

# Integrating HIV Services for Coverage and Quality

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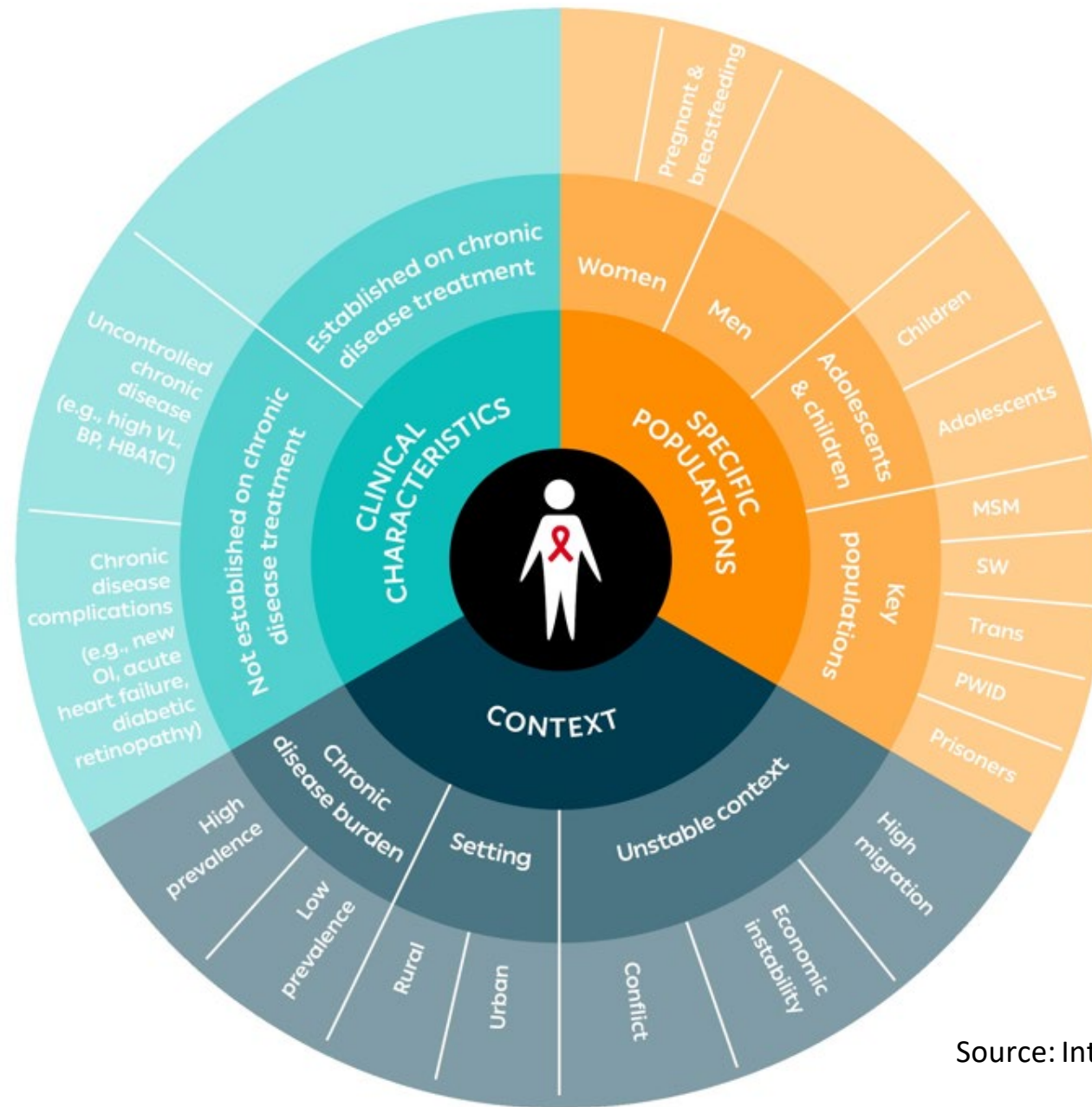
**Integrating non-HIV Services into HIV Programs**

April 15-18, 2024 | Nairobi, Kenya



# Outline

- **Differentiated service delivery and integration – making the connection**
- **Understanding integrated service delivery – defining our terms**
- **CQUIN Integration Focus**
- **Views of CQUIN meeting attendees on integration**

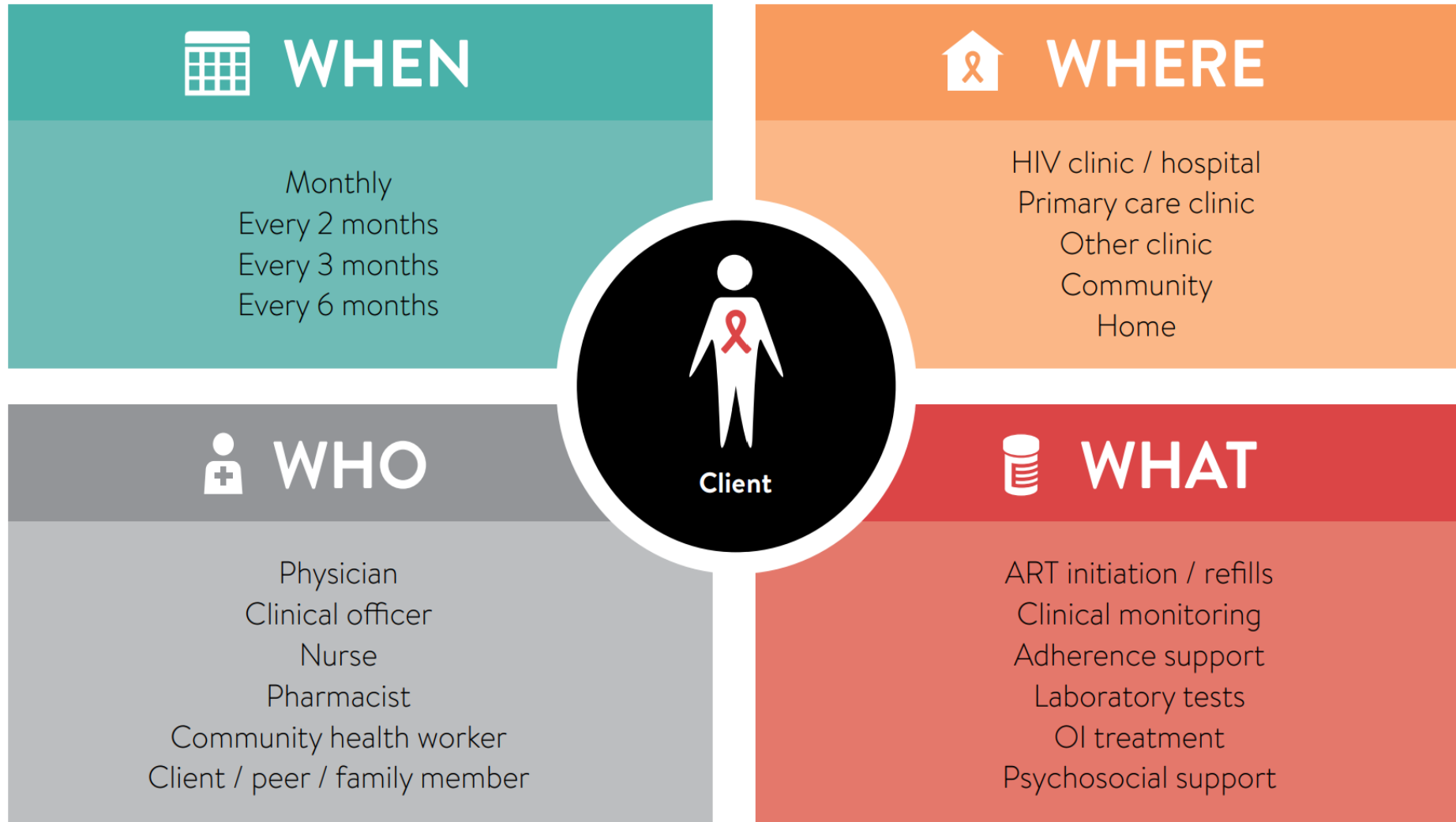


Source: International AIDS Society



**Photo:** Munyaradzi Makari via MSF website

# Building Blocks of Differentiated Service Delivery (“DSD”)



Source: International AIDS Society

# Expansion of 6-month multi-month dispensing (6MMD)

**2021**

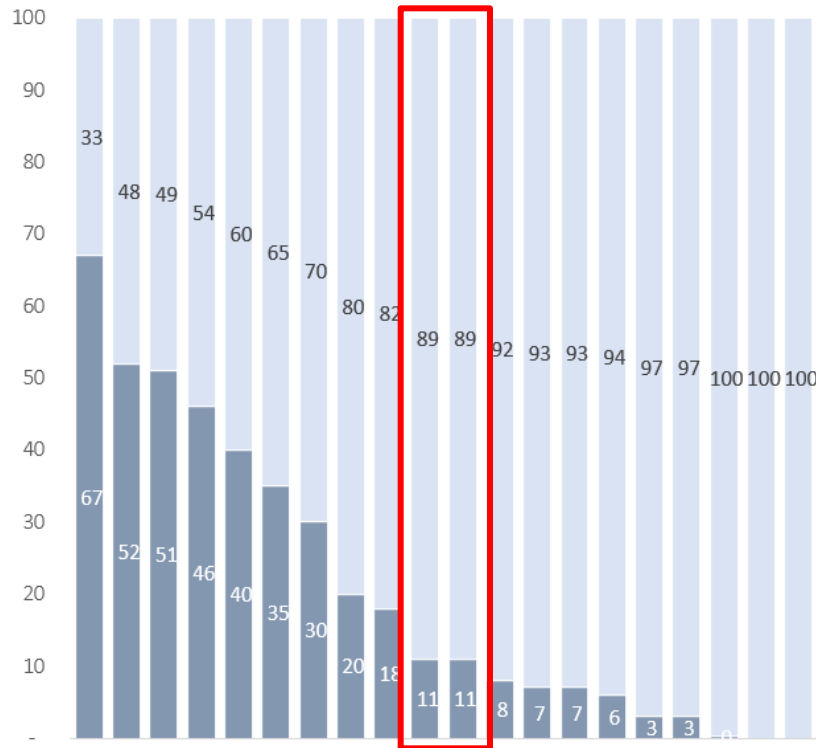
Median country: **11% 6MMD**

**2022**

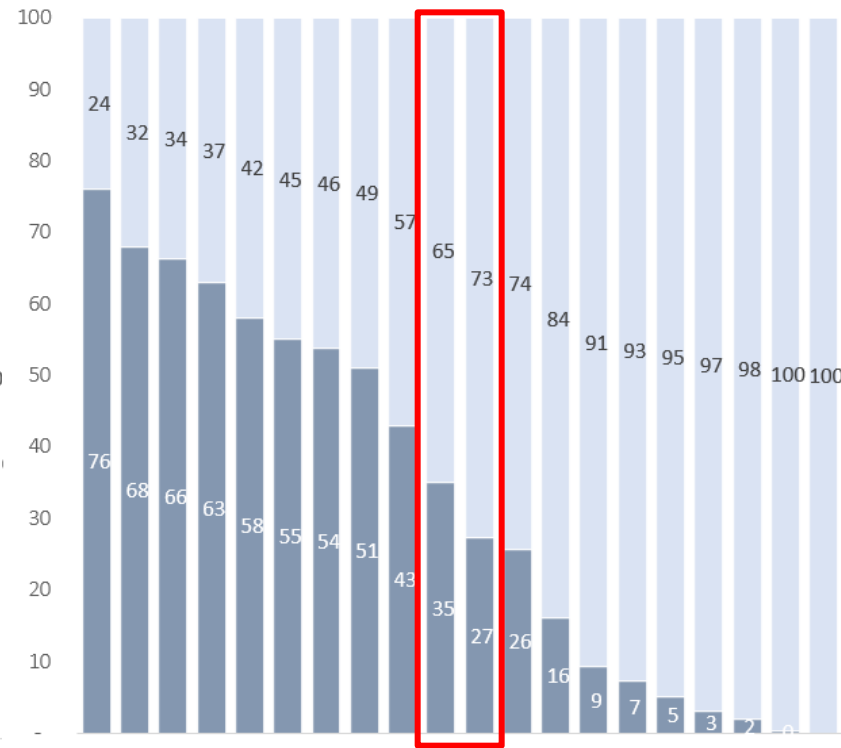
Median country: **31% 6MMD**

**2023**

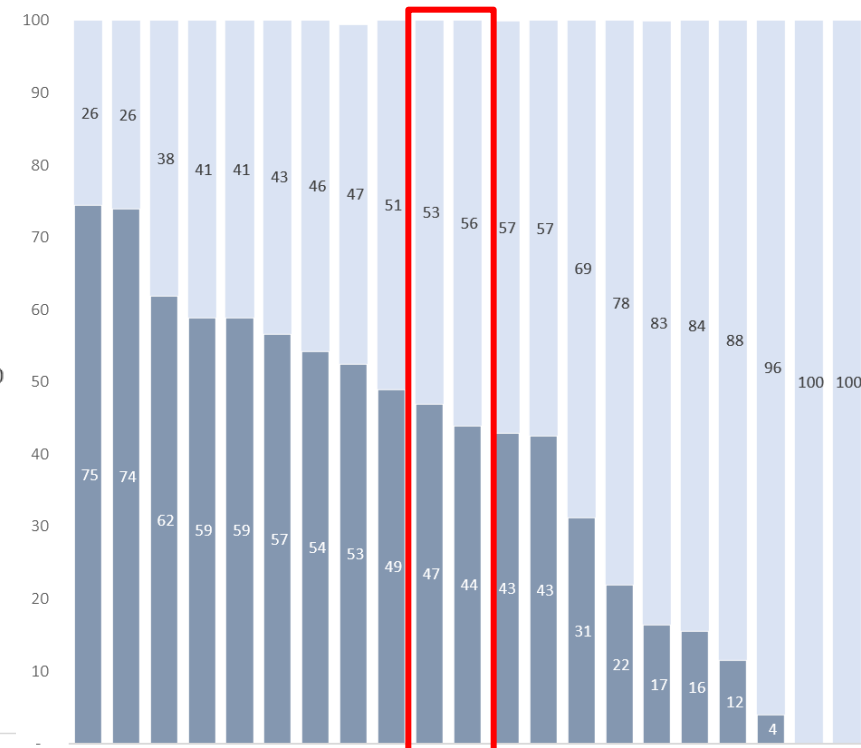
Median country: **46% 6MMD**



Country



Country



Country



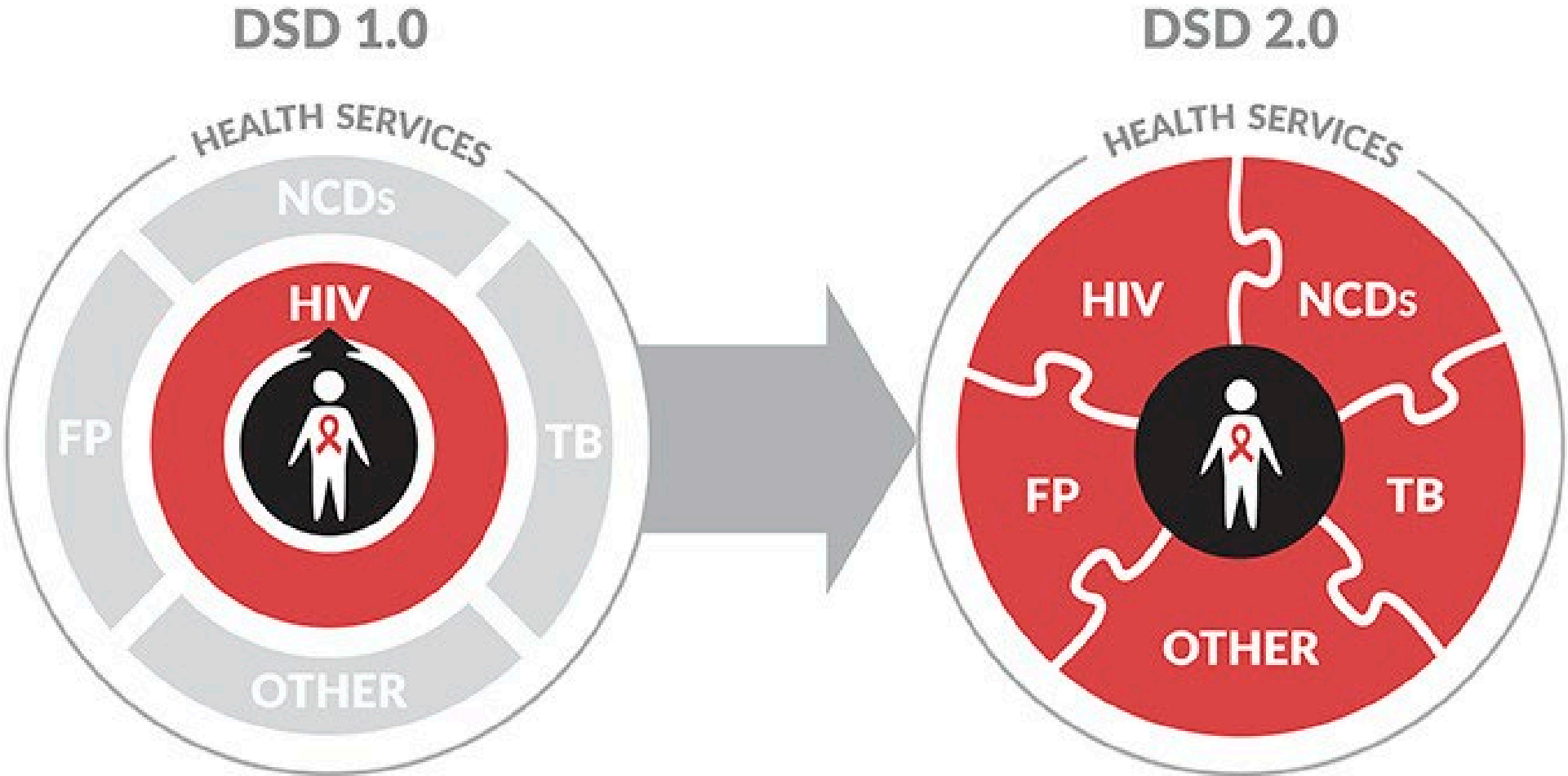
# One person, multiple health conditions and needs .....

**I also have  
hypertension and I  
need family  
planning**



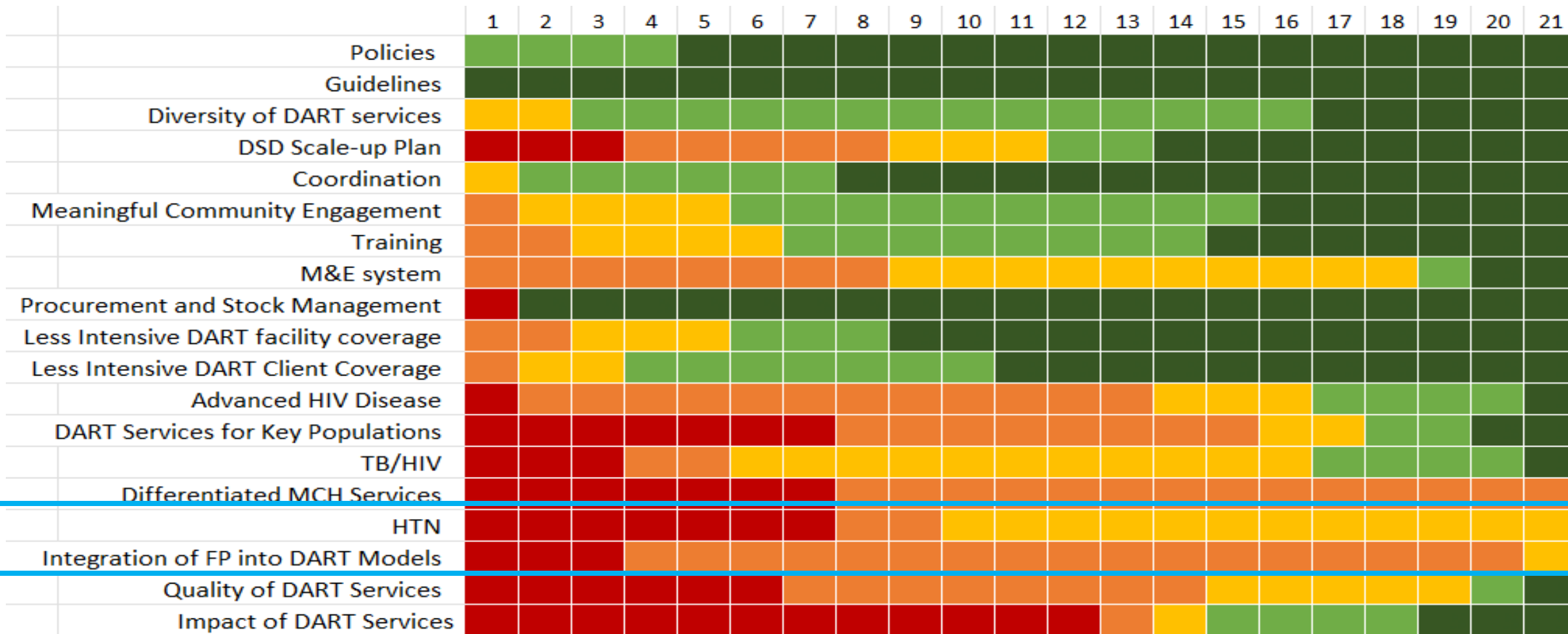
**Photo:** Munyaradzi Makari via MSF website

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





# 2023 CMM Results: Most CQUIN Countries in early phase of integrations



Rows = domains in the 2023 Treatment CMM  
 Columns = not meaningful

**Least mature**      **Most mature**

## Differentiated Service Delivery and Integration

- Integration of services as a means not an end
  - improved coverage, quality, and impact of health services for people living with HIV
- Hypothesis: integrating non-HIV services into HIV programs will expand and accelerate efforts toward the goal
- Engagement of recipients of care in all phases is key
  - planning, implementation, and evaluation

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

# Benefits and Risks of **Systems** Integration

## Potential Benefits:

- Sustainability
- Coverage and equity
- More country-driven than donor-driven
- Efficiency and harmonization

## Potential Risks:

- Less nimble
- Less intensive
- Harder to tailor for specific populations
- Data of limited quality and quantity
- Individual programs may have less control
- Harder to demonstrate 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 focused 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

# How can we integrate non-HIV services into HIV services?

## One-stop shop

HIV and non-HIV services provided in same place at same time

Example: HTN services provided by ART clinic

## Coordinated referral within the same health facility

HIV services provided at the ART clinic and non-HIV services provided elsewhere at the facility

Co-scheduled appointments maximize convenience and minimize queuing/wait time and sharing of medical records/communication between clinics

Example: ART and FP appointments at ART clinic and FP clinic are on the same day

# How can we integrate non-HIV services into HIV services?

## Non-coordinated referral within the same health facility

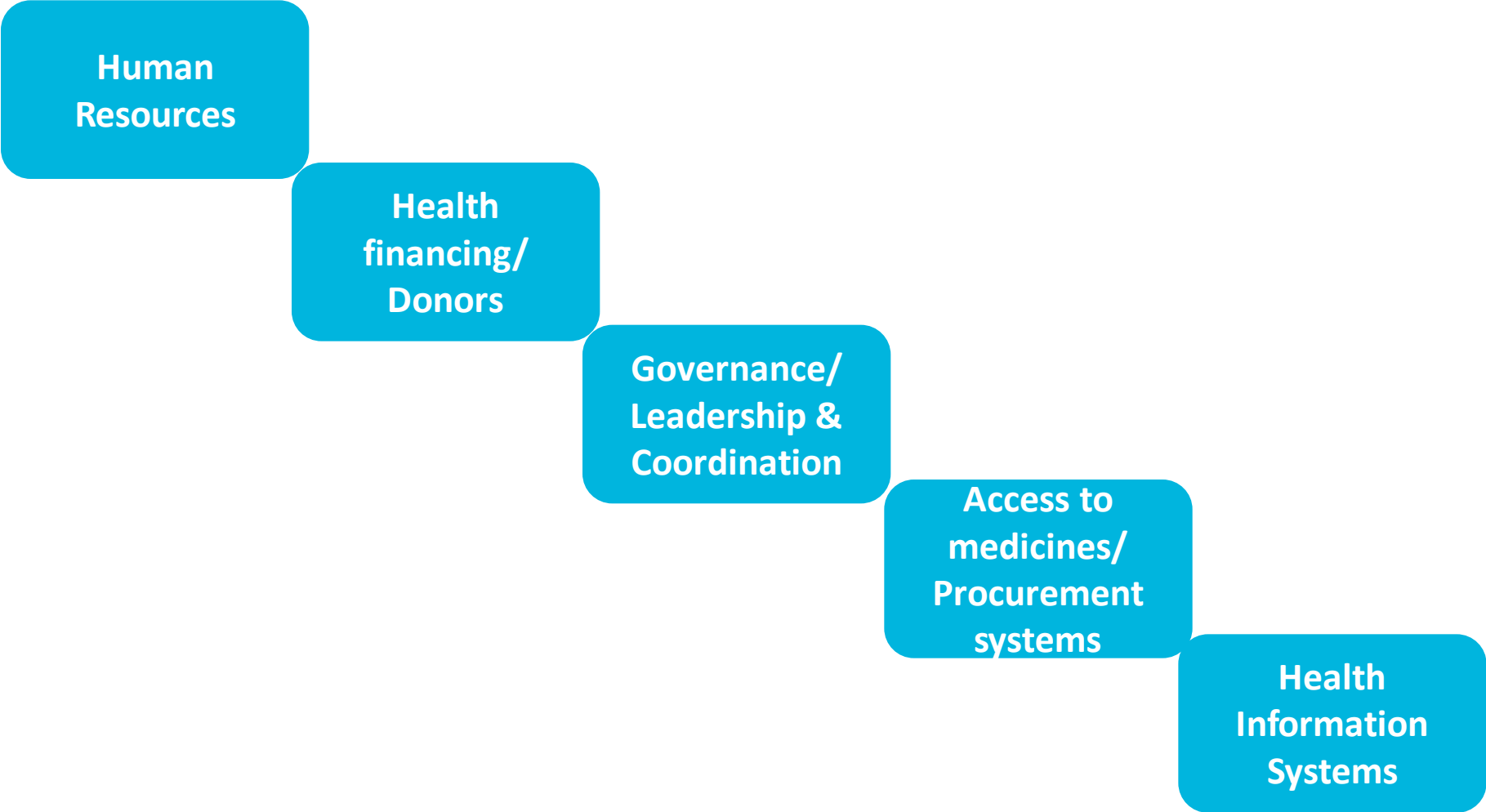
HIV services at ART clinic and non-HIV services elsewhere are provided at same facility but without co-scheduling

## Referrals between service delivery sites

HIV services are provided at one health facility and non-HIV services at another

This includes referrals between facilities (including public, private, and faith-based facilities), pharmacies, community-based services and more

# Challenges to integration of HIV and Non-HIV health systems



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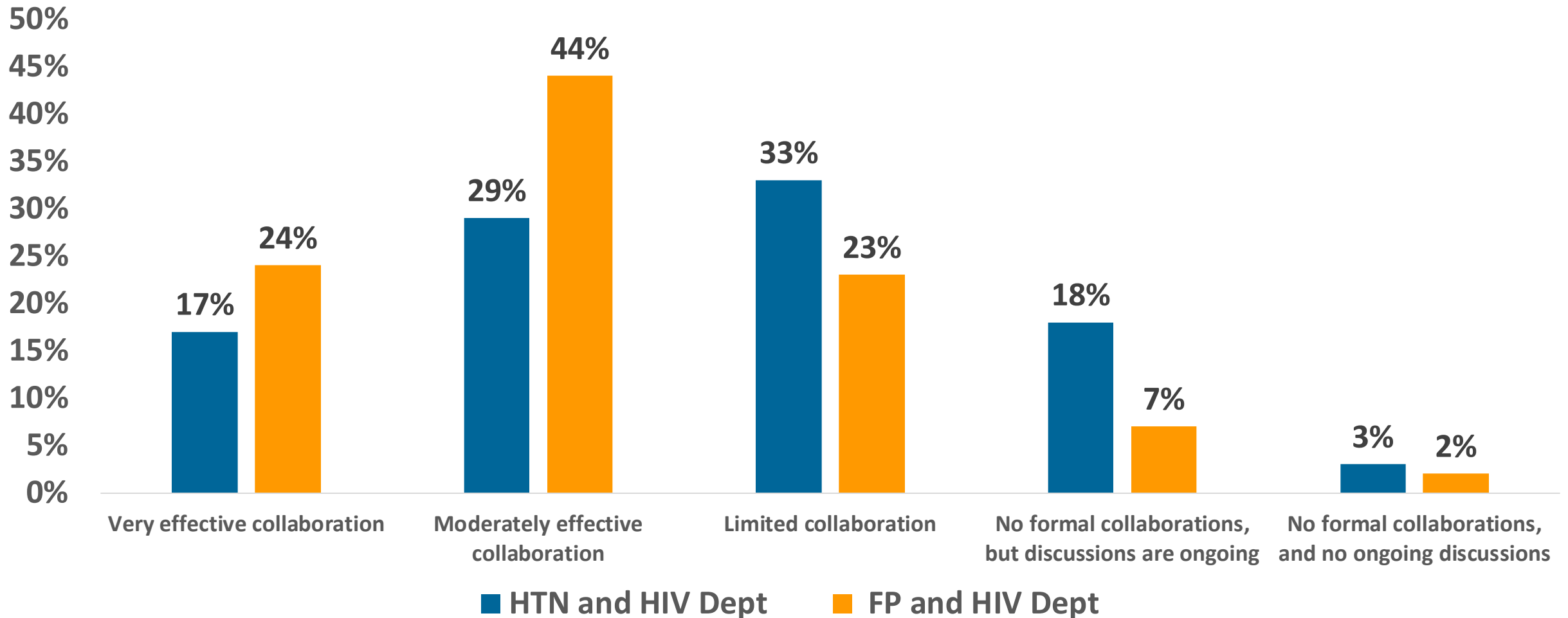
## Who is here?

- About 260 participants from all 21 CQUIN member countries
- **49% of participants are attending a CQUIN meeting for the 1<sup>st</sup> time**
- Country teams are led by MOH and include donors, IPs, and civil society
  - **MOH representatives of HIV, NCD and SRH departments**
- Global partners from WHO, PEPFAR/GHSD, CDC, USAID, ITPC, IAS, Gates Foundation, PATA and others

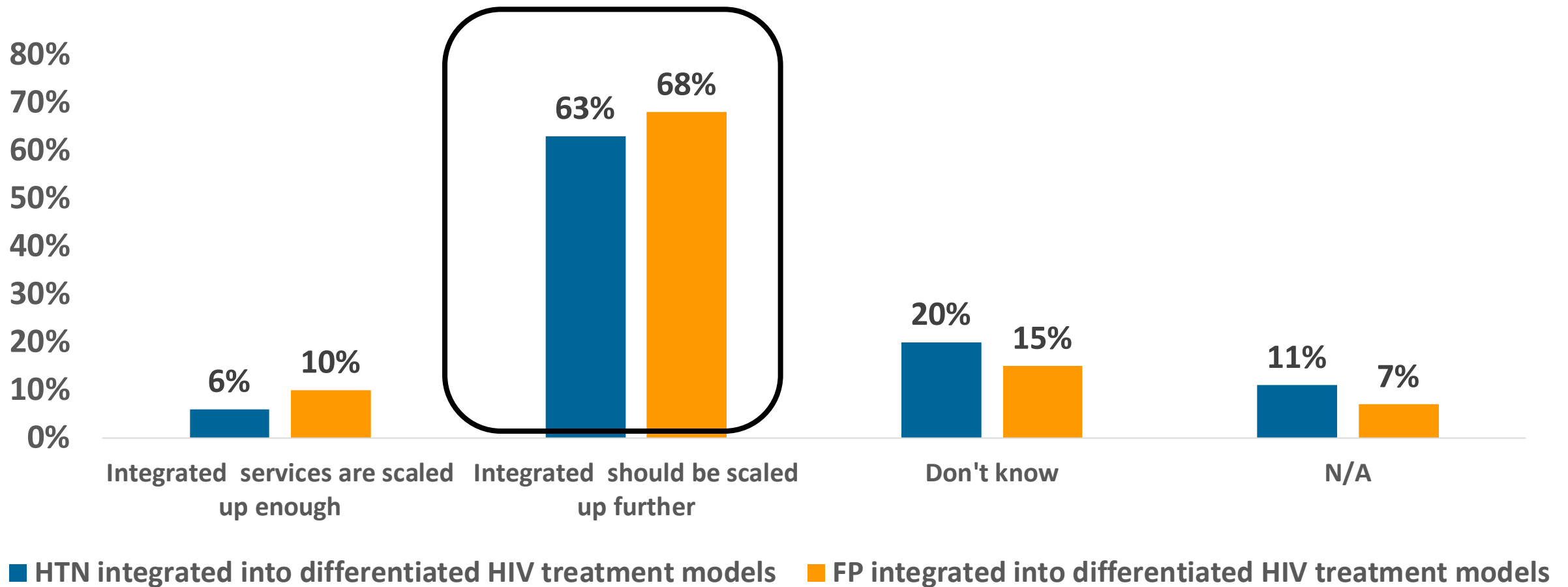
### Survey participation:

- Responses from all 21 countries
- Excluding CQUIN-affiliated staff, 159/241 or 66% completed the questionnaire

# Status of MoH inter-departmental collaboration on integrated services

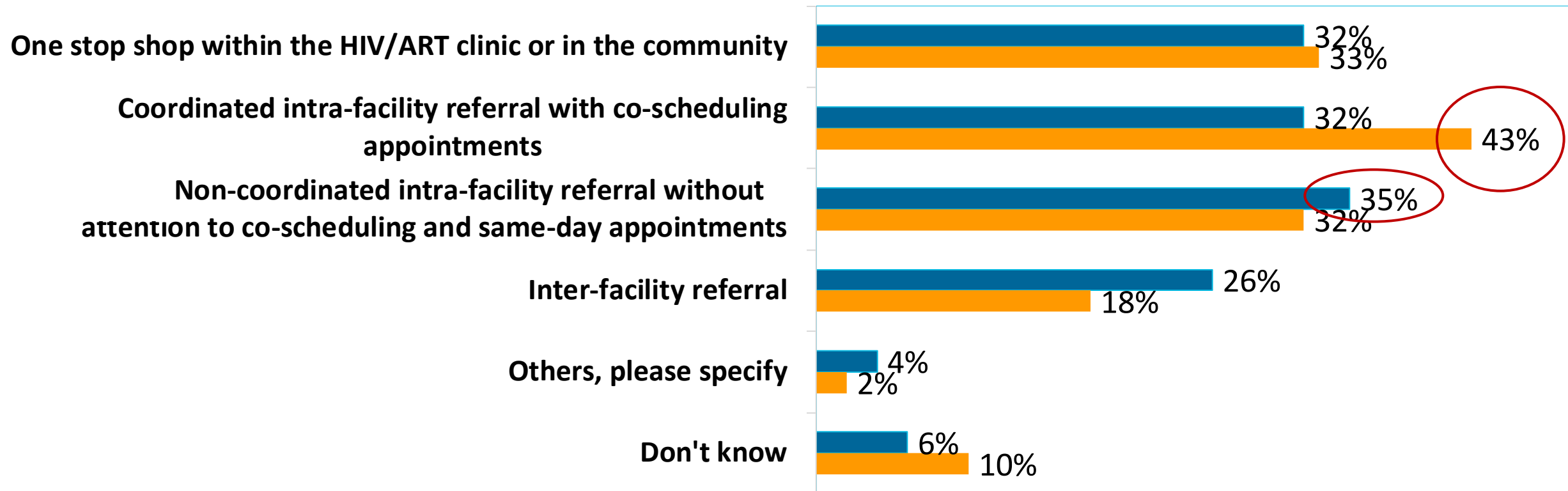


# Extent of HTN and FP integration into differentiated HIV treatment models





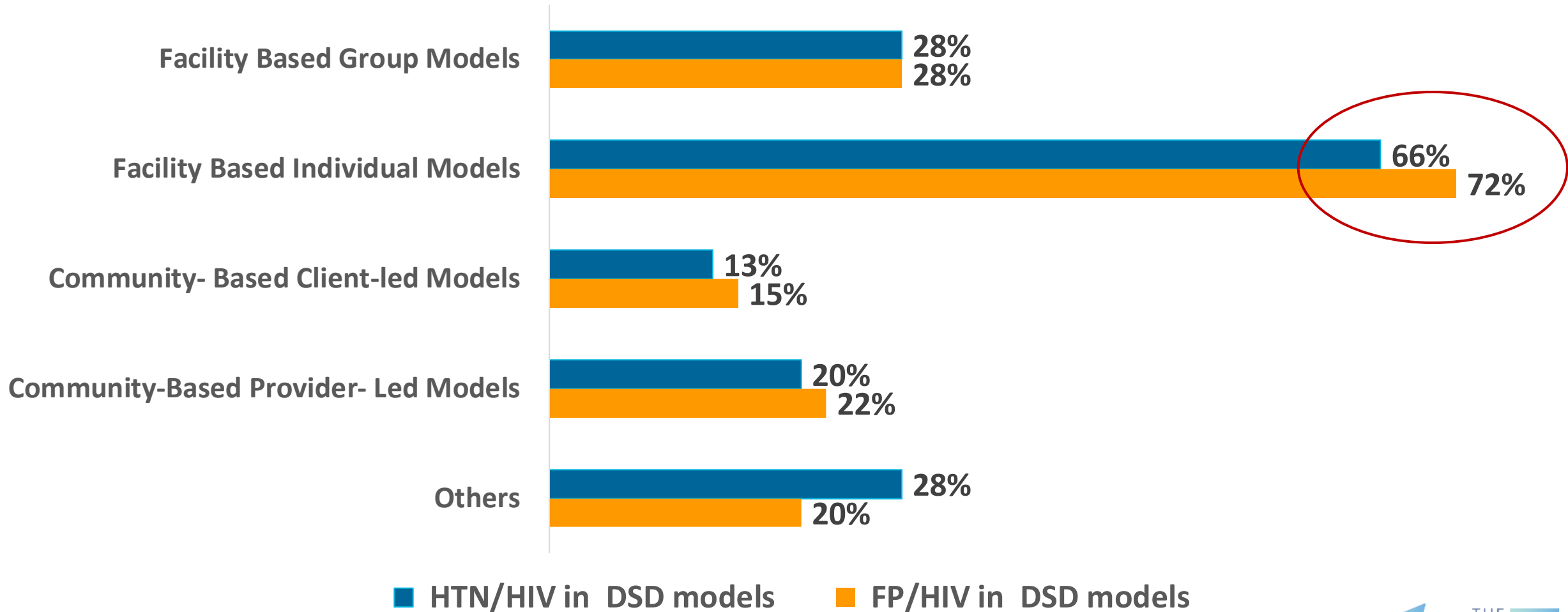
# Approaches used to deliver integrated HTN and FP into HIV services



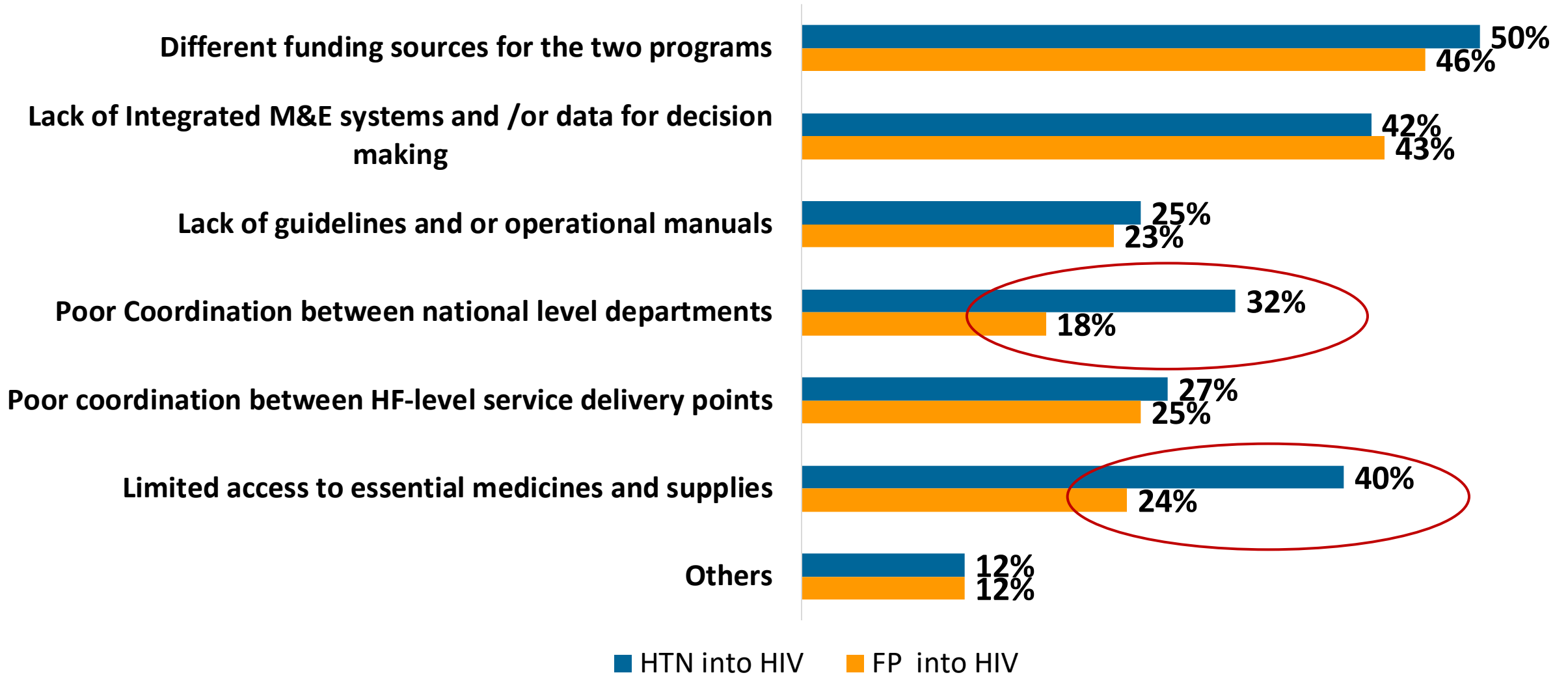
■ HIV/HTN

■ HIV/FP

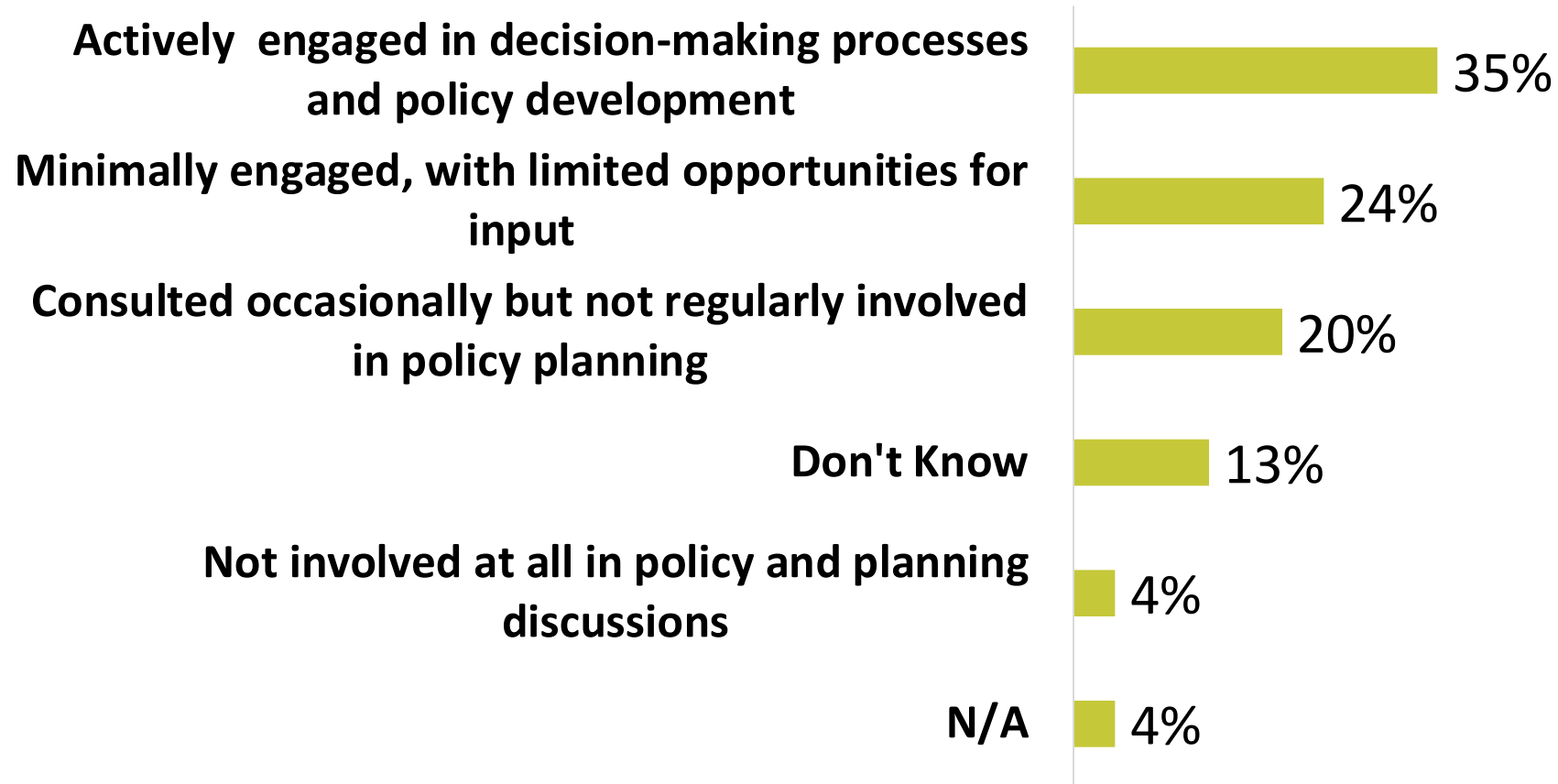
# Provision of HTN/HIV and FP/HIV integrated services in DSD models



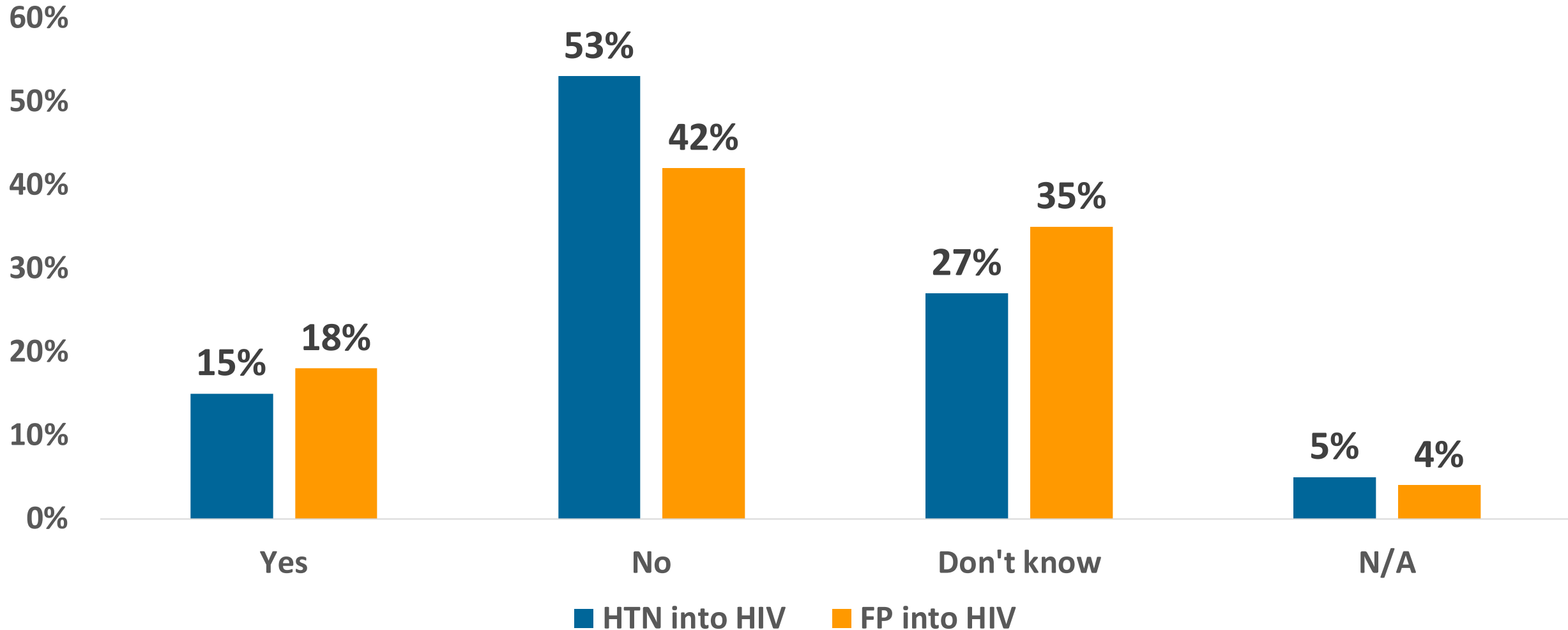
# Primary Challenges in Integrating HTN and FP Services into HIV Treatment (more than one answer possible)



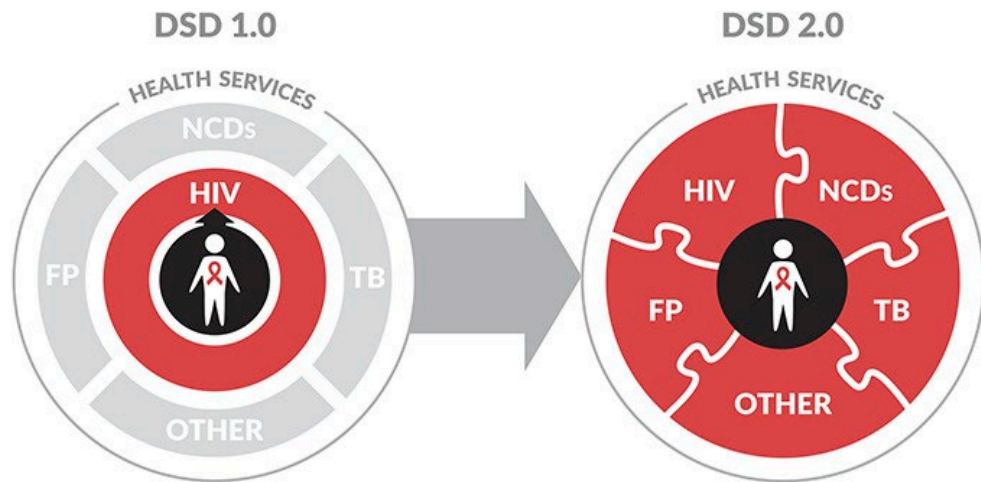
# Engagement of Recipients of Care in Policy Development and Planning for Integrated Services



# Availability of national targets for monitoring the integration of HTN and FP services into HIV programs



# 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 for planning and monitoring, led by a coordination focal person
- Program managers/directors that will walk across the aisle
- Coordinated donor support for resources
- Person-centered approach to center services on the needs and voices of recipients of care
- Enabling M&E systems and supportive operational research
- Deliberate and focused actions that may include breaking down barriers and silos



Thank you!

