MISSED OPPORTUNITIES FOR INTEGRATING FAMILY PLANNING INTO DIFFERENTIATED ART SERVICE DELIVERY IN MALAWI

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Idah Mokhele[1], Timothy Tchereni[2], Amy Huber[1], Oratile Mokgethi[1], Vinolia Ntjikelane[1], Andrews Gunda[2], Frehiwot Birhanu[2], Stephen Macheso[3], Sydney Rosen[1,4], Sophie Pascoe[1]

1. Health Economics and Epidemiology Research Office, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa 2. Clinton Health Access Initiative, Lilongwe, Malawi 3. Malawi Ministry of Health, Directorate of HIV/AIDS and Viral Hepatitis, Lilongwe, Malawi 4. Boston University School of Public Health, Boston, MA, USA

BACKGROUND

- Differentiated Service Delivery (DSD) models for antiretroviral therapy (ART) are widely implemented in Malawi to improve efficiency and client-centred care.
- Integrating family planning (FP) into differentiated service delivery (DSD) models for ART can improve client-centred care for women living with HIV (WLHIV).
- Effective integration requires alignment of FP and ART visit schedules and dispensing intervals, but evidence on coordination and alignment in primary health settings remains limited.
- We assessed FP access among ART clients in DSD models in Malawi.

METHODS

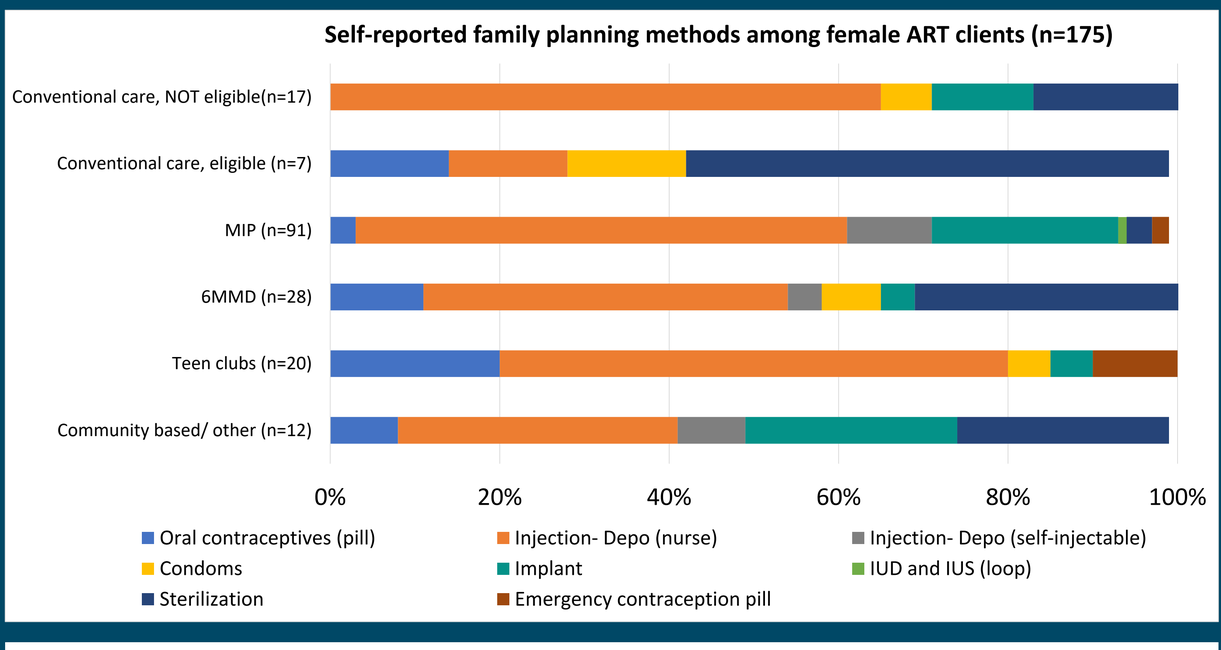
- Cross-sectional survey at 12 public health facilities in three districts of Malawi (Chiradzulu, Blantyre, and Lilongwe).
- Between July and October 2024, WLHIV (aged 16–49, on ART for ≥6 months) were surveyed during routine ART visits.
- Up to 10 participants per DSD model (teen club (TC), mother–infant pairs (MIP), six-month dispensing (6MMD), and community-based and other less common models (CB-O)) were sequentially enrolled per facility.
- Up to 10 participants eligible for DSD but not enrolled in a model (CE), and 10 not eligible for DSD (CN) were also enrolled per facility.
- Surveys assessed FP use, reasons for non-use, and coordination of FP and ART visits.

RESULTS

Table 1. Demographic characteristics, current models of care, and contraceptive use

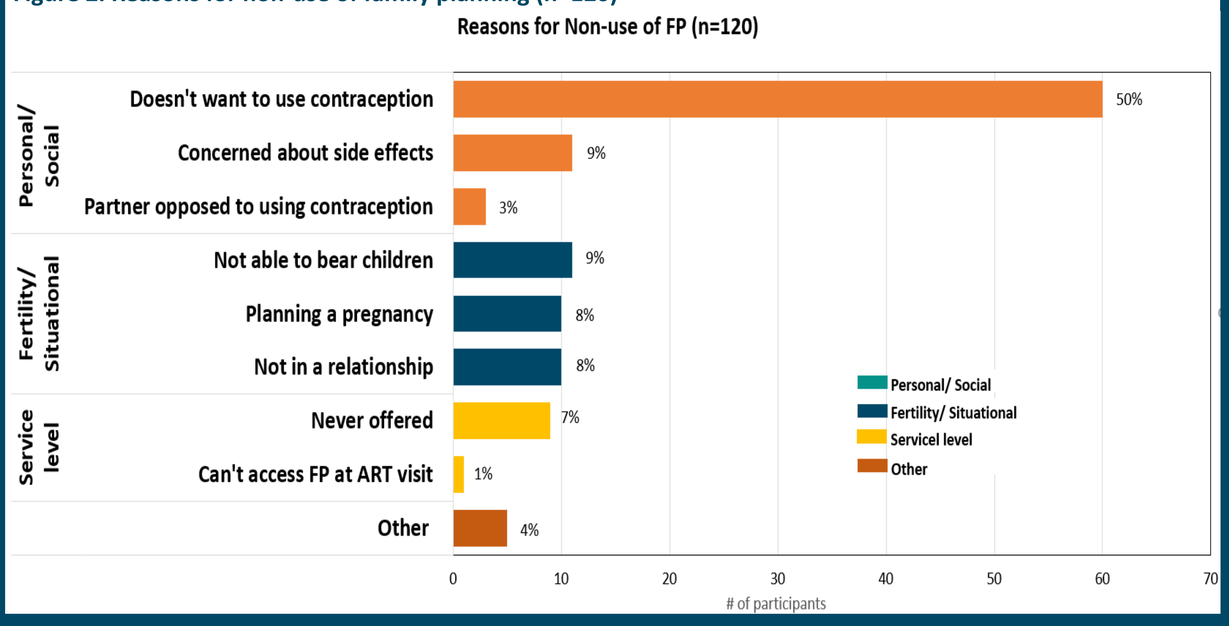
Characteristic (N, %)	Blantyre	Chiradzulu	Lilongwe	Total
N (row %)	92 (31)	91 (31)	112 (38)	295
Age (median (IQR))	28 (19, 41)	32 (21, 40)	32 (26, 40)	31 (21, 40)
Employed (formal/informal)	49 (53)	62 (68)	77 (69)	188 (64)
Education (grade 12 or higher)	49 (53)	23 (25)	44 (39)	116 (39)
Number of years on ART (median (IQR))	8 (6, 13)	10 (5, 14)	9 (6, 12)	9 (6, 13)
Model of care:				
Conventional care not eligible	2 (2)	1 (1)	8 (7)	11 (4)
Conventional care eligible	2 (2)	4 (4)	15 (13)	21 (7)
6MMD	34 (37)	42 (46)	34 (30)	110 (37)
Mother infant pairs	18 (20)	24 (26)	15 (13)	57 (19)
Teen clubs	25 (27)	18 (20)	26 (23)	69 (23)
Community-based/other	11 (12)	2 (2)	14 (12)	27 (9)
Contraceptive use (current)				
No	47 (51)	29 (32)	44 (39)	120 (41)
Yes	45 (49)	62 (68)	68 (61)	175 (59)

Figure 1. Current self-reported family planning methods among female ART clients (n=175)



- Of 295 women enrolled (median age 31 years), 175 (59%) reported current contraceptive use (Table 1).
- Uptake was highest in mother infant pairs (83%) and lowest in teen clubs (29%).
- Nurse-administered Depo-Provera (Depo) was most used (53%), followed by implants (15%) and sterilization (13%) (Figure 1).

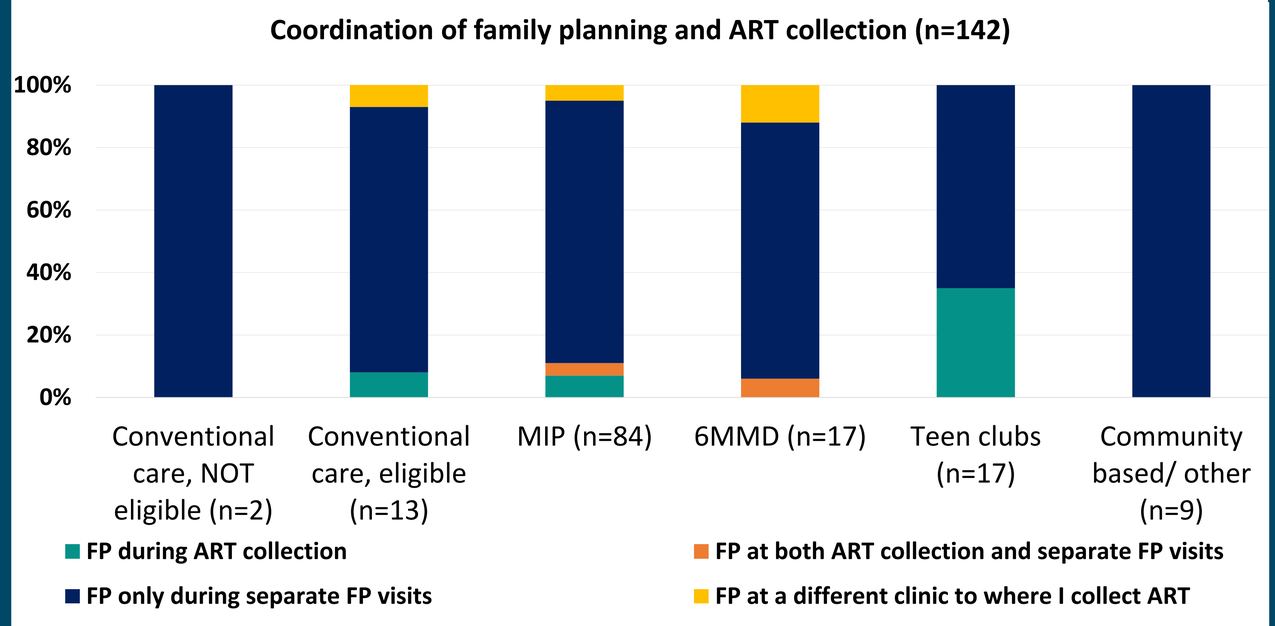
Figure 2. Reasons for non-use of family planning (n=120)



83% of ART clients obtain their family planning services at separate family planning visits

- Among the 120 non-FP-users, personal choice was the leading reason (50%), particularly in TC (59%), CB-O models (50%), and 6MMD (48%) (Figure 2).
- Health concerns (side-effects/infertility) were cited reasons for non-FP use for 6MMD (17%) and MIP (10%) participants.
- Fertility intentions and relationship status affected non-use: 8% were planning a pregnancy, and 8% were not in a relationship.
- 7% were never offered FP, mostly in TC (14%).

Figure 3. Coordination of family planning and ART collection visits (n=142)



- FP-ART service coordination was limited: 83% accessed FP during separate visits, 9% during ART collection, and 5% at different clinics (Figure 3).
- Among MIP, 6% accessed FP during both ART and separate FP visits and 7% at different clinics; 20% of TC members accessed FP during ART collection.
- No coordination was observed in CB-O models.

CONCLUSIONS

- Despite widespread DSD adoption in Malawi, integration with FP remains limited, with most women accessing FP through separate visits.
- Opportunities for FP–ART integration differ by service delivery model, with some evidence of coordination among teen clubs and MIP but none observed in community-based/ other models.
- Strengthening coordination of FP and ART schedules would reduce visits and improve reproductive health for WLHIV.

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Contact details:
Timothy Tchereni – ttchereni@clintonhealthaccess.org
Amy Huber – ahuber@heroza.org
Sophie Pascoe – spascoe@heroza.org