

Integration and Person-Centered Care: Working Together for Coverage and Quality

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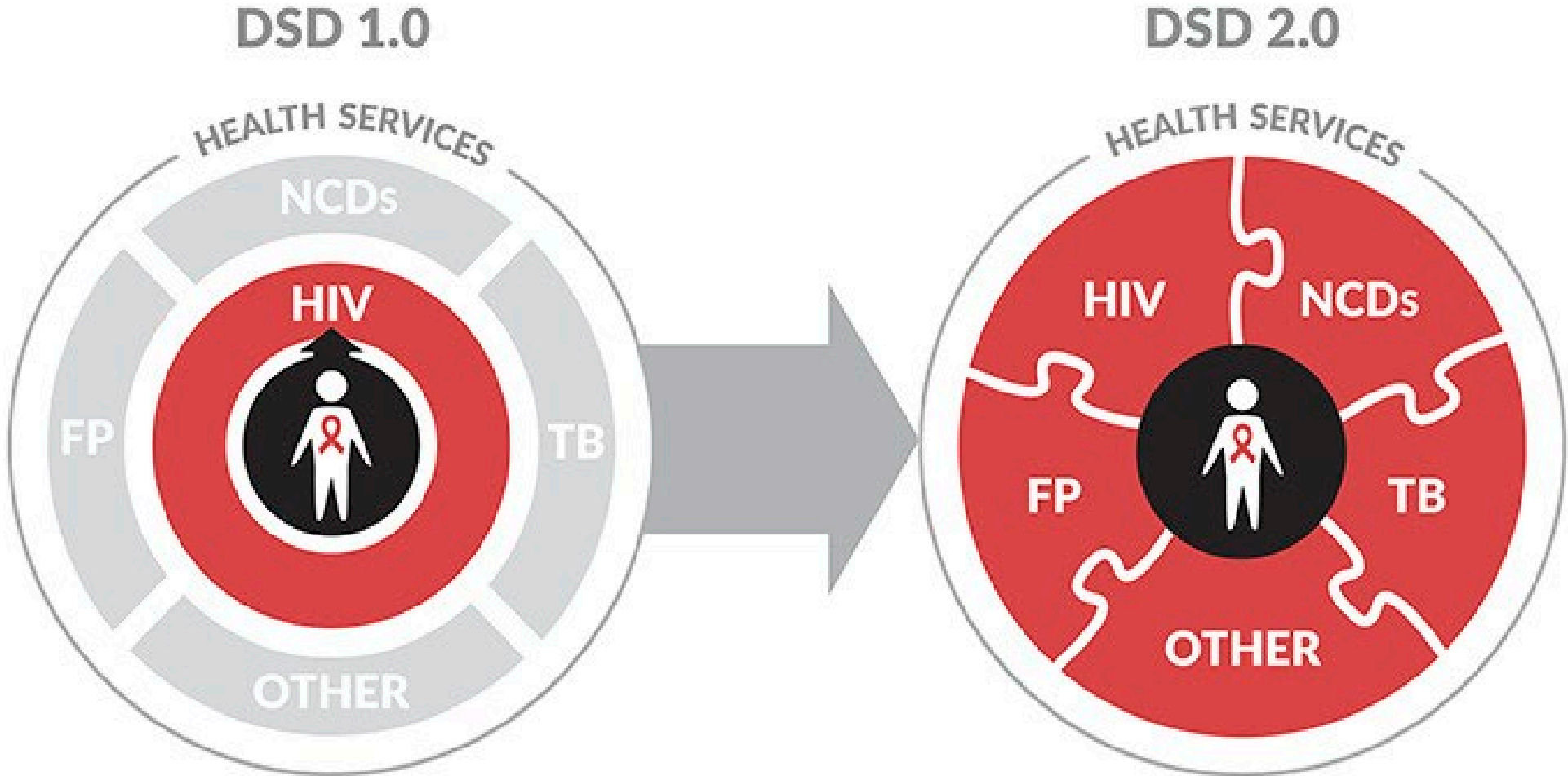
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Outline

- **DSD and integration – making the connection**
- **Understanding integrated service delivery – defining our terms**
- **CQUIN's integration focus – where are we now?**
- **Next steps and way forward**

What got us here (DSD 1.0) won't get us there (DSD 2.0).....



Differentiated Service Delivery and Integration

- Integration is a means not an end – the goal is not integration itself, but improved coverage, quality, and impact of health services for people living with HIV
- Differentiated approaches contribute to this goal by delivering person-centered services that meet the needs and expectations of recipients of care
- Our hypothesis is that integrating non-HIV services into HIV programs will expand and accelerate these efforts
- Robust engagement of recipients of care in planning, implementation, and evaluation of initiation activities is key

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Integration Defined: Understanding each other matters

- “The action or process of combining two or more things in **an effective way**”
- *Oxford English Dictionary*
- “The organization, coordination and management of multiple activities and resources **to ensure the delivery of more efficient and coherent services ...**”
- *PEPFAR*
- “Joining together different kinds of services or operational programmes in **order to maximize outcomes, e.g.,** by organizing referrals from one service to another or offering one-stop comprehensive and integrated services.”
- *UNAIDS*
- “The...assimilation of health interventions into each of the **critical functions of a health system**” including governance, financing, planning, service delivery, monitoring and evaluation, and demand generation.
- *Atun et al.*

Defining Integration

- Level of integration:

- **Systems:** Integration at the health system level
 - For example: policies, financing, training, procurement, M&E
- **Services:** Integration at the point of service
 - For example: co-location, co-scheduling, coordinated medication dispensing

- Direction of integration:

- Integration of non-HIV services into HIV programs
- Integration of HIV services (e.g., testing and prevention) into non-HIV programs

Benefits and Risks of **Systems** Integration

Potential Benefits:

- Integrated systems may be more sustainable
- May achieve greater coverage – *e.g.*, national scale – and be more equitable
- May be more country-driven than donor-driven
- May be more efficient and harmonized

Potential Risks:

- Integrated systems may be less nimble
- May be less intensive
- May be harder to tailor for specific populations
- May have more limited data (quality and quantity)
- Individual programs may have less control
- May be harder to establish program impact

Benefits and Risks of **Services** Integration

Potential Benefits:

- More person-centered
- More efficient for recipient of care
- Minimizes missed opportunities – treat the people in front of you
- Likely more effective

Potential Risks:

- Tradeoffs involving time
- Tradeoffs involving staff
- Tradeoffs involving funding
- Health workforce challenges – training, licensure, scopes of work

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CQUIN and Integration

- Level of integration:

- CQUIN focuses on integration of both systems and services
- Consistent with the network's approach to capability maturity, which focuses on both enabling (systems) and outcomes (services) domains

- Direction of integration:

- As an HIV learning network, CQUIN's current focus is primarily on the integration of non-HIV services into HIV treatment programs
- Three of CQUIN's communities of practice have been working in this space for years, focusing on TB/HIV, FP/HIV and NCD/HIV integration
- The differentiated HTS community of practice will also continue to explore integration of testing services into non-HIV programs

CQUIN integration activities in 2023

- **Communities of practice:** HIV/NCDs, HIV/MCH, TB/HIV
- **Webinars:** 6 of the 11 CQUIN webinars in 2023 focused on integration
- **Country-to-country visits:** 8 countries participated in 3 integration-focused C2C visits
- Expanded the treatment CMM to include a HIV/HTN domain
- Conducted an in-depth scan of FP/HIV integration activities, approaches, barriers and facilitators



Defining Services Integration: Getting granular – 1

Challenge from CQUIN members: “What does integration look like at the point of service? Are we all speaking the same language?”

Response from ICAP CQUIN team: Leveraged the FP/HIV integration scan

- Literature review
- Online survey of 83 stakeholders in 21 CQUIN partner countries
- 24 key informant interviews of stakeholders in Cameroon, Rwanda, Uganda
- Enhanced country-to-country visits (8 countries)
- Developed a working taxonomy to assist comparisons across sites and countries

Defining Services Integration: Getting granular – 2

CQUIN’s situational assessment revealed that the term “integration” is often not clearly defined, and descriptions of how non-HIV services are integrated into HIV programs frequently lack specificity.

Commonalities include:

- ✓ **Co-location** of services (*e.g.*, both provided at the same site)
- ✓ **Co-scheduling** of services (*e.g.*, both provided at the same time)
- ✓ **Coordination of medication refills** to maximize recipient of care convenience and minimize visits to health facilities / pharmacies

Defining Services Integration: Getting granular – 3

1. One-stop shop

- Recipients of care receive HIV and non-HIV services in the same place, at the same time
- For example, hypertension services are provided by the ART clinic

2. Coordinated referral within the same health facility

- Recipients of care receive HIV services at the ART clinic and non-HIV services elsewhere at the same facility, but attention is paid to co-scheduling appointments to maximize convenience and minimize queuing/wait time and to shared medical records/communication between clinics
- For example, appointments at ART clinic and FP clinic are on the same day

3. Non-coordinated referral within the same health facility

- Recipients of care receive HIV services at the ART clinic and non-HIV services elsewhere at the same facility without attention to co-scheduling

4. Referrals between service delivery sites

- HIV services are provided at one site and non-HIV services at another
- This includes referrals between facilities (including public, private, and faith-based facilities), pharmacies, community-based services and more

5. Other



Key Challenges – 1

- Coordination between HIV and non-HIV programs
- Availability of data for decision-making
- Implementation of integrated service delivery
- Engagement of recipients of care

Coordination

- The level of coordination between MOH departments (HIV, SRH, TB, NCD) varies from country to country
- In some settings, siloed funding and decision-making limit development of helpful integration policies, guidelines, SOPs, training, and data management
- Even in contexts where coordination was perceived as excellent at the national level, it was viewed as more problematic at the subnational and facility levels

“So, at the level of policy it's integrated, and at the level of protocol and the guidelines it's integrated, but when you go down there at the health facility level, now, there is not really ownership in between the two divisions who is looking for FP/HIV integration. Is this the maternal child health division, or where the family planning is based? Or is it the HIV division?”

Data for decision-making

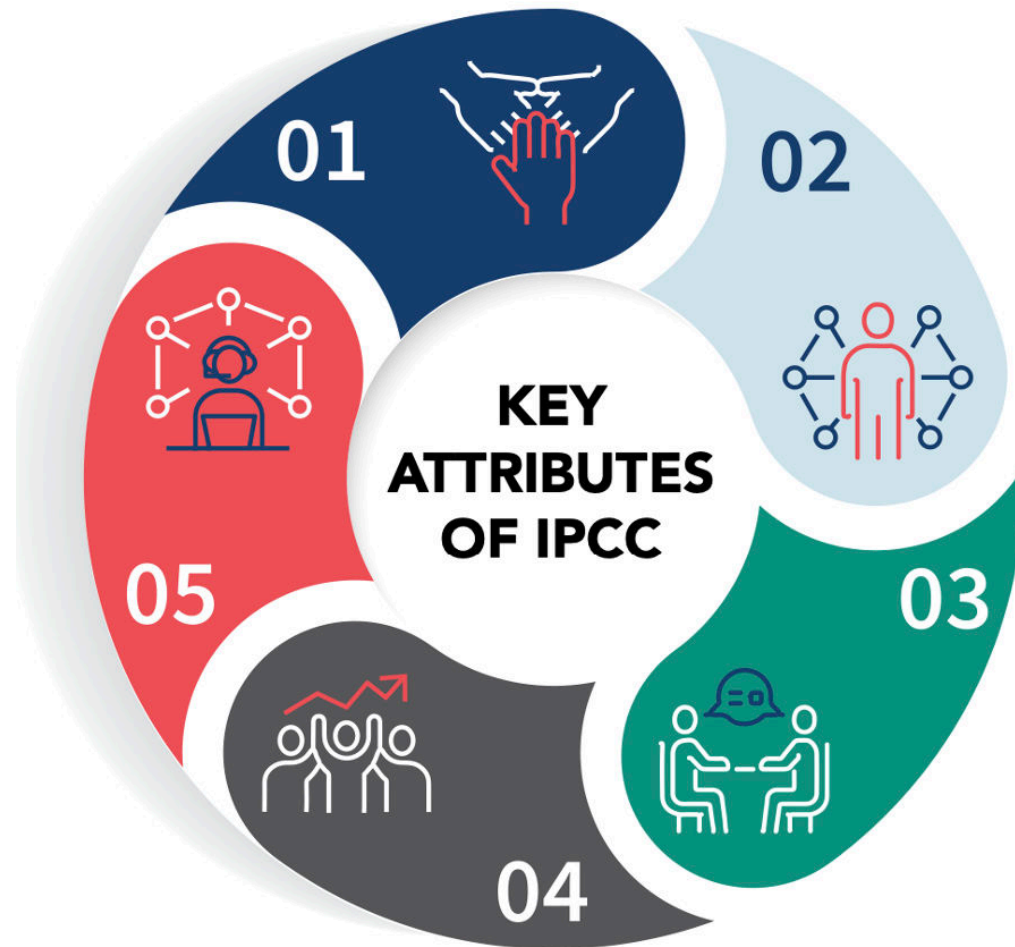
Challenges across all countries surveyed:

- What are our standards/targets related to integration?
- What should we be measuring – availability of integrated services or access/uptake of non-HIV services by people living with HIV?
- M&E tools are typically siloed by department
- Systems are not designed to disaggregate non-HIV service utilization:
 - By HIV status
 - By differentiated treatment model

Implementation of Integrated Services

- Our information to date suggests that one-stop shop models are rare
- Informants frequently noted a lack of guidance on *how* to design and implement integrated services
- In some settings, clinicians in ART clinics were described as lacking the knowledge and skills to provide non-HIV services such as modern FP methods, HTN management, etc.
- Step-by-step SOPs, HCW training, and performance indicators are in high demand

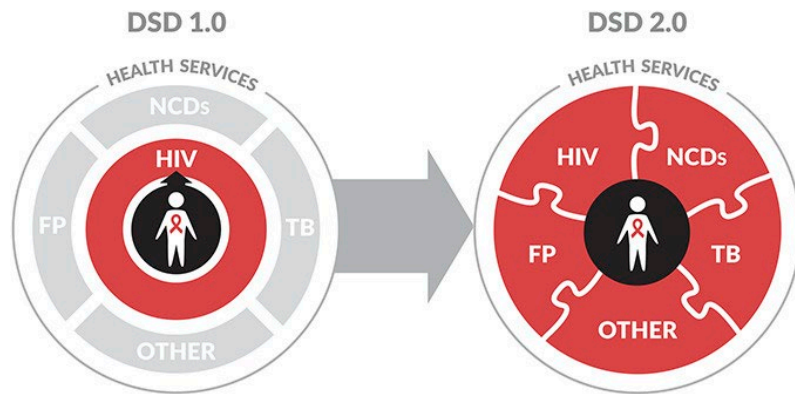
Engagement of recipients of care in integrated person-centered health services (IPCC)



1. Services must be comprehensive, holistic, and coordinated.
2. Services must prioritize individual convenience, making it as easy as possible for individuals to access the services they need and reducing disincentives to avoid needed health care.
3. Services must respect each individual's values and differences.
4. Services should empower clients and their households and communities to participate actively in their own care.
5. Service systems and sites should actively solicit clients' feedback and adapt service approaches in response.

Integrated, person-centered health services. Friends of the Global Fight, PATH, JSI October 2023

What got us here (DSD 1.0) won't get us there (DSD 2.0): So how can we get to integration for Quality & Coverage?



- High level leadership and commitment from the MOH directorate level
- Joint coordinating body
 - Joint planning
 - Joint monitoring
 - Coordination focal person
- Program managers/directors that will walk across the aisle
- Coordinated donor support for resources
- Centering the needs of recipients of care
- Enabling M&E systems and supportive operational research
- We need to be deliberate, focused and prepared to break down barriers

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CQUIN's integration agenda

- Ongoing work in communities of practice
- Engagement of new stakeholders in the FP and NCD space, ongoing engagement of TB stakeholders
- Continuing scan for case studies, resources, lessons learned – please share!
- Inclusion of integration-focused activities in national DSD Action Plans
- **All-network integration meeting in April 2024**

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Thank you!

