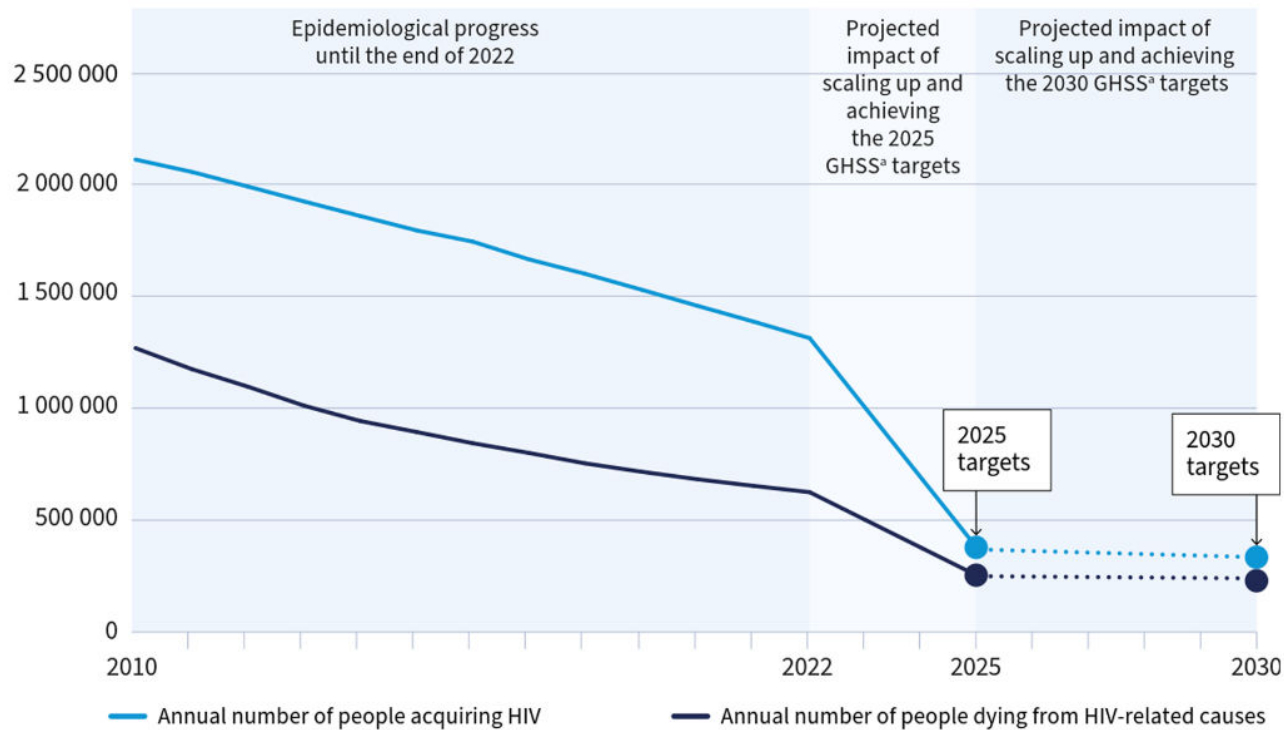# "Integration is not complicated…it's complex."

- Miriam Rabkin, Co-Founder, CQUIN

# Why Integration?: Epidemiological Trends

**Global trends in people acquiring HIV and people dying from HIV-related causes, 2010-2022 and projections to 2030**



Source: WHO, HIV data & statistics, Avenir Health, using 2025 targets and UNAIDS/WHO epidemiological estimates, 2023

**Forest plot of pooled estimates generated by meta-analyses for prevalence of selected conditions among PLHIV in SSA (data sources 2010-2023)**
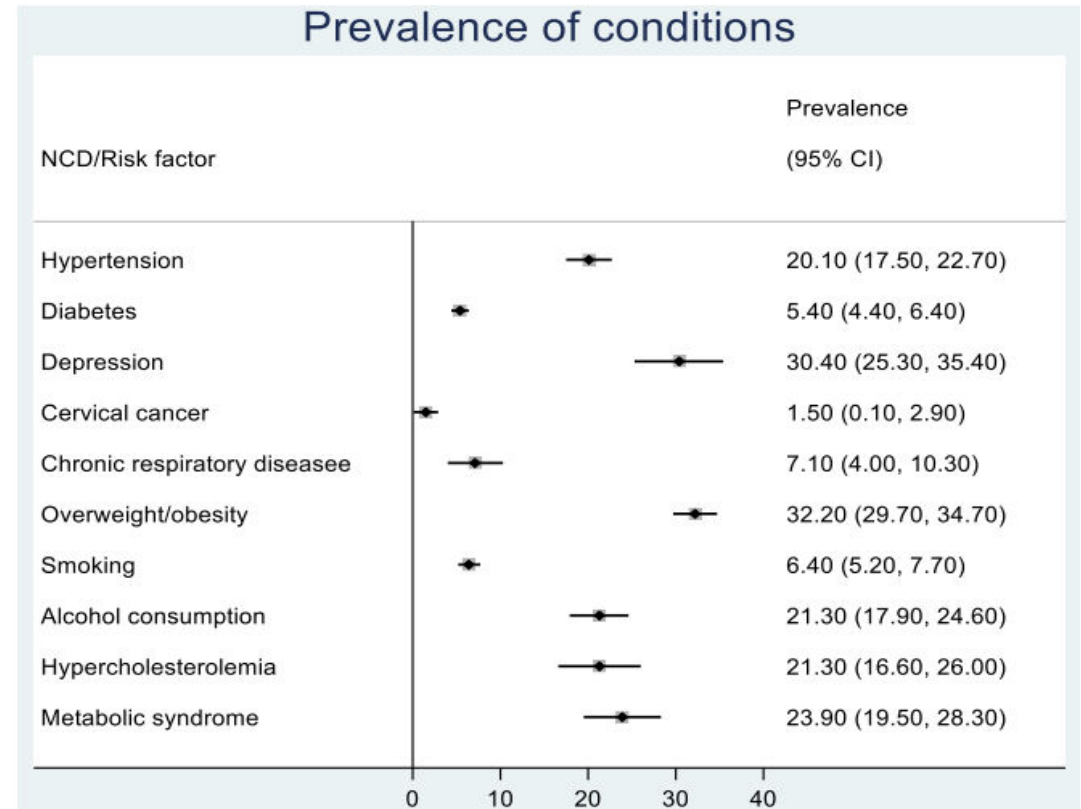


Source: Moyo-Chilufya, M. et al, "The burden of non-communicable diseases among people living with HIV in Sub-Saharan Africa: a systematic review and meta-analysis", Oct 2023, Lancet

# Why Integration?: HIV Financing Trends

**Trends in Resource Availability for HIV by Funding Source, USD Billions (All LMICs)**



Source: UNAIDS Financial Estimates, July 2023

# The Problem

1. With the longer lifespans that antiretroviral therapy programs have made possible, NCDs are occurring due to a mix of chronic immune activation, medication side effects, coinfections, and the aging process itself (Venkat Narayan, 2014)

2. Although HIV continues to have a high prevalence among adults in sub-Saharan Africa (SSA), the burden of NCDs such as diabetes and hypertension is increasing rapidly. There is an urgent need to expand the capacity of healthcare systems in SSA to provide NCD services and scale up existing chronic care management pathways (McCombe, 2022)

3. In their current form, health systems are not set up to accommodate/support the integration of chronic disease service delivery

4. Funding is most often verticalized, inhibiting the integration of chronic conditions at both the systems and point-of-care of service delivery levels

5. Integration of HIV services with other health services (e.g., NCDs, TB, FP) has been proposed as an important strategy for the sustainability of the global HIV response – *but this is still only an assumption*. More research and evidence needs to be developed to support this hypothesis

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# The Definition: Systems vs. Services
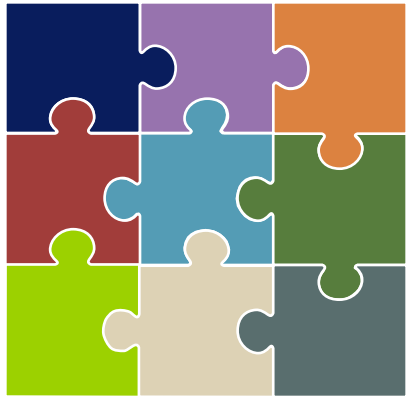


**1** There is a difference between integration of health *systems* and the integration of health *services*

**2** Here, we refer to "the health system" as the building blocks of a national health system beyond service delivery – e.g., laboratory, supply chain, healthcare workforce, health information systems, financing, etc.

**3** "Health services" refers to actual point-of-care health service delivery (e.g., public facilities, private facilities, community clinics, etc.)

**4** In order for health services to be integrated, they must be at least partially supported by an integrated health system

**5** HIV *service delivery* can be integrated into *broader health services* (i.e., primary healthcare services) – this would require un-verticalizing parallel systems and institutionalizing them into the existing national health system

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# Directionality of Integration – Which Way Do We Go, and Does It Matter?

## Example Types of Integrated Models*

| NCDs Integrated into HIV | HIV Integrated into NCD Services at PHC | Simultaneous Integration of HIV and NCD Services |
|---|---|---|
| **NCD services integrated into centers** originally **providing HIV care**; programs began as HIV clinics and evolved to integrate screening, care and/or treatment of NCDs.  Patients brought into services via in-house diagnosis, referrals from external sites, case-finding via community NCD and HIV screening. | **HIV care is integrated into** existing **NCD care at primary healthcare delivery sites** where patients receiving NCD care are also provided HIV testing and counselling (HTC) services, and if positive, HIV care and treatment. Patients who test positive are offered enrollment into an HIV program location w/in a PHC clinic. | **NCD and HIV care and treatment are** simultaneously introduced and **integrated during outreach or at the same clinic site.** This model includes a clinic established to provide integrated HIV and NCD services for patients diagnosed with HIV or an NCD from nearby health facilities. |

# BMGF: Strategy for Sustaining the HIV Response

## COUNTRY-LED SUSTAINED EPIDEMIC RESPONSE

### EPIDEMIOLOGY

- Metrics and timely data to better understand evolution of HIV epidemics
- Surveillance methods including epidemic appraisals
- Data and surveillance in facility and non-medical contexts

### SERVICE DELIVERY CAPACITIES

- *Sufficient systems and capabilities at national, subnational, and community levels*
- Leadership, management, and governance planning
- *Laboratory*
- *Data systems*
- *Human resources for health*
- *Supply chain*
- *Community systems strengthening*

### SERVICE DELIVERY/ PROGRAMMING

- Innovative models to reduce costs of interventions and tools
- Targeted, differentiated prevention and treatment models to improve efficiency
- Behavioral science approaches
- Integrated service delivery models

### HEALTH FINANCING

- Finding efficiencies, effectiveness, and affordability in HIV service delivery
- Understanding and incorporating HIV service delivery costs into country budgets and overall health strategies
- Identifying the value proposition to shift from donor to domestic HIV funding
- *Transition pathway for increases in domestic resource mobilization*

Localization

Evidence and advocacy for country ownership

Harmonization with development partners

A.I./technology, stigma/discrimination reduction, data-use

\* Gray italics = areas where other partners play a role rather than the foundation (i.e., PEPFAR, Global Fund, Country Governments)

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# BMGF: Theory of Action/Framework on Integration

Identify needed data, research gaps, key challenges and questions for integration

International AIDS Society
London Economic Impact of HIV Roundtable April 2023
Zambia Grantee Meeting Nov 2023
London Roundtable on Integration April 2024
CQUIN Meeting on Integration April 2024

Understand various demonstration-to-scale models of integration in different contexts*

Africa Resource Center Integrated DSD Models in Uganda + Kenya

UCAS Cost of Integration Workstream (Genesis)
*Evaluation of Integrated Service Delivery Models (TBD)*

Systems    +    Services

CQUIN Learning Network

Advocacy with key stakeholders and accelerated scale-up of innovations

Generate evidence and develop best practices for integration

***Develop/update normative and operational guidance***

***Implementation at scale, funding, policies***

Improved ROC health outcomes and greater efficiency in health system, service delivery, and HIV investments

Measure Impact

= BMGF

= Countries, WHO, PEPFAR, Global Fund, UNAIDS, implementing partners, etc.

* Including clinical and implementation science outcomes, cost, acceptability, feasibility, etc.

CQUIN Integrating non-HIV Services into HIV Programs Meeting | April 15-18

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# BMGF: Our Approach to Integration

**Goal:** *Maximize the use of HIV investments by improving health outcomes for all; **deliver efficient, patient-centered, high-quality services for all***

*Test the hypothesis of integration as a pathway towards sustainability...*

- **Evaluate relevant <u>existing</u> models of integration to glean insights on successes and challenges, including costs and budget implications**

- **Test various <u>new</u> models of integrated care both from the services and systems perspectives**
  - Implementing a demonstration-to-scale integrated service delivery model in one or more contexts/geographies to show possible efficiencies of integrating one or more components of the HIV response with other health areas; understanding barriers and challenges, health outcomes, quality of services, costs, financing, patient and provider preferences, and systems needs
  - Explore private sector delivery channels for integration

- **Define a framework/pathway for countries or subnational units who want to integrate HIV services with other health services, building off existing/current structures and systems**

- **Develop best practices to inform/update guidance for integration**

- **Continue to measure & evaluate the impact of integrated models of care in the long-term**

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# London Roundtable: Meeting Objectives & Participants

**01**
Foster collaboration amongst key stakeholders, including BMGF, Global Fund, PEPFAR, UNAIDS, WHO, and select countries on integration

**02**
Learn from existing approaches to/models of integration and discuss definitions, successes, challenges, lessons learned, and opportunities for further research; define common challenges

**03**
Discuss the role of funders and partners in developing, disseminating, and scaling solutions to common challenges of integration

**04**
Discuss plans for the long-term sustainability of integration efforts, including alignment with the road-mapping process

**05**
Discuss approaches to funder/partner alignment to meet country needs and priorities
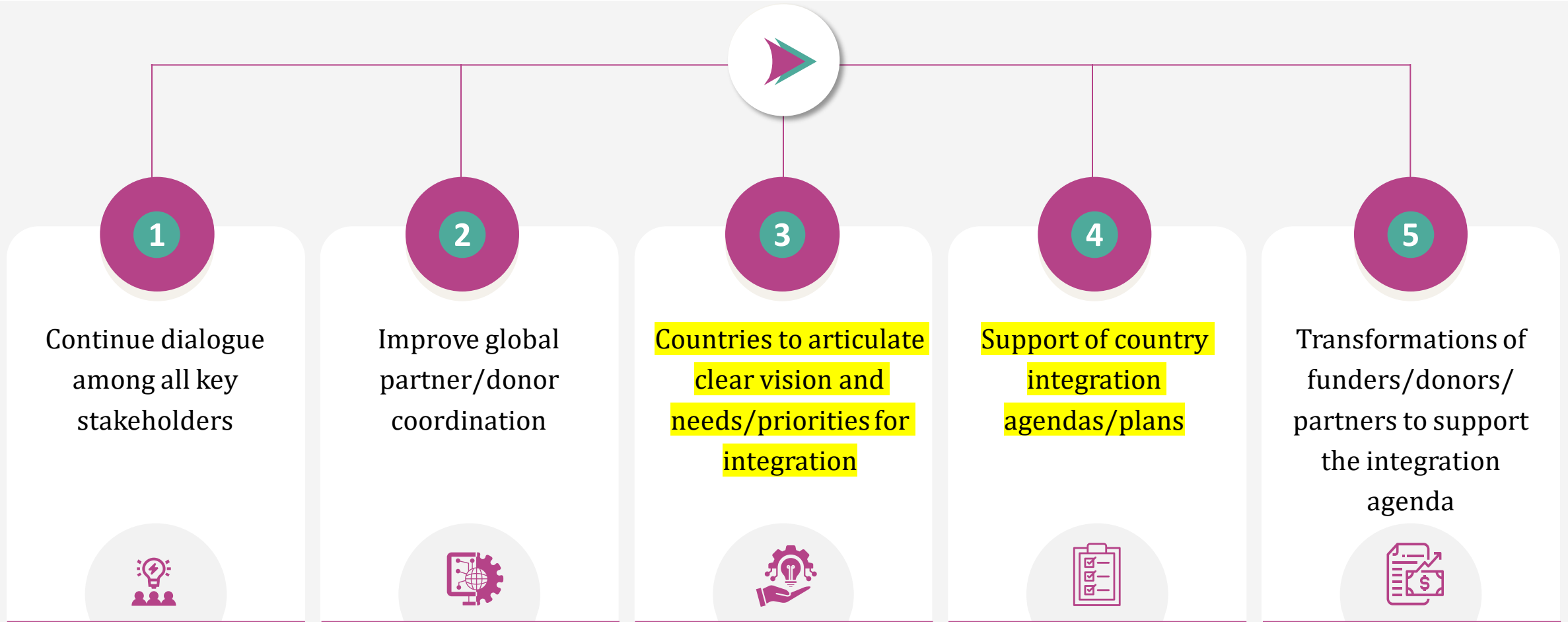
**Participants:**

- 33 participants: BMGF, PEPFAR, Global Fund, WHO, UNAIDS, universities/academia, program implementers, MoH (Malawi, Uganda, Botswana, Namibia, Zimbabwe, Kenya, Lesotho)
- HIV & **NCDs directors/program managers**; PHC, integration, health systems, & program SMEs; health economists; researchers

# London Roundtable: Key Takeaways

- Integration is a means to an end; the problem we're trying to solve is to: **improve patient outcomes, create efficiencies, and sustain the HIV response**
- **Health systems strengthening** is critical to the success of integration – both services and systems need to be considered
- Need for **more evidence generation**, focus on **equity,** and **to document** and expand **local context** approaches
- Key challenges: **financing structures, governance, HRH**, commodities supply, **global partner coordination**, **political commitment,** data systems/M&E, coordination of policy/guidelines, quality of care, infrastructure limitations, lab systems, patient preferences, stigma, **documentation of lessons learned**
- Solutions: needs to be a **country-led** process; **one plan/one budget/one M&E**; **donor flexibility and coordination** is key; importance of **evidence generation**; need for **capacity-building** at all levels; optimizing supply chain systems; need for governance and political commitment

- Digital tools/AI: **self-managed technologies** important for equity; tools to **support HRH shortages**; need for **legislation/policies;** technology to **support quality health outcomes** and service delivery

- For countries, **HIV is part of a larger health sector plan** of which HIV is one component - donors should consider offering "maximum flexibility" in funding, within their limitations

- Governments **to articulate their overall vision clearly** (leverage the Sustainability Roadmap process & Global Fund grant requests) and **demonstrate political will and leadership in sustaining the HIV response**

- **Donors need to think about how they fund and do things differently** – especially in focusing more on supporting systems, capacity-building, financing, and supporting the larger, broader health agenda.

# Next Steps

**1** — Continue dialogue among all key stakeholders

**2** — Improve global partner/donor coordination

**3** — Countries to articulate clear vision and needs/priorities for integration

**4** — Support of country integration agendas/plans

**5** — Transformations of funders/donors/ partners to support the integration agenda

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