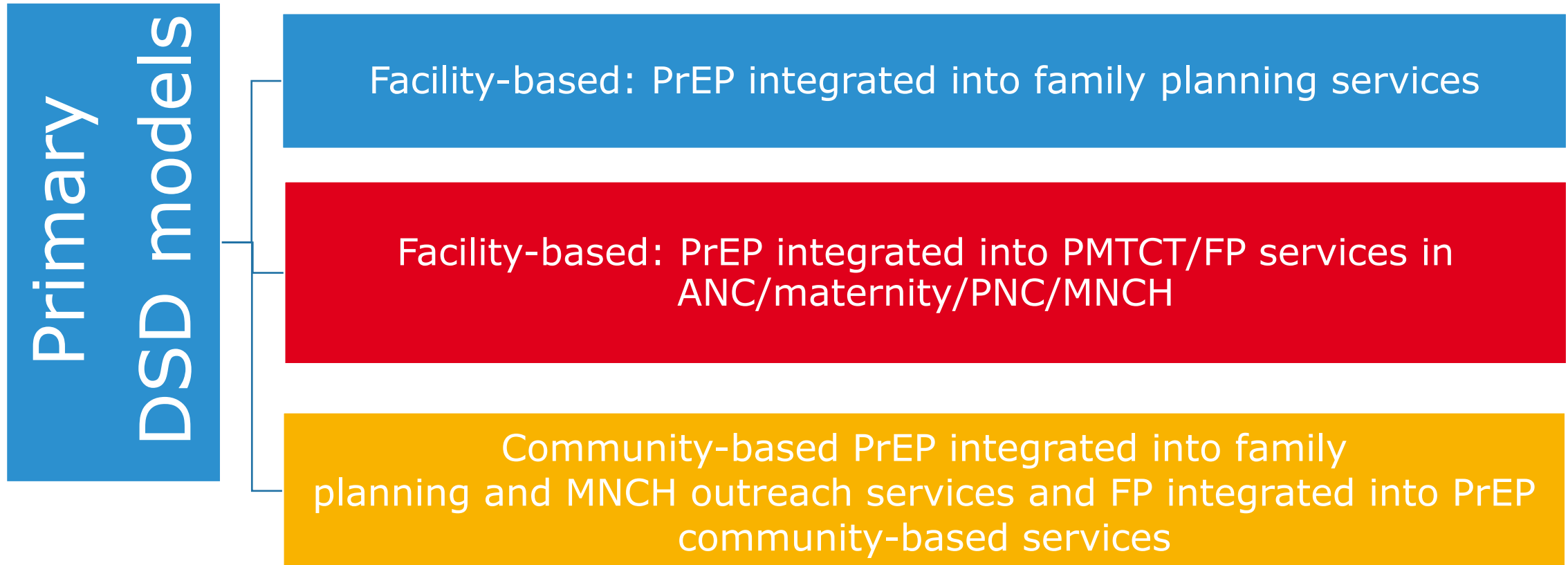
Contraception provided to women living with HIV in DSD models by age group in 2023



Lesotho's DSD for PrEP models

Combined clinical review + HIV test + PrEP refill

3-monthly with 3MMD



PrEP integration into facility and community-based FP models

Implementation approaches

- Integration in National Essential Health Services Package and a catalytic program to strengthen scale up of FP services
- PrEP integration into FP services training module and job aide developed
- All providers have been trained on FP provision within ART and PrEP services, including in PMTCT services
- All FP providers have been trained on PrEP
- HIV treatment and prevention IPs role is to scale up integrated services in both facility and community-based implementation

Lessons learnt

- Improved uptake of PrEP in MNCH and FP entry points when integrated with FP.
- Regular monitoring and feedback loops are crucial for refining training programs and job aides
- Engaging communities and addressing barriers are essential for increasing acceptance and uptake of integrated services

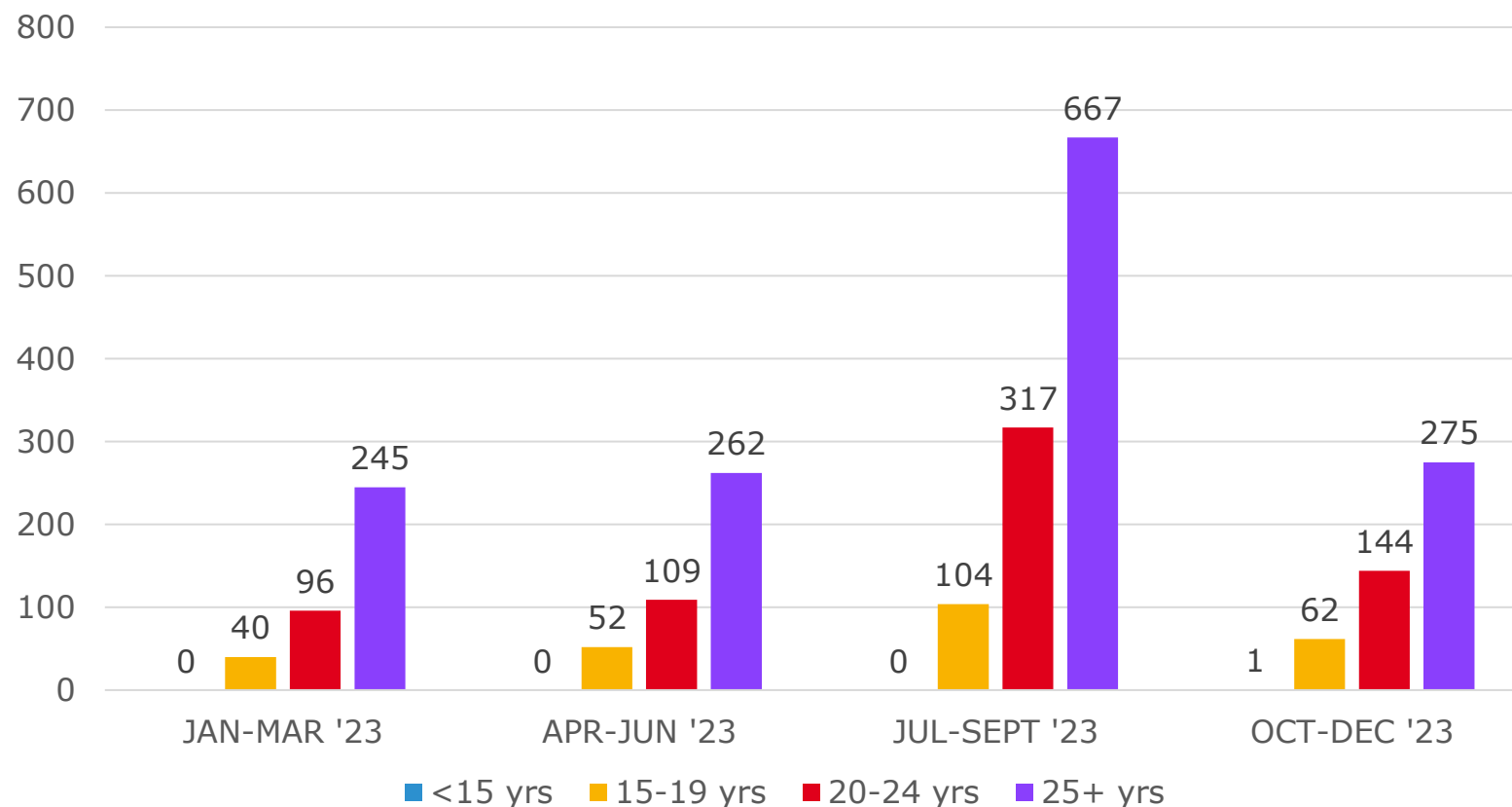
Continuing challenges:

- How to reduce workload when offering both commodities?
- Need for simplified registers for both FP and PrEP (core indicators) to scale up integration and improve documentation

PrEP uptake in FP services

- FP services now integrated into facility-based and community PrEP DSD models
- Integration indicators not yet in place to enable reporting
- Graph on the right shows significant uptake of PrEP within FP services since integration

Family planning service clients provided with PrEP by age, 2023



Where to next for integrated DSD in Lesotho?



ART/FP DSD

- A joint DSD integration task team established
- Revision of DSD manual to detail FP integration
- Identify and standardize national key integration indicators
- Reduce unmet need of FP among WLHIV
- Integrate FP services in ALL less intensive DSD models
- Develop and validate national and district level targets for integrated ART/FP

PrEP/FP DSD

- Scale up of PrEP integration into FP services to all 272 health facilities
- Advocacy for all community HIV prevention initiatives to integrate PrEP/FP DSD
- Reduce unmet need of FP among all women
- Include integration of PrEP/FP DSD into the revision of DSD guidelines
- Develop and validate national and district level targets for integrated PrEP/FP DSD