Integrating HIV programs into primary health care systems

Practical considerations for country decision-makers

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
HHFA	Harmonized Health Facility Assessment
HIV	Human Immunodeficiency Virus
M&E	Monitoring and Evaluation
NCD	Non-Communicable Diseases
PHC	Primary Health Care
SARA	Service Availability and Readiness Assessment
SRH	Sexual and Reproductive Health
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization

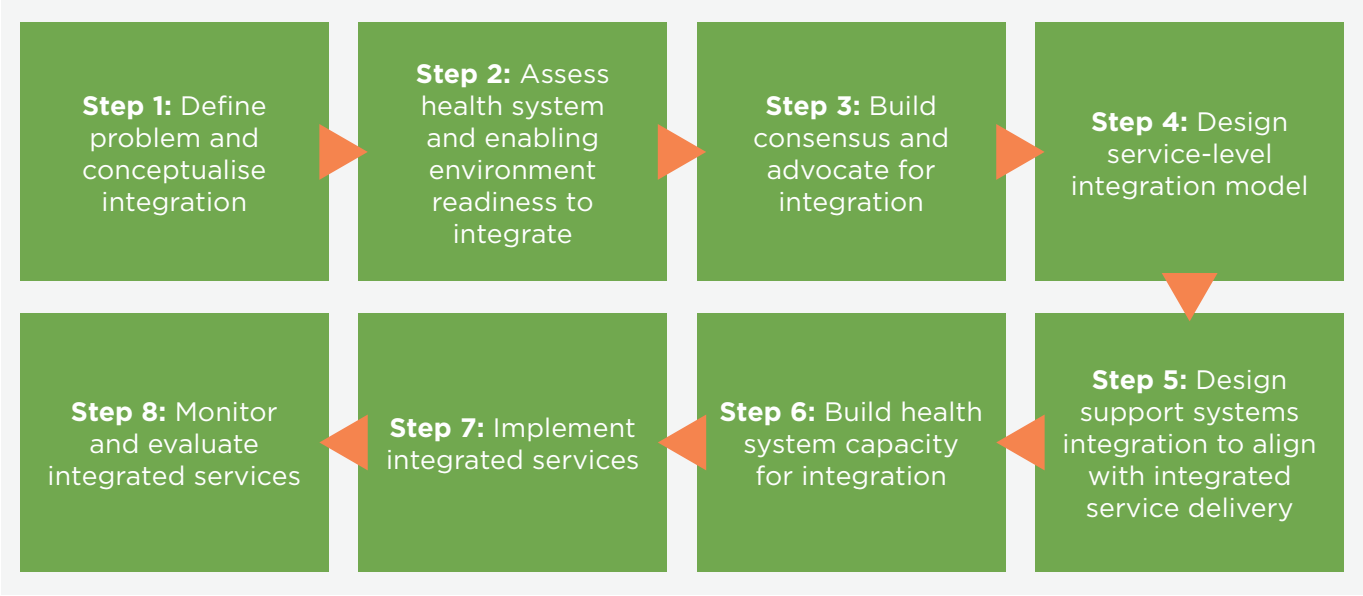
Executive Summary

The integration of vertical human immunodeficiency virus (HIV) services and programs with primary health care (PHC) systems is widely considered an essential strategy to reach the goal of ending acquired immunodeficiency syndrome (AIDS) by 2030. This approach supports countries in progressing toward a sustainable, country-owned response and universal health coverage. However, there is little evidence on how these integration processes unfold, or should unfold, especially regarding above-facility level systems.

The purpose of this document is to outline a generic yet adaptable pathway for the integration of HIV services into PHC systems, or other health services into HIV programs. It includes detailed considerations for each step of the process. The report aims to assist the spectrum of stakeholders involved in HIV integration – including Ministries of Health and Finance, HIV and PHC program managers, implementing partners, and donors – with the design and planning for implementation of HIV integration. It recognizes the need for an approach that is responsive and tailored to the specific context of individual countries.

The integration pathway detailed in this report is based on a comprehensive literature review on HIV integration as well as five country case studies. The pathway is depicted across eight steps:

FIGURE 1: Generic HIV program integration pathway



This document provides a structured framework and practical guidance for navigating the complexities of health service integration in diverse contexts. It highlights the necessity for coordinated efforts by all stakeholders and the consideration of service delivery, support systems, and financing mechanisms to successfully integrate HIV services into PHC systems. While it provides a broad framework and outlines key considerations for integrating HIV into PHC systems, it is not intended to serve as a comprehensive implementation guide. Detailed country and context-specific integration planning remains essential to ensure the success of integration initiatives.

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1 Background

Global evidence[1] shows that service integration can be a valuable strategy for sustaining the HIV response and contributing to the goal of "ending AIDS by 2030", while simultaneously supporting progress toward universal health coverage.

Traditionally, HIV services were provided vertically through specialized clinics and programs that focused solely on the prevention, testing, and treatment of HIV, mainly funded by international donors. While these services have played a crucial role in addressing the epidemic, they often operated independently of broader national health care systems. This siloed approach to HIV care poses challenges in terms of access to services, coordination, and resource allocation.[2]

Furthermore, considering planned donor transitions or reduced funding and technical assistance by these players, concerns have been raised about how key HIV programs and related gains in controlling the epidemic will be sustained by country governments. Recognizing these challenges, some efforts have been made to integrate HIV services with PHC.[3] This integration encompasses a range of essential health care services provided in the community or at the first level of contact with the health care system.

To date, there is lack of evidence on how integration processes unfold, or should unfold, especially as they relate to above-facility level systems. Additionally, there is a lack of clarity on the potential implications for the cost of services and the impact on government budgets when integrating HIV into PHC.

2 Purpose and scope of this document

The primary purpose of this document is to outline a comprehensive yet generic pathway for integrating HIV services into PHC systems.

The focus of this pathway is on describing the key steps necessary to achieve health system integration and the likely financial implication of these steps. It does not, however, provide a detailed implementation plan, which would require a country and context-specific approach.

It presents key questions that should be considered at each step of the integration process, ensuring thorough planning and execution. These considerations are designed to assist country decision-makers and in-country partners in effectively planning integrated service delivery models and systems. This includes, but is not limited to, stakeholders at all levels of Ministries of Health and Finance, HIV and PHC program managers, implementing partners, and donors.

The pathway serves as a broad framework for integrating HIV programs into PHC systems. However, it should be adapted to align with each country's specific needs and circumstances. It is important to keep in mind that the integration process may not always proceed in a linear manner as depicted in the pathway. Instead, stakeholders should anticipate multiple iterations of steps and activities, adjusting the approach as needed to address emerging challenges and opportunities. Additionally, although the focus is on integrating HIV services, the principles and considerations discussed here may also be applicable to the integration of other health services within HIV programs.

3 How was this document developed?

This document has been developed based on the findings from a comprehensive literature review of more than 90 published studies on the costs and cost-effectiveness of integrating HIV services into PHC as well as existing frameworks for integration.

Additionally, it draws on the insights and learnings from five country case studies (see Table 1) that explore the integration of HIV services with other health services, including sexual and reproductive health (SRH services, non-communicable diseases (NCD) services, and PHC more broadly.

The case studies were developed based on a detailed review of published literature, key informant interviews, and analysis of underlying costing data, where available.

TABLE 1: Summary of case studies conducted

Description	Pilot / Scaled-up	Direction of Integration
Case Study: Integra Initiative Kenya and Eswatini, 2008 - 2012		
A five-year research initiative designed to gather evidence on the benefits and costs of various models for delivering integrated HIV and SRH services.	Pilot	Bi-directional integration of HIV and SRH
Case Study: Integrated Chronic Care Clinic (IC3) Malawi, 2015 - ongoing		
A model for delivering integrated HIV and NCD services introduced in one district.	Pilot with limited scale-up	Integration of NCDs into HIV
Case Study: Integrated chronic disease management (ICDM) South Africa, 2009 - 2014		
A model for integrating HIV and NCD services introduced in PHC clinics, starting in 2009 and subsequently expanded.	Scaled up	HIV into NCDs
Case Study: INTE-AFRICA Project Uganda and Tanzania, 2019 - 2022		
A research initiative involving a pilot study and a subsequent cluster-randomized control trial comparing vertical HIV, diabetes, and hypertension care with an integrated care model for these diseases.	Pilot with limited scale-up	NCDs into HIV
Case Study: INTEGRATE Program Zimbabwe, 2020 - 2024		
A donor-funded program testing innovative strategies to improve the sustainability of voluntary medical male circumcision (VMMC) in 27 districts, including the integration of funding and financing for VMMC into government systems.	Pilot	VMMC for HIV prevention into PHC financing systems

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4 Limitations

While this document provides a broad framework and outlines key considerations for integrating HIV services into PHC systems, it is not intended to serve as a comprehensive implementation guide.

The latter requires detailed country and context-specific planning. Countries looking to integrate HIV with PHC should develop detailed implementation plans, as highlighted in Step 5 of the pathway.

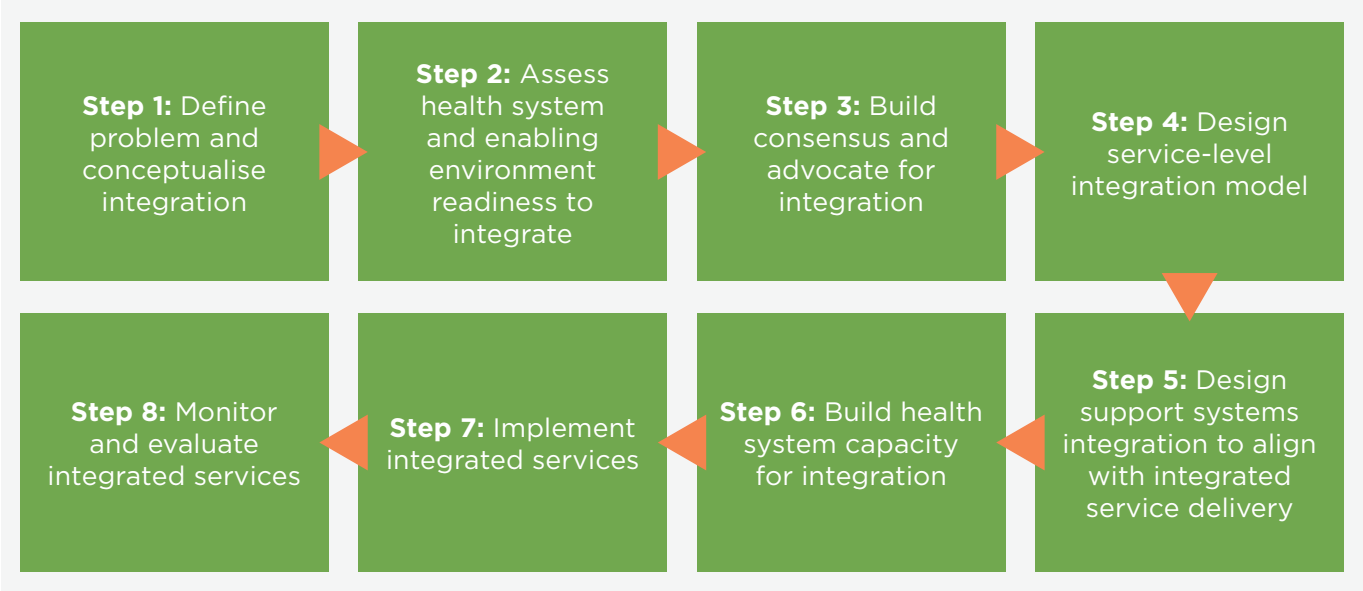
Furthermore, the pathway presented is derived from an analysis of integration processes documented in a limited number of country case studies. Through this analysis, several key gaps were identified in the design and implementation of these integration efforts. Consequently, some aspects of the pathway are less thoroughly described and may require further development. Specifically, more evidence is needed to strengthen the framework with regard to above-facility level, systems-level integration.

5 Key considerations for integration of HIV programs into PHC systems

A generic pathway to integration has been developed, organized around eight essential steps. This section outlines these steps (see Figure 1) and offers practical considerations for stakeholders involved in the integration of HIV programs into PHC systems.

The key considerations presented here are intended to encourage an integration process that is evidence-based, comprehensively addresses all components of the health system, aligns with stakeholder needs, and is strategically planned for successful implementation.

FIGURE 1: Generic HIV program integration pathway



Step 1: Define the problem and conceptualize integration

The first step in the integration pathway is to clearly identify and articulate the problem that needs to be addressed and define the specific objectives to be achieved through integration. For example, problems might include:

- Vertical programs that lead to inefficiencies in the delivery of health services.
- Donors indicating that funding for the HIV program will be gradually reduced, necessitating the need for greater efficiency and improved sustainability.
- High patient out-of-pocket costs due to the need to visit multiple sites for different conditions, or multiple visits on different days to the same site.

To inform the integration model, it is crucial to formulate a hypothesis on how integration could solve, or contribute to solving, the identified problem. Ultimately, a theory of change should be developed to establish a critical path to achieving this. This theory of change will then guide the design and implementation of the integration model.

Key considerations to define the problem and conceptualize integration

Identifying and analyzing the problem

- What are the primary issues or challenges faced in the existing health system or HIV service delivery models?
- What are the root causes of these issues or challenges, and how might they be addressed through integration?
- What data or evidence is available to support the identification and understanding of these issues and their root cause(s)? Is there a need for additional research to generate the necessary data or evidence?
- What are the anticipated barriers to resolving the problem?
- Who are the key stakeholders affected by these issues, and how are they impacted?
- Which services should be integrated, and for which client groups?
- What geographies (even within a country – rural/urban) and at what level (primary/secondary/tertiary)?
- What health outcomes are you hoping to achieve and how might integration aid in achieving them?

Data and evidence

- What does existing data or evidence indicate regarding the benefits and feasibility of integration?
- Does the available data reflect the specific context of local, regional, or national health systems?
- Is additional research required to provide the necessary data?
- How will input from key stakeholders, such as health care providers, policymakers, and community representatives, be integrated into the research process?
- How will the research findings be utilized to support and enhance advocacy efforts?

Developing a hypothesis and theory of change

- What is the core hypothesis regarding how integration of services will address the identified problem?
- What specific changes are anticipated as a result of integration?
- How will the integration address the identified issues and challenges, leading to improvements?
- What are the inputs, outputs, outcomes, and longer-term results of the integration process?
- How do these goals align with broader health sector goals, and how will they guide the implementation?

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- What indicators will be used to monitor progress and evaluate the success of the integration?
- How will these indicators be developed, and what metrics will be used to measure the effectiveness and impact of the integration over time?

Stakeholder mapping

- Who are the key stakeholders that need to be identified and engaged during the conceptualization of the integration model, and what role(s) will they play?
- Who are the key stakeholders that should be involved to understand beneficiary needs and expectations?
- How can inputs be gathered from these stakeholders in a meaningful way?
- How will the feedback from community engagements be incorporated into the conceptualization and, ultimately, the design and monitoring of the integration?

Step 2: Assess health system and enabling environment readiness for integration

This step involves evaluating the readiness of the various components of the health system and its enabling environment for integrating HIV programs into broader government health systems. This includes conducting a high-level evaluation of the feasibility of the integration and identifying potential barriers or constraints. It involves assessing the existing health system capacity, including human resources, information systems (such as monitoring and evaluation systems), governance, accountability and supervisory structures, supply chain, and the health financing system. A crucial part of this step is understanding the existing policy environment, governance structures, funding and financing systems, and legal frameworks that impact HIV service integration, and whether these are conducive to integration.

Key considerations and enabling environment readiness for integration

Human resources

- Which cadres of the health care workforce are likely to be affected by the integration?
- Does the current workforce possess the necessary skills and knowledge to provide HIV-related services, including prevention, testing, treatment, and counseling?
- Are existing human resources sufficient to absorb additional client loads likely to occur due to integration?
- How is the integration of HIV services likely to impact the workload of health care workers?
- What are the preferences of the health care workforce regarding proposed integrated service delivery?
- Are health care workers likely to resist integration, and why?

Service delivery

- How are the services being considered for integration currently delivered?
- What areas of service delivery need improvement and alignment to facilitate the implementation of the integrated model?
- How are client pathways for the relevant services currently structured at health facilities?

Information system

- Is there an efficient data management system that allows for the seamless collection, storage, and analysis of data within the PHC system?
- Can the existing information system support the integration of the HIV program? For example:
  - Is the IT infrastructure of the health system adequate for managing patient data, clinical information, and reporting for all integrated services?

    - Are electronic health records systems in place, and are they compatible with the requirements for integrated services?
    - Is the monitoring and evaluation (M&E) system adequately structured to capture data at all levels, from facility-based services to community-based interventions?
- What challenges or barriers might arise in integrating HIV program data with PHC data?
- Are there any safeguards/policies in place that ensure proper patient data management and confidentiality?

Supply chain

- Are the existing procurement systems capable of efficiently sourcing and delivering HIV-related commodities, such as antiretrovirals, diagnostic kits, and preventive supplies?
- Is there a transparent and accountable system for forecasting and managing the demand for HIV-related products within the integrated PHC system?
- Are there adequate storage facilities at national, regional, and local levels to safely store HIV-related medicines and supplies?
- How often do stockouts of essential medicines and commodities occur at PHC facilities, and what measures are in place to mitigate these disruptions?
- Are there effective inventory management systems in place to track stock levels of HIV-related products?

Governance and accountability structure

- Are there established governance and accountability structures at the national, regional, and local levels to oversee the integration process, such as technical working groups or a task force?
- Are there clear lines of accountability within the governance structures to address any issues or challenges that arise during the integration process?
- What mechanisms are in place to ensure that the governance structures are adaptable and responsive to changes e.g. an integration process?

Supervision and support

- What supervisory systems are currently in place to monitor and support service delivery, and do these systems function optimally?
- Do supervisory staff have the necessary training and skills to effectively oversee the integration of HIV services into PHC?

Funding and financing

- How are affected HIV services currently being funded?
- How will integrated service delivery be funded, and by whom?
- Does the government need to take over funding of components of the response to facilitate the integration process?
- Are the current financing and funding mechanisms conducive to the integration of HIV program funding, or do they present challenges that need to be addressed?
- How will continued donor funding be channeled to integrated services?

Policy framework

- Is there an existing national-level policy or directive which recommends or mandates the integration of HIV programs into PHC?
- To what extent do existing policy directives support the integration process?
- Are there any policy directives that might pose barriers to the integration process?
- What strategies can be developed to overcome or mitigate these barriers?

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Strategic framework

- Has the policy on integration been included in a national strategic plan or similar strategic framework as a priority?
- How does the integration of HIV programs into PHC align with broader national health goals and priorities?
- Are there any anticipated barriers to integrating HIV programs into PHC at a strategic level?
- Are the HIV and PHC programs aligned in terms of the need for and commitment to integration?
- How can integration support the universal health coverage agenda in the country?

Legal and regulatory framework

- What regulatory requirements, mandated by existing policy directives, must be adhered to during the integration process? Consider national guidelines on data privacy, patient confidentiality, the integration of HIV services with other health programs, and specific licensing and accreditation standards for health facilities.
- Are there any regulations that could pose challenges to integration? For example, regulations that limit task-shifting might hinder integration efforts by preventing nurses from managing HIV patients at the PHC level.

Step 3: Build consensus and advocate for integration

Building consensus and advocating for the integration of services is crucial to ensuring the successful implementation and sustainability of the integration process. This step involves utilizing data from evidence-based research to develop broad-based support among stakeholders, advocating for necessary changes in policies, laws, and other enabling systems, and ensuring that resource mobilization is prioritized for the sustainability of the integration.

Key considerations to build consensus and advocate for integration

Strategic communication and advocacy

- What are the specific needs and concerns of different stakeholder groups regarding integration?
- What evidence and key data points from the research (costs and benefits) will be highlighted to effectively support the case for integration and engage the target audience?
- Which communication channels and mediums will be most effective in reaching the target audience, and how will the messaging strategy encourage interaction and feedback from relevant stakeholders?

Resource mobilization

- What resources are necessary to support the integration pathway and subsequent scaled-up model, and how can we advocate for allocation thereof?
- Who are the key stakeholders that can advocate for resource allocation and fundraising efforts, and what strategies can be employed to secure their buy-in?
- What strategies should we employ to continue fundraising and secure sustainable funding for the integrated model?
- How will a sustainable funding base be developed, such as through government budgets and contributions from international donors?
- What systems will be established to monitor the use of mobilized funds, ensuring accountability, transparency, and effective tracking of resources and expenditure?

Step 4: Design the service-level integration model

This step involves designing a clinical service delivery model for integrated services that is person-centered and suited to the local context. The WHO's framework[4] on integrated, person (or people)-centered health services, adopted in May 2016, provides guidance to countries on designing and implementing integrated care and should be consulted to assist with this process. Other useful resources to consult include the *WHO Guide for Integration of Perinatal Mental Health in Maternal and Child Health Services*[5] as well as their *Integrating the Prevention and Control of Non-Communicable Diseases in HIV/AIDS, Tuberculosis, and Sexual and Reproductive Health Programs: Implementation Guidance*.[6] Communities should be engaged throughout the development process to ensure that the model aligns with their needs and preferences, thereby fostering buy-in and responsiveness.

During this step, the readiness of health care facilities to facilitate integrated service delivery should be evaluated by assessing their infrastructure, equipment, staffing, information systems, and supervisory structures. This can be done using existing tools such as the WHO Service Availability and Readiness Assessment (SARA),[7] and the Harmonized Health Facility Assessment (HHFA).[8]

Key considerations for designing the service-level integration model

Health needs and priorities

- What are the specific health needs and priorities in the target population, and what model of integration would best address these needs?
- What potential aspects of stigma might influence the integration of services, and how can the service delivery model be adapted to minimize the impact of stigma and promote an inclusive approach?
- How will communities, including patients and caregivers, be engaged in developing a fit-for-purpose integrated service delivery model?

Integrated service delivery model

- How can existing integrated service delivery models be adapted to address and reflect the specific needs, resources, and constraints of the local setting?
- How will patient flow be designed/adapted to ensure efficient access to integrated services?
- How will the implementation of integrated services be managed to ensure that existing services within the facility that do not form part of the integrated modality are not disrupted or displaced?
- What are the potential barriers to integrated service delivery implementation, and how can they be addressed?

Human resources

- How will facility-level staffing be restructured to facilitate integrated service delivery?
- Who will deliver integrated services?
- Are current staffing levels and capabilities adequate to deliver these services, and what additional resources or training might be needed?
- Are any new clinical guidelines and protocols required for the integrated service model, or how will existing guidelines be updated or modified to support integration?
- Which cadres need to be trained on clinical and non-clinical guidelines and protocols for integrated service delivery?
- How can training be delivered without disruption of services?

Infrastructure and equipment

- Is the existing facility infrastructure and equipment conducive to, and sufficient for, integrated service delivery?

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- Are any changes to facility infrastructure required to facilitate delivery of the integrated service delivery model?
- How do facilities need to be organized (or re-organized) to facilitate seamless integrated service delivery? For example, consolidating separate reception or waiting areas into a single area in facilities, or repurposing or redesignating rooms to accommodate the delivery of different services within the same space.

Step 5: Design support systems integration to align with integrated service delivery

After assessing the status quo and readiness to integrate of various components of the health system and related enablers in Step 2, the focus in Step 5 shifts to designing the integration of systems and processes. This ensures that these systems and processes align with and support the integrated service-level model at a clinical level. This includes considering how existing systems should be strengthened with the aim of creating a cohesive and efficient environment that supports the delivery of integrated services.

During this step, detailed integration implementation plans that address integration at all levels of the health system should also be developed. Integrated funding and financing systems should be conceptualized and designed. This may also involve establishing task teams or similar structures to oversee and drive integration at all levels (local, regional, and national).

Key considerations for designing support systems integration to align with integrated service delivery

Supply chain

- How can the supply chain be optimized to ensure timely availability of essential commodities for integrated services?
- What essential medicines and supplies will be required for integrated services and how will supply chain systems be adapted and aligned to procure and manage these?
- If supplies are procured differently (e.g. funded by various organizations), are there synergies or strong platforms (such as central government or non-governmental supply agencies) that organizations can leverage to ensure a seamless and cost-effective supply to the facilities?
- How will systems be adapted to dispense medicines to clients accessing integrated care?
- Who will be responsible for managing and monitoring the integrated supply chain?
- What strategies will be implemented to prevent stockouts and ensure a consistent supply of necessary commodities?

Information systems

- What changes in the current information systems are required to align with integrated services?
- How will patient data for integrated services be captured in the systems?
- What adjustments will be needed to effectively integrate HIV program data and related reporting with existing national data reporting systems?
- Who will capture patient data for integrated services?
- Who will be responsible for ensuring the accuracy and completeness of data related to integrated services?
- What clear, relevant, and standardized indicators should be put in place for monitoring the integration of HIV services into PHC?

Governance and accountability

- What governance structures are needed to support decision making and oversight for integrated service delivery?
- What roles and responsibilities should be assigned to new or existing governance and accountability structures to ensure the successful implementation of the integration process?
- Are updates or changes to existing governance and accountability structures, guidelines, or protocols required to facilitate integrated programs?
- Is any training required on new or updated structures, guidelines, or protocols?
- Are appropriate tools and indicators in place for monitoring and evaluating the performance of integrated services at the facility and above-facility levels?
- Are there existing avenues to gather feedback from the beneficiaries on whether integrated services meet their health needs and priorities? (Feedback loop mechanisms)
- Are there systems in place for analyzing the collected M&E data to inform decision making and improve integrated service delivery?
- Are there existing oversight structures with community representation that could drive and oversee the integration process at all levels, or should these be adapted or established? What roles and responsibilities should these structures have, and how will decision making and accountability be managed?

Supervision and support

- What supervisory structures are needed to support the integration process?
- How should existing supervisory structures be adapted to meet these needs?
- How will the effectiveness of supervision be monitored and adjusted as needed for integrated service delivery?
- How will quality assurance mechanisms be implemented to ensure the effectiveness and safety of integrated services?
- Who will oversee the quality assurance and performance management for integrated services?
- How will health care workers receive feedback and support during the integration process?

Funding and financing

- What changes to funding and financing systems are required to facilitate integrated programming?
- Can vertical funding flows be adapted to facilitate integrated program delivery?
- How should financial resources be allocated and managed to effectively support integrated services?
- Can existing financial reporting systems be adapted to facilitate integrated programs?

Step 6: Build health system capacity for integration

Following the design of the integrated service delivery model (Step 4) and systems integration to support integrated service delivery (Step 5), Step 6 focuses on strengthening the health care workforce, facility capacity, and support systems to enable the successful implementation and sustainability of integrated services (i.e. operationalizing the integration designed in Steps 4 and 5).

This includes providing targeted training for both facility and above-facility staff on integration processes and procedures, investing in facility upgrades and equipment to meet the demands of integrated services, and reorganizing facility-level processes and infrastructure to facilitate seamless integrated service delivery. Additionally, implementing change management strategies is crucial to overcoming resistance among facility staff and communities.

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Key considerations for building health system capacity for integration

Human resources

- How will the restructuring of facility staff be implemented, e.g. through a phased approach? How will this process be managed to ensure continuity of care during the transition?
- How will training be conducted and by whom? E.g. Will the training be led by in-house experts, external consultants, or a combination of both? Will a train-the-trainer model be used?
- Who will fund the integration training? Will the funding come from facility budgets, other government allocations, or external donors? What resources are available to facilitate and support ongoing training sessions?
- How can strategies best be employed to engage all clinical and non-clinical staff in the change management process, secure their buy-in, and overcome potential resistance to these changes?
- How will health care workers, labor unions, and other stakeholders be engaged to mediate and facilitate changes affecting the workforce?

Infrastructure and equipment

- How will new equipment be procured and maintained, and by whom? What is the estimated cost of the new equipment and infrastructure upgrades required? Have detailed cost assessments been conducted for the acquisition, installation, and long-term maintenance of the equipment and infrastructure?
- Who will fund the new equipment and infrastructure upgrades required? Will the funding come from facility budgets, other government allocations, or external donors?

Supply chain

- Who will implement the supply chain system alignment or upgrades?
- Who will oversee the implementation of the supply chain alignment or upgrades?
- How will changes to the supply chain be funded?

M&E and information systems

- Who will implement the alignment or upgrading of routine M&E systems and information systems?
- Who will oversee the implementation of the routine M&E and information system alignment or upgrades?
- How will the changes to the routine M&E and information systems be funded?

Governance and accountability

- How will the new or updated governance and accountability structures be communicated and introduced to all relevant stakeholders at both the facility and above-facility levels?
- What steps will be taken to ensure that all roles and responsibilities within the governance structures are clearly understood and effectively enacted?
- How will any challenges in governance, such as conflicts of interest or accountability gaps, be managed during implementation?
- What resources, including training or technical support, will be provided to ensure that governance bodies have the capacity to oversee and support integrated services effectively?
- Will the integrated governance and accountability structures require any additional funding, and how will this be resourced?

Support and supervision

- How will the implementation of the integrated support and supervision structures be rolled out and coordinated across different facilities and above-facility levels?

- How will the new or updated support and supervision structures be communicated and introduced to all relevant stakeholders at both the facility and above-facility levels?
- How will supervisors and managers be trained to support integrated service delivery, and by whom?
- What mechanisms will be used to monitor the effectiveness of the supervisory and support structures during the integration rollout?
- Will the integrated support and supervision structures require any additional funding, and how will this be resourced?

Funding and financing

- How will existing financial reporting systems be adapted or aligned to facilitate integrated financial reporting, and who will implement and oversee the implementation of these changes?
- How will off-budget funding modalities be adapted to allow funding for vertical services through government budgets (on-budget funding), where applicable?

Step 7: Implement integrated services

This step focuses on the actual rollout and execution of the integrated services as designed in the earlier steps. Implementation involves putting into practice the service- and systems-level integration developed to deliver HIV services within PHC systems. It includes the initiation of newly designed workflows, the deployment of trained personnel, and the utilization of upgraded facilities and systems.

Effective implementation requires detailed operational planning, clear communication with all stakeholders, and careful coordination to ensure that all elements of the integrated service model function harmoniously.

Key considerations for implementing integrated services

- Should the integration model be piloted as part of a formal study, or will a phased rollout approach be taken?
- Which geographic areas or facilities should be selected for the pilot or initial phased rollout of the integrated service delivery model, and what criteria were used to select these areas or facilities?
- How will the effectiveness and operational feasibility of the integration model be measured during the pilot or initial implemented phase?
- What are the timelines for the pilot or phased implementation phase?
- What activities need to be carried out to scale up the integrated service delivery model to additional facilities and/or geographies?
- Has a detailed implementation strategy and workplan been developed to facilitate implementation?

Step 8: Monitor and evaluate integrated services

M&E are critical components that should largely be conducted in parallel to the implementation of integrated services, both during the initial pilot or phased implementation, as well as when scaling up the model further. This involves the systematic collection, analysis, and use of information to track the progress and outcomes of integrated services against set objectives and indicators. The purpose of M&E is to ensure that the integrated services are achieving their intended goals, to identify areas for improvement, and to inform decisions regarding the scaling up or modification of service delivery models.

Key considerations for monitoring and evaluating integrated services

- What mechanisms are in place to gather feedback from all stakeholders, including communities, during the pilot or phased implementation phase?
- How will this feedback be incorporated into the ongoing implementation process?
- What regular monitoring activities will be carried out to ensure the integration is progressing as planned?
- What lessons learned from the pilot phase will inform the scaling up of the integration model?
- What are the financial implications of scaling up the integration model?
- What metrics will you use to define the success of integrated service delivery models and systems?

6 Conclusion

The integration of HIV programs into PHC systems presents a potential sustainable pathway toward enhancing the efficiency and effectiveness of health service delivery where these programs have historically been delivered and funded vertically.

This document provides a comprehensive overview of a generic pathway that can be followed to achieve such integration. It emphasizes the importance of a systematic and phased approach that is responsive to the specific needs and circumstances of individual countries.

From conceptualizing the integration process to designing service-level and systems-level models, each step involves crucial considerations that ensure readiness and alignment with broader health system goals. These considerations encompass assessing the existing infrastructure, engaging stakeholders, building consensus, and continuously monitoring and evaluating the progress of integration efforts.

Moreover, the document highlights the potential challenges such as resource constraints, policy limitations, and the need for capacity building among health care workers that need to be considered when embarking on integration planning. Addressing these challenges requires a commitment to collaborative and coordinated efforts from all stakeholders, including governments, health care providers, communities, and international partners.

As countries move forward with integrating HIV programs into PHC, this document serves as practical guidance to assist country decision-makers and in-country partners in effectively planning for integration strategies.

Endnotes & References

1 Bulstra, C. A., Hontelez, J. A., Otto, M., Stepanova, A., Lamontagne, E., Yakusik, A., ... & Bärnighausen, T. (2021). Integrating HIV services and other health services: a systematic review and meta-analysis. PLoS medicine, 18(11), e1003836.

2 World Health Organization. (2023). Integrating the prevention and control of noncommunicable diseases in HIV/AIDS, tuberculosis, and sexual and reproductive health programmes: implementation guidance [Internet]. Geneva: World Health Organization; Available here.

3 Valentijn P.P., Schepman S.M., Opheij W., Bruijnzeels M.A., (2013). Understanding integrated care: a comprehensive conceptual framework based on the integrative functions of primary care. Int J Integrated Care. 13:e010.

4 World Health Organization (2016). Framework on integrated, people-centred health services. Report by the Secretariat. [15 April 2016]. Available here.

5 World Health Organization (2022). Guide for integration of perinatal mental health in maternal and child health services. Geneva. Available here.

6 World Health Organization (2023). Integrating the prevention and control of noncommunicable diseases in HIV/AIDS, tuberculosis, and sexual and reproductive health programs: implementation guidance. Geneva. Available here.

7 World Health Organization (2015). Service availability and readiness assessment (SARA). Available here.

8 World Health Organization (2022). Harmonized Health Facility Assessment (HHFA). Available here.

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