

Transitioning women of child bearing age to Dolutegravir-based regimen coupled with integration of family planning (FP) and HIV services: Lessons learnt from Zambia-Copperbelt, Central, and Northwestern provinces.

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PROBLEM

The transitioning of women on ART to TLD in the three SAFE-supported regions was greatly affected by the Tsepamo study findings, which led to clinicians initially not enrolling women of child bearing age on TLD.

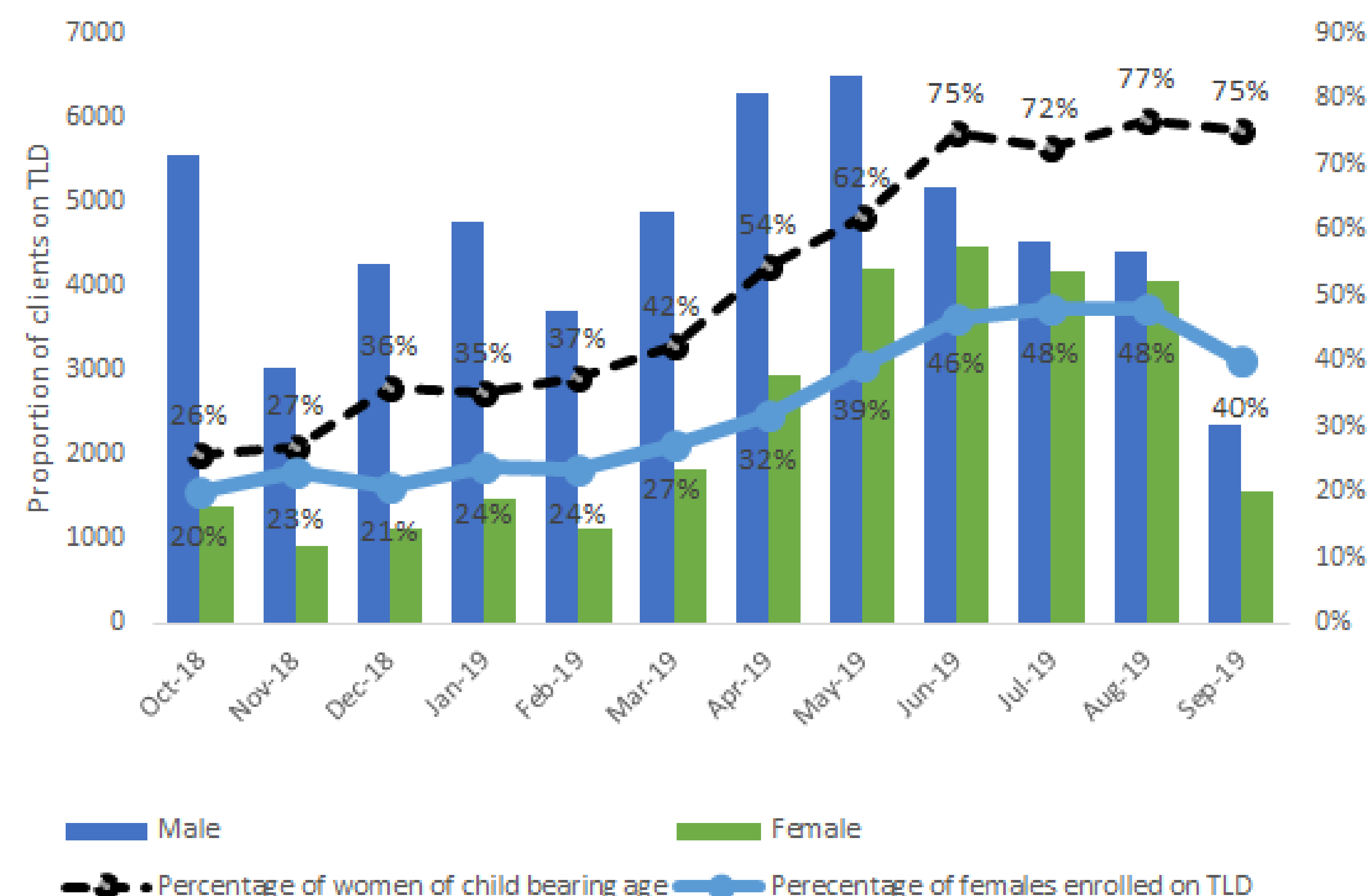
RESPONSE

USAID SAFE intensified the integration of FP services into the HIV program at all supported facilities to increase the confidence of clinicians to enrol more women on TLD. Retrospective program level data were reviewed and analysed to evaluate the trend of transitioning women of child bearing age to TLD, coupled with the integration of FP services in the ART clinics.

RESULTS

The proportion of newly enrolled women TLD increased from 20% in October 2018 to 48% in August 2019, essentially reaching a 1:1 male to female ratio.

Intensifying the integration of FP services into ART clinics increased the number of HIV+ women accessing FP services from **1,659** in October 2018 to **28,000** in October 2019. During this period, we observed that **women of child bearing age being enrolled on TLD increased from 26% to 77%** of all women enrolled and transitioned to TLD.



CONCLUSION

While transitioning women of child bearing age to TLD is challenging, the SAFE project was able to support the MoH in Central, Copperbelt, and Northwestern provinces to intensify integration of FP services in the HIV program to achieve increased enrolment and transitioning of women of child bearing age to TLD.

SAFE will continue supporting the MoH to enrol and transition women of child bearing age to TLD.

The USAID-funded Supporting an AIDS Free Era (SAFE) works with the Ministry of Health (MOH) in Copperbelt, Central, and North-Western Provinces in Zambia to enrol and transition clients on ART to the Dolutegravir-based regimen TLD (tenofovir/lamivudine/dolutegravir). SAFE employs an integrated approach in the implementation of services at facility level which includes the integration of family planning into HIV services.