

Session 4a:

Integration of HIV programs into routine healthcare

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Outline

- Understanding integration
- CQUIN's integration capability maturity model (CMM)
- Tabletop exercise

Integration of systems vs. integration of services

Systems: Integration at the health system level

Assimilation of health interventions into each health system building block

- Governance/stewardship, policies, financing, supply chain, laboratory systems, healthcare workforce, standards and quality management, health information systems and more

Services: Integration at the point of service (models of care)

Joining together different kinds of services and/or programmes to optimize outcomes

- HIV clinical, lab, pharmacy and support services co-located with those for other health conditions (“one-stop shops”)
- HIV services provided by the same health workers as other health conditions
- HIV services documented, monitored and reported with the same systems used for other health conditions

Meeting the moment

- Integration of HIV programs into national systems and routine healthcare delivery is a key step towards sustainability and country ownership
- Integration at the systems level is likely to be needed in all countries
 - For example, integration of financing, supply chains, HRH, HMIS and QM
- Optimal integration at the services level will likely vary depending on context, both between and within countries
 - Epidemic characteristics and HIV prevalence
 - Primary vs. tertiary facilities
 - People with AHD vs. people thriving on ART
- Not all countries will choose to integrate all services

CQUIN's capability maturity models

- CMMs have been a key tool for the CQUIN learning network
 - Structured, country-led approach
 - Enables and incentivizes planning and innovation
 - Provides a consistent language and framework across the network to facilitate joint learning and exchange of resources and tools
- Consistently ranked as one of CQUIN's most important and effective elements
- In 2025, network countries requested that CQUIN prioritize development of an integration-focused CMM

CQUIN's new integration capability maturity model

As always, it is important to be specific when using the term “integration”

- Here, we mean **integration of HIV programs into routine healthcare**, not integration of non-HIV services into HIV programs
- We have narrowed the focus of the CMM to the **integration of HIV services** – *i.e.*, integration at the point of care
- There are existing tools and resources to support **integration of HIV systems** – and CQUIN is discussing developing a few more of these if needed

Reminder: Integration is a means to an end

Not all countries will choose to integrate HIV services into routine healthcare, and the extent of integration is not in itself a reflection of overall HIV program maturity

- Those countries that do prioritize integration are likely to design different models for different levels of the health system
- All countries are likely to retain some specialized HIV services – for example, some services for people with advanced HIV disease are unlikely to be integrated into primary care settings

A country that is not prioritizing services integration should probably not use this CMM

The capability maturity model for integration of HIV services is intended only for countries and contexts in which services integration has been prioritized

Alternatively, a country could use the CMM but indicate which domains are not applicable

Developing the Integration CMM

Key Question

What do “mature” integrated services look like?

- To recipients of care
- To providers of care
- To the health system

Operationalizing CMM Development – 1

1. Start by identifying core functions / domains:

- Challenge is to balance comprehensiveness with clarity and “measurability”

2. Next, define maturity stages within each domain:

RED	ORANGE	YELLOW	LIGHT GREEN	DARK GREEN
Early or preliminary stages of planning and development; Useful in identifying next steps to take in the scale-up process	Work has begun and the initial efforts are ongoing; Highlights areas that can be prioritized for improvement	Efforts have resulted in measurable progress, such as a draft for review or achievement of more than 25% progress to a target	Considerable progress has been made, resulting in over 50% progress to a target or working systems only in need of finalization	Achievement of a highly-evolved implementation of the domain; Further improvements and refinements can be made as needed

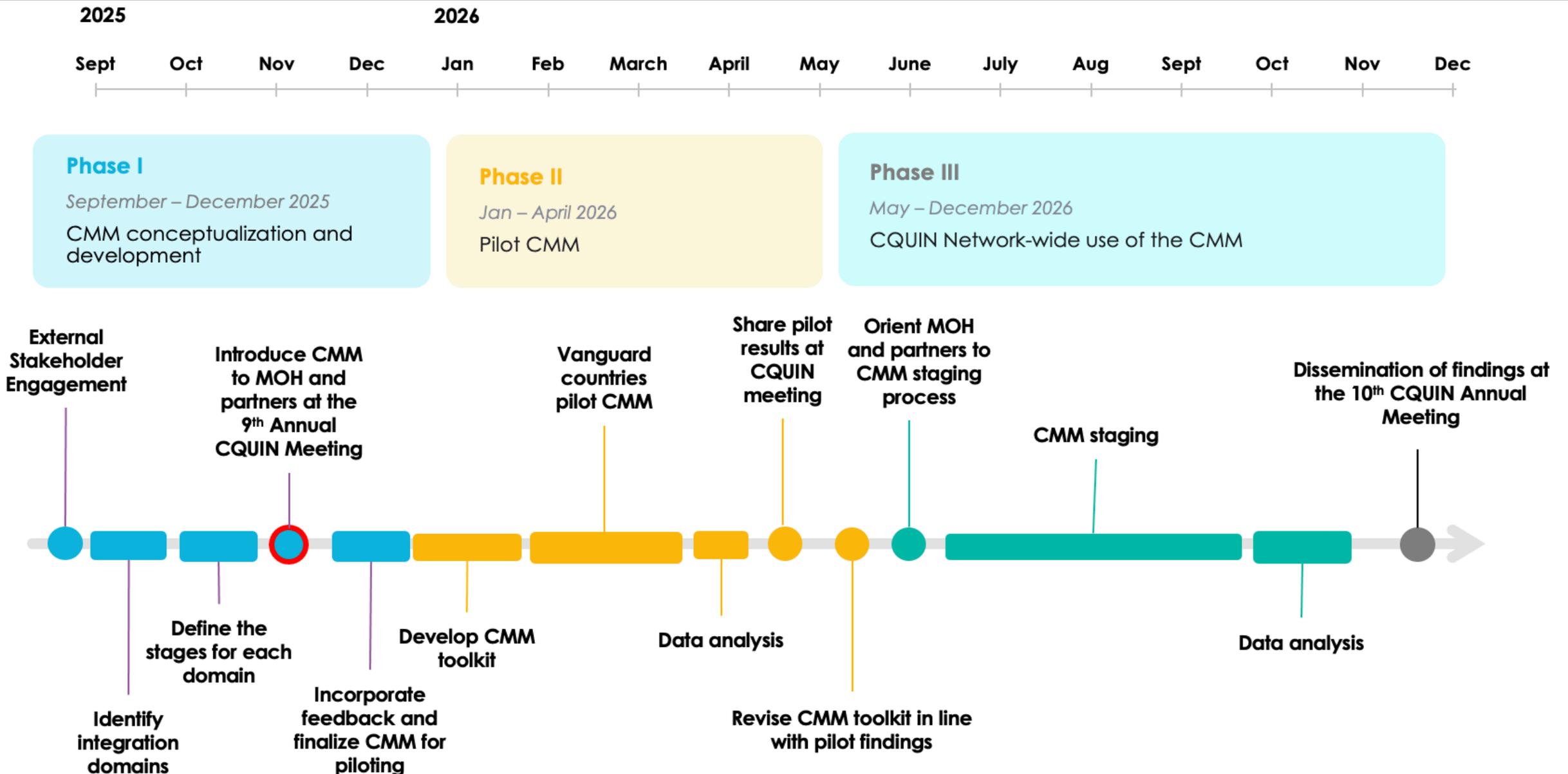
What domains should be included in a services integration CMM?

#	Domain Name	#	Domain Name
1	Policies	9a	AHD 1: Operational guidance and scale-up
2	National Integration Scale-up Plan	9b	AHD 2: Coverage and quality
3	Scale-up of integration enablers	10a	KP 1: Quality
4	Meaningful community engagement	10b	KP 2: Coverage
5	Facility-level integration coverage	11a	TB/HIV 1: TPT Quality
6	One-stop shop laboratory services	11b	TB/HIV 2: TPT coverage
7	One-stop shop pharmacy services	12	Quality of integrated HIV services
8	Linkage to prioritized DSD models		

Operationalizing CMM Development – 2

- 3. Develop a step-by-step staging questionnaire and SOPs:**
These tools assist country teams to complete the staging, and supports consistent scoring year to year and country to country
- 4. Pilot the CMM dashboard toolkit:** What may be clear to the team developing the tools may be less clear to the people using them – piloting, feedback, and adaptation are key
- 5. Support annual self-staging across the network:**

Tentative Timeline for Integration CMM development, pilot and staging



CQUIN Capability Maturity Model for Integration of HIV **Services** into Routine Healthcare

CQUIN uses **services integration** to mean *integration at the point of care*. Integration of HIV prevention, testing, linkage, care and treatment services into routine healthcare settings typically means that some or all HIV services are provided by non-specialist healthcare workers in space shared with other programs, rather than in stand-alone HIV clinical services, pharmacies, and/or labs staffed only by HIV specialists.¹

There are multiple models of integrated service delivery including integration of HIV into outpatient primary care departments (OPD/PHC) and integration of HIV and non-communicable disease services in the context of “chronic care clinics”. HIV services (including prevention, testing and linkage services) are also often integrated into Integrated Management of Maternal, Neonatal and Child Health (IMNCH), family planning, reproductive health, antenatal care, TB and primary care settings. Each model for recipients of care should have referral protocols for more specialized HIV services and/or annual review with HIV specialists; these may be designed as hub-and-spoke referral systems or within-facility referral systems depending on the context.

It is important to note that **integration of services is a means to an end,² not an end in itself.** Not all countries will choose to integrate HIV services into routine healthcare, and the extent of integration is not in itself a reflection of overall HIV program maturity. Those countries that *do* prioritize integration are likely to design different models for different levels of the health system; thus, integrated services are likely to look different at primary, secondary, and tertiary health facilities. All countries are likely to retain some specialized HIV care and treatment services – for example, some services for people with advanced HIV disease are unlikely to be integrated into primary care settings.

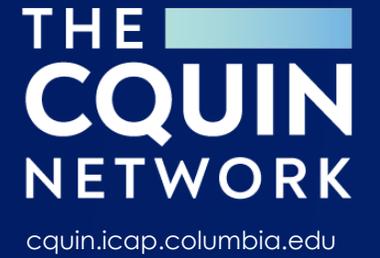
Given this context, the capability maturity model for integration of HIV services is intended only for countries and contexts in which services integration has been prioritized, and describes the *maturity of integrated services*, not the maturity of a national HIV program.

<p>Domain 1: Policies</p>	<p>The country has decided to integrate HIV services into routine healthcare settings,³ but no formal integration policy is in place and development has not begun</p>	<p>A national policy (or policies) for integrating HIV services into routine healthcare settings (“integration policy”) is in development with discussions and meetings ongoing</p> <p>OR</p> <p>A national integration policy is available in draft form but has not been finalized</p>	<p>A national integration policy has been finalized BUT does not detail clear goals, objectives, approaches and evaluation metrics for integration of HIV services into routine healthcare systems.</p>	<p>A national integration policy that includes clear goals, objectives, approaches and metrics has been finalized but is not yet being actively implemented and monitored.</p>	<p>A national integration policy that details goals, objectives², approaches and metrics for integration of HIV services into routine healthcare systems is being actively implemented and monitored.</p>

Nine countries are already planning to pilot the services integration CMM in early 2026

- Cameroon
- Cote d'Ivoire
- Eswatini
- Ghana
- Kenya
- Lesotho
- Liberia
- Nigeria
- Uganda





Thank You

