Integration CMM Finding: Framing Remarks

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Presentation Outline

- Overview: Why are we integrating?
- Overview of Integration Capability Maturity Model (CMM)
- Integration CMM Pilot Findings
    - Aggregate dashboards
    - Emerging themes
    - Domain-specific findings
- Next steps

Why are countries focusing on integration?

Largely an urgent response to resource constraints, building resilient and sustainable HIV programs

- Smaller budgets can no longer accommodate “stand-alone” HIV service delivery
- Reduced funding for NGO and civil society partners requires more HIV services to be provided within routine health services
- Minimizing parallel systems is seen as key to efficiency

What do we mean by “integration”?

WHO	CQUIN	KENYA	NIGERIA
The organization and management of health services so that people get the care they need, when and where they need it, in ways that are user-friendly, rights-based, provide value for money, and improve health outcomes	Integration of HIV services (prevention, testing, linkage, care, and treatment) into routine healthcare delivery at the point of care, alongside essential programs, thereby creating one-stop, client-centered services within existing platforms to optimize outcomes, efficiency, and sustainability.	Intentional design of coordinated service platforms that deliver HIV prevention, treatment, and care alongside syndemic conditions (TB, NCDs, SRH) within a people-centered, UHC-oriented system.	Health service integration is a unified clinical approach aimed at addressing fragmented health services and meeting the diverse, interrelated health needs of clients.
https://www.who.int/publications/i/item/9789240053779	https://cquin.icap.columbia.edu/wp-content/uploads/2025/11/Session-4a-Rabkin-framing-remarks_FINAL-for-website.pdf	https://nsdcc.go.ke/wp-content/uploads/2025/11/Kenya-AIDS-Intergrated-Strategic-Framework.pdf	National Integration Operational Manual,2024

CQUIN's current focus on integration: Services, not systems

Service integration: Joining together different services to optimize outcomes

- One-stop shops: Labs, pharmacies, and clinics
- Improved HRH capacity to provide integrated services
- Integrated data systems to track and monitor integrated services

Studies have shown the benefits of service integration

- Increased uptake of HIV testing and counseling
- Increased ART initiation coverage
- Improved retention in HIV
- Enhanced viral suppression
- Improved treatment success for non-HIV-related diseases and conditions, and the uptake of non-HIV services. (Bulstra CA, Hontelez JAC, Otto M, Stepanova A, Lamontagne E, et al. (2021))

Challenges of integration

- Potential decrease in quality of HIV care due to limitations in primary care infrastructure and skills of the workforce
- Potential increased stigma and discrimination for KP with the provision of services in primary care settings rather than population-specific settings
- Increased workload for the primary care workforce and need for capacitation on HIV care. (El-Sadr, W. M., & Platt, J. (2026)).

Integration as a means to an end

- We must safeguard the gains made against the pandemic, expand and sustain them to ensure they endure (UNAIDS, 2026; El-Sadr, W. M., & Platt, J., 2026).
- Integrating HIV services into routine healthcare provides an opportunity to safeguard these gains: ***The means to an end***.
- Service level integration will likely vary by context, both within and between countries:
    - HIV epidemic characteristics and prevalence.
    - Health facility type: Primary, secondary, and tertiary
    - People with multimorbidity *vs* thriving on ART

CQUIN Integration Capability Maturity Model: What can it tell us?

Here are two important questions for reflection:

1. In advancing toward sustained HIV epidemic control *(an end)*, to what extent have our health facilities achieved effective integration of HIV services?
2. How would we objectively assess the quality of these integrated services?

Today, we will share our CMM results and what they mean for the journey ahead.

Integration CMM:
Overview and Findings

What is the Integration Capability Maturity Model?

A **country-led** systems strengthening approach that:

- Identifies **core functions/domains** in which capability is required to achieve organizational goals
- Describes **sequential stages of maturity** within each domain
- Sets a **clear path** towards achieving maturational goals
- Is **used repeatedly over time** to track change

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 can be made as needed

What are the domains in the Integration CMM?

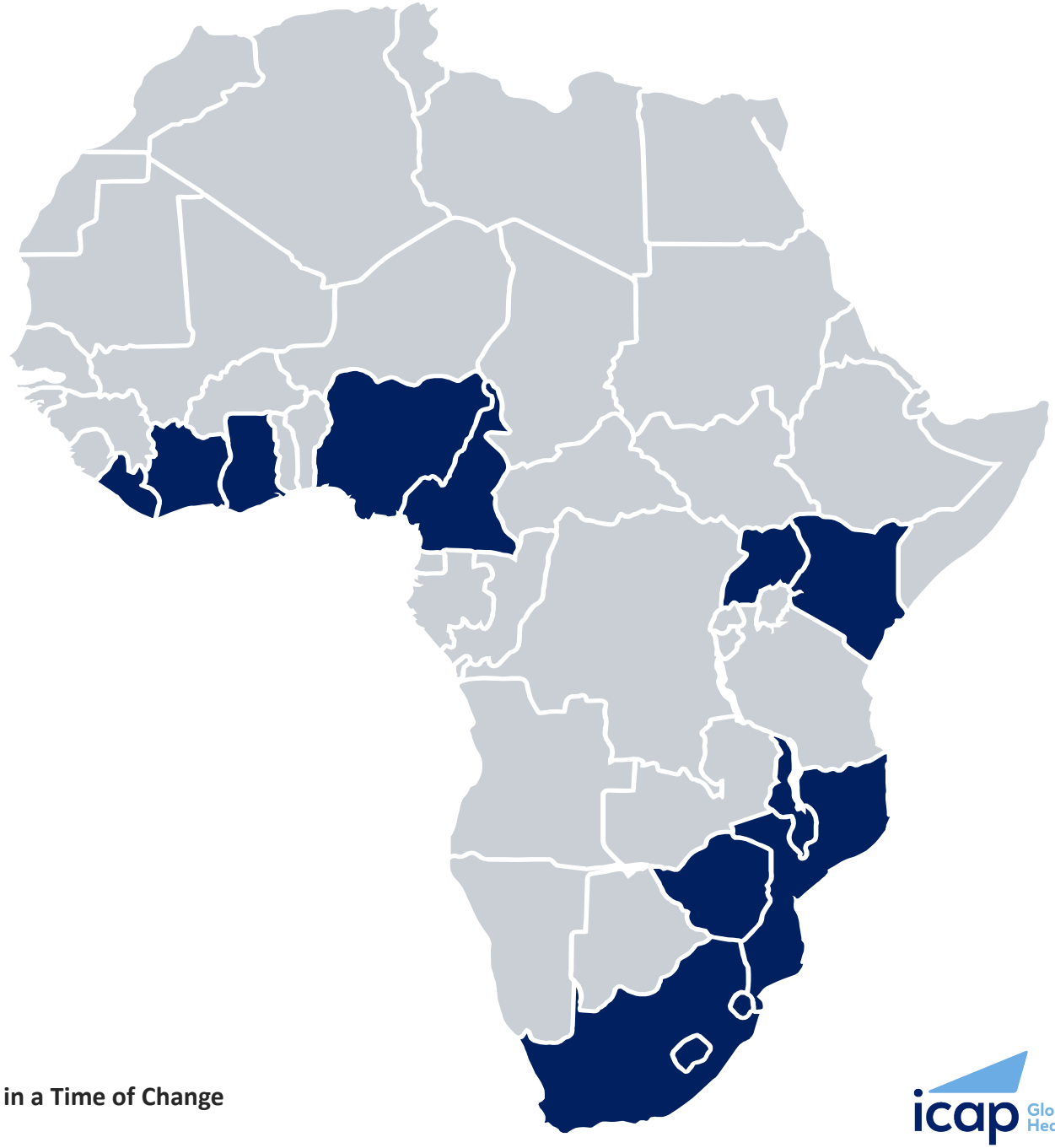
#	Domain Name	#	Domain Name
1	Policies	9a	AHD 1: Operational guidance and scale-up
2	National Integration Scale-up Plan	9b	AHD 2: Coverage and quality
3	Scale-up of integration enablers	10a	KP 1: Quality
4	Meaningful community engagement	10b	KP 2: Coverage
5	Facility-level integration coverage	11a	TB/HIV 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		

Integration CMM Methodology

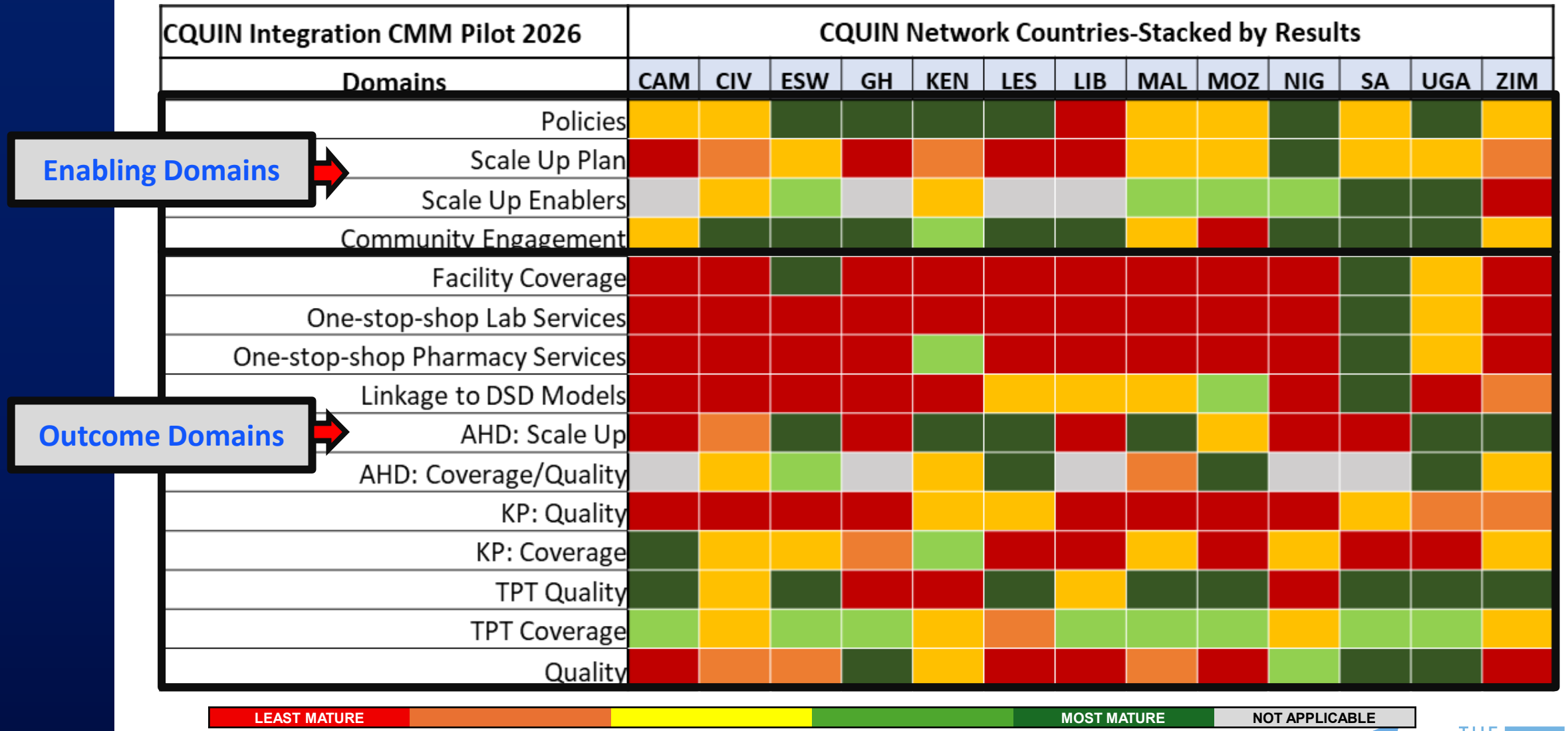
- Conceptualization and Pre-Development network meeting [Sept-Dec 2025]
- Toolkit developed [Feb-2026]
- Orientation webinar [Feb-2026]
- Pilot country staging exercise [Mar-Apr 2026]
- Integration CMM Result [Apr-2026]

Pilot countries

1. Cameroon
2. Côte d'Ivoire
3. Eswatini
4. Ghana
5. Kenya
6. Lesotho
7. Liberia
8. Malawi
9. Mozambique
10. Nigeria
11. South Africa
12. Uganda
13. Zimbabwe



CQUIN Integration CMM Result: Overall

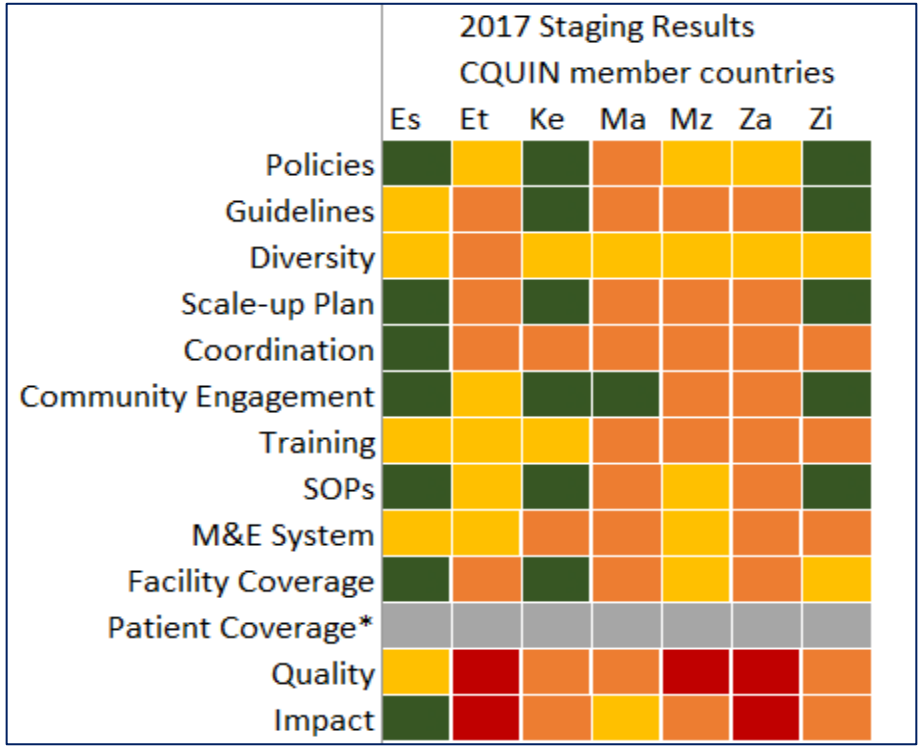


CQUIN Integration CMM (2026) and the First CQUIN DART CMM (2017)

2026

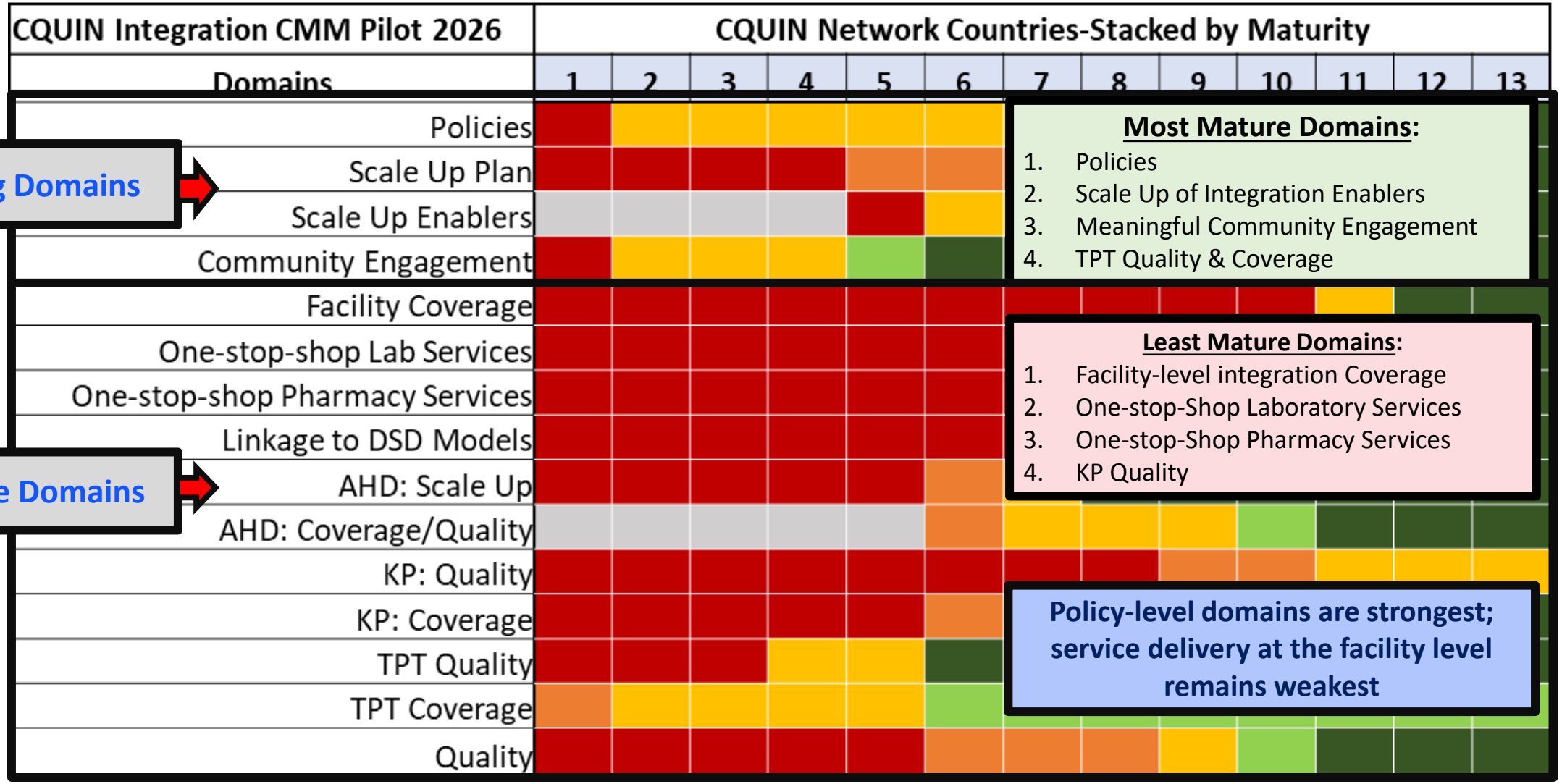
CQUIN Integration CMM Pilot 2026	CQUIN Network Countries-Stacked by Results												
Domains	**CAM**	**CIV**	**ESW**	**GH**	**KEN**	**LES**	**LIB**	**MAL**	**MOZ**	**NIG**	**SA**	**UGA**	**ZIM**
Policies													
Scale Up Plan													
Scale Up Enablers													
Community Engagement													
Facility Coverage													
One-stop-shop Lab Services													
One-stop-shop Pharmacy Services													
Linkage to DSD Models													
AHD: Scale Up													
AHD: Coverage/Quality													
KP: Quality													
KP: Coverage													
TPT Quality													
TPT Coverage													
Quality													

2017



LEAST MATURE — MOST MATURE — NOT APPLICABLE

Emerging Themes-Stacked by Maturity



Key domain findings

1. **Policies:** One of the most mature domains across all 10 countries, indicating well-developed national policies and guidelines for HIV service integration.
2. **Facility Coverage:** One of the three least mature domains. Limited physical and operational integration at the point of care indicates that HIV services remain largely vertical despite policy commitments.
3. **One-stop-shop Laboratory services**: The least mature domain. Support for service integration is lagging far behind policy maturity.
4. **KP Quality:** Poor KP quality risks increased stigma and poorer clinical outcomes for KPs, undermining epidemic control goals.
5. **Community Engagement**: The best performing domain with the most maturity. Meaningful community engagement has emerged as a relative strength and can serve as a powerful conduit to accelerate facility-level integration and other service delivery and outcome domains.

Country Updates

Kenya and Nigeria

Tabletop Reflections

Lightening Feedback

Next steps

- Encourage all participating network countries, particularly those not involved in pilot programs, to execute the self-staging integration CMM prior to the annual meeting scheduled in South Africa this December.
- Countries are expected to begin developing action plans to address the identified gaps.
- Assess the HIV service integration level at the site level.
- In collaboration with CQUIN, evaluate the quality of integrated HIV services prior to the annual meeting.
- **CQUIN will**
    - Support network countries' policy-to-practice translation toolkits, peer review, and cross-country sharing of operational guidelines
    - Support Community-led integration toolkits and joint learning sessions on how high-performing countries are using community structures to accelerate facility coverage.
    - Support all CMM staging meetings and the site-level integration assessment (TA).
    - Support Service Quality Assessment to evaluate the quality of integrated HIV services.
    - Support strategic Country-to-Country (C2C) visits aligned with integration, facility redesign, and workflow optimization.
    - Encourage participation in webinars on Service Delivery, Monitoring & Evaluation, and Quality Management, as well as in Community of Practice (COP) meetings.

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Thank You!