
2014 UBRAF thematic report

Strengthening HIV integration

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ACHIEVEMENTS

There is global consensus, supported by evidence and interventions in different settings, that the integration of HIV with other health and non-health programmes (and vice versa) will be essential to achieving the Sustainable Development Goals (SDGs), including ending AIDS. It also is understood that what works in one country or region may not be effective in another setting.

While strides have been made towards eliminating parallel systems, countries are at different stages of HIV integration. In many countries, progress has been made in integrating service delivery in the areas of HIV and tuberculosis (TB), mother-to-child transmission, maternal and child health (MCH), sexually transmitted infections (STIs), family planning (FP) and non-communicable diseases in primary health care. More than 90% of countries indicate that mainstreaming HIV into broader development frameworks and integrating it with other systems is a national priority, and 70% report that they are on track to achieve national integration commitments. Progress in specific areas, identified by a 2014 survey of progress against the 2011 High Level Declaration Targets, includes:

- Several countries (including Brazil, Cameroon, Côte d'Ivoire, Madagascar, Malawi and Mauritania) have aligned or fully integrated strategic planning and budget cycles for HIV (and for health more generally). Other countries—such as Ethiopia, Gabon, Georgia, Morocco, Senegal, South Africa, Thailand and Zambia—are in the process of integrating HIV services (or have already integrated them to different degrees) into their national health insurance, health funds or other domestic funding schemes.
- In the area of HIV and TB, more than 90% of countries have reported a high number of services that offer integrated HIV counselling and testing, as well as TB services. Furthermore, 53% of countries have integrated services and reported a high number of services that jointly address HIV counselling and testing, antiretroviral treatment, and TB services.
- The integration of HIV and services for sexual and reproductive health (SRH) (including STIs) was reported at the facility level by 67% of countries.
- HIV service scale-up has provided impetus for the development of broader chronic care systems in many countries where services for chronic non-communicable diseases have historically been scarce. Thirty-three countries reported that a high number of facilities were integrating services for HIV counselling and testing with those for chronic non-communicable diseases, while 45 countries indicated that few of these services were currently integrated.
- Regarding primary health care, 71 countries (over half of respondents) reported a high number of HIV counselling and testing services integrated with general outpatient care in health facilities; roughly one third reported that few services were

providing joint services. A further third of the countries had gone further in integrating services and reported a high number of facilities offering integrated HIV counselling and testing, antiretroviral therapy and general outpatient care.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) has been actively promoting and supporting these efforts in line with the UNAIDS Division of Labour. In 2014, efforts at the global level also focused advocacy on showing the benefits of an integrated approach to achieve the MDGs, increasing awareness of the breadth and depth of integration, and supporting efforts to lead to better tracking and monitoring of achievements at the country level.

Examples of efforts undertaken at the global level include:

- Joint Programme provision of treatment guidance supporting better linkages and integration (such as HIV and TB programmes, services to eliminate new HIV infections among children and keep their mothers alive were integrated with reproductive, maternal and newborn child health).
- The Inter-Agency Task Team (IATT) on the Prevention and Treatment of HIV Infection in Pregnant Women, Mothers and Children supported, monitored and tracked country-led implementation of the Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive (Global Plan) in 22 priority countries and beyond. Technical assistance and resources were developed and shared with countries, including best practices on the integrating services to eliminate new HIV infections in children and keep mothers alive with maternal, newborn and child health
- An inter-agency working group on sexual reproductive health and rights (SRHR) and HIV linkages developed the SRH and HIV linkages compendium: indicators and related assessment tools. A country-level index of indicators for measuring progress in HIV and sexual reproductive health and rights also was developed and applied in 50 countries. A country snapshots template on the scope and level of HIV and SRH linkages has already been completed for Indonesia and Zambia. Three separate memoranda of understanding between United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA) and UNAIDS were signed with the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) to support HIV integration with SRHR and reproductive, maternal, newborn, child and adolescent health throughout the concept note and grant-making process.
- Health sector strengthening, with a focus on human resources for health, was developed via global guidance on promising human resources practices and produced through the IATT. Efforts also were made to harmonize frontline and community health workers through the development of the CHW framework for partner action. Countries that evolved community health worker (CHW) programmes include Ethiopia, Kenya and Uganda.

- The United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases promoted better linkages between HIV and noncommunicable disease services, as reflected in the 2011 Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases.
- Accelerated and intensified support was provided to countries for the development of investment cases that make the case for strategic investments in the HIV response, the enhanced efficiency and effectiveness of service delivery, and sustainable financing. Integration of HIV services with other health services is a key strategy that countries have used in their investment cases to scale up HIV and other health services.
- A guidance tool was drafted by UNAIDS—with input from UNICEF, UNFPA, the World Health Organization (WHO), the International Planned Parenthood Federation (IPPF) and other partners—on convening and engaging country-led processes aimed at effective, accelerated multisectoral integration, and at identifying opportunities to implement HIV integration at the service delivery level.
- A review of existing indicators that measure integration was undertaken by UNAIDS, and options for indicators that more adequately measure country-level integration in an aggregated form at the global level were presented to the UNAIDS Monitoring and Evaluation Reference Group (MERG). Two new pilot-tested integrated HIV and SRHR service delivery indicators were added to the UNAIDS Registry of Indicators, contributing to understanding of what and how services are integrated.
- The document Connecting HIV and SRHR in the post-2015 development agenda reviewed interconnected biological, epidemiological, behavioural, structural and human rights issues.

MAJOR CHALLENGES AND HOW THESE WERE ADDRESSED

According to reports submitted by countries that conducted mid-term reviews, there are numerous challenges, constraints and lessons in the integration process, including the need for upfront investments in health systems strengthening, workforce training and quality assurance. Other related issues reported in the country reviews include:

- There is a need for diverse approaches to integration that are adjusted according to the requirements, priorities and context of countries.
- Strong national leadership is needed to help eliminate parallel structures and to make health systems more efficient.
- Action on critical enablers to overcome major barriers to HIV integration (including social exclusion, marginalization, criminalization, stigma and discrimination,

inequity and age of consent for services) is needed.

- Cross-sectoral collaboration and the integration of HIV within non-health sectors should be improved.
- Competition for limited resources and earmarking funds for single diseases (rather than for integrated health services) obstructs HIV integration.
- Improving data collection and monitoring systems to accurately assess integrated delivery models would aid integration.
- Key populations, especially youth, are still not sufficiently recognized in policies, and programming, and their rights in general are still questioned.
- There is no one model for the integration of services, and integration itself is not a panacea—policies and laws regarding human rights and agency must be addressed for the benefits of integration to be felt.
- Attaining human rights for all can be a key stumbling block for linkages or integration across development areas since differences persist in recognizing the rights of people living with HIV and key populations (as made apparent by continued criminalization). Health equity is a less contentious rallying point, and advocacy for access to health services—including examining social and political determinants of health—must be part of the broader equity agenda.

KEY FUTURE INTERVENTIONS

In order to accelerate the elimination of parallel systems and usefully integrate HIV programmes and services, the following actions will be pursued:

- continue advocacy and intensified communication about the broad-scoped nature of linkages and HIV integration to help achieve the Sustainable Development Goals;
- monitor and track progress on linkages and integration at the country level;
- document and share best practices and lessons learned with countries and partners;
- promote South–South collaboration to support countries with the integration of services in accordance with human rights principles;
- support priority countries in the development of integrated roadmaps and the building blocks that are needed for national level policy planning, management and point-of-service delivery;
- consolidate existing normative and operational guidance and tools on cross-sectoral HIV linkages and integration areas;
- provide guidance on health systems strengthening—specifically on skill mix and task shifting of health workforces—with a view towards offering integrated services;
- identify and map the complex intersections between HIV and related health and human rights targets (e.g. TB, SRHR, gender equality, etc.) in the SDGs;
- reconsider the approach to addressing stigma and discrimination related to key populations and HIV status, and develop a strategy to counteract the current trends;

- connect separate (but related) strategies more effectively, finding commonalities in targets and undertaking joint planning, coordination and implementation (both within and beyond the health sector); and
- capitalize on funding opportunities by collaborating with major funders (such as the Global Fund and Family Planning 2020) to maximize the effectiveness of programmes.

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