
UBRAF thematic report: HIV integration

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Results

The role of UNAIDS has been primarily to advocate for the implementation of target 10 of the 2011 UN Political Declaration on HIV/AIDS, namely, strengthening HIV integration with other health and development sectors at international and national level, and supporting countries to further integrate the HIV response to make it more effective and efficient; for instance, by developing strategic plans and investment cases. Key results are listed in three areas: global advocacy, country-level reviews on integration, and UNAIDS-supported development of investment cases to promote efficient integrated services.

1) Global advocacy and guidance

UNAIDS has actively promoted an HIV response integrated with other health and development sectors. At global level, examples include:

- UNAIDS provided input for the WHO treatment guidelines 2013 that recommend improved linkages and integration, such as for HIV and tuberculosis (TB) services, and prevention of mother to child transmission (PMTCT) services with reproductive, maternal, newborn and child health (RMNCH).
- As part of the Inter-Agency Task Team (IATT) on the prevention and treatment of HIV infection in pregnant women, mothers and children, UNAIDS has advocated for integrating PMTCT with RMNCH/antenatal care (ANC) and continued HIV services for women.
- Health systems strengthening (HSS), with a focus on human resources for health. UNAIDS has provided global guidance on promising human resources practices through the IATT and has led efforts to harmonize activities of all partners' organizations, entities, institutions, networks and governments engaged in policies, strategies and programs that relate to front-line and community health workers (FLHWs and CHWs) through the development of the CHW Framework for Partner Action.
- UNAIDS has promoted better linkages between HIV and non-communicable diseases (NCDs) services, reflected in the UN Political Declaration of the High Level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases in 2012.

2) Country-level reviews

In 2013, UNAIDS supported countries in conducting mid-term reviews of their efforts towards the 10 High Level Meeting targets, including target 10 on reducing parallel systems and strengthening HIV integration. More than 90% of countries (103 of 109) indicated that integration was a national priority, though only 70% (77 of 109) reported being on track to achieve national integration commitments.

Almost half (45%) of countries reported that HIV had been aligned with other disease-specific planning, such as joint planning for HIV and other sexually transmitted infections, or integrated into national health and/or development plans. Several countries, including Brazil, Cameroon, Côte d'Ivoire, Fiji, Madagascar, Malawi, Mauritania, the Republic of Moldova and Togo, have aligned or fully integrated strategic planning and budget cycles for HIV and health generally. There is a trend towards integrating HIV monitoring and evaluation (M&E) systems into national health monitoring systems. Twenty countries have implemented either a joint M&E system for HIV or another disease, such as HIV/TB, or have a fully established health M&E system that incorporates HIV-specific

indicators. Brazil, Comoros and Madagascar, for instance, have fully integrated M&E systems.

Maximizing the effectiveness of services and sustaining responses for people living with HIV demands the strategic integration of HIV services in other service systems and sectors. Progress has been reported in the integration of service delivery in the following areas:

- HIV and TB: among 105 countries, 56 (53%) report taking steps towards either fully integrating HIV/TB services or strengthening joint service provision. The degree of HIV/TB integration varied considerably, ranging from fully integrated service delivery to the addition of specific services, such as TB diagnostic services in HIV clinics.
- PMTCT services and maternal and child health: 70% of countries have integrated HIV testing and counselling services to prevent mother to child transmission in antenatal care and maternal and child health services.
- HIV and services for sexually transmitted infections (STIs) and sexual and reproductive health: two thirds of countries report integrating HIV in sexual and reproductive health services.
- HIV and non-communicable diseases (NCDs): HIV service scale-up has provided impetus for the development of broader chronic care systems in many countries where such services have historically been scarce. Among 115 countries submitting pertinent information, 27 (23%) report having integrated HIV counselling and testing and antiretroviral treatment with services for chronic non-communicable diseases.
- HIV and primary care and overall health and community systems: 55% of countries report having integrated HIV counselling and testing in general outpatient care, with 32% of countries integrating antiretroviral treatment in such settings.

3) Investment cases as a catalyst to promote efficient and integrated HIV services

Over the past two years, UNAIDS has accelerated and intensified its support to countries in the development of investment cases. In 2013, UNAIDS supported a first wave of countries to make the case for strategic investments, enhancing the efficiency and effectiveness of service delivery and sustainable financing. Integrating HIV with other health services is one strategy used by countries in their investment cases as part of efforts to scale up services.

Constraints, challenges and lessons learned

Integration is country and context specific. What works in one country or region may not be effective in another setting. Although there are benefits to integrating HIV programmes, often they require up-front investments in health systems strengthening, workforce training and quality assurance. Integrating HIV services must be implemented in a way that ensures HIV gains are secured and monitored. There is, therefore, a need for high-quality impact evaluations on effectiveness and efficiency, taking into account settings and contexts. Equally, additional support is required to help countries decide what, when and how to integrate HIV with other health services for maximum benefit. Obstacles frequently reported by countries in the mid-term review were disease-specific donor policies, separate funding channels and reporting requirements that undermine integration efforts.

Key future interventions

Future action will focus on: (i) strategic support and guidance at global and country levels; and (ii)

supporting priority countries, developing integration roadmaps and implementing integrated service delivery, with the aim of contributing to HIV and health service scale-up, efficiency gains and sustainability. Future directions include:

- Priority countries to accelerate efforts to integrate their HIV response into health and development sectors, ensuring HIV and health gains are secured (rights, patient-centred, quality of services), and that lessons learned are shared.
- Guidance to be provided on implementation, including development of a ‘how to’ manual for integration in order to accelerate progress towards the 10 targets.
- Integration indicators to be reviewed and new indicators adopted in advance of the 2015 end-review of the 10 targets.
- Guidance to be provided on health systems strengthening, specifically skill-mix and task-shifting of the health workforce, with a view towards offering integrated services.

Supporting documents

- *Smart Investments*
http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2013/20131130_smart-investments_en.pdf
- *UNAIDS Global Report 2013, Chapter 10: Strengthen HIV Integration*
http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS_Global_Report_2013_en.pdf
- *The Double Dividend – Synthesis for Action (UNICEF) 2013.*
<http://www.emtct-iatt.org/wp-content/uploads/2014/04/Double-Dividend-Synthesis1.pdf>
- *Integrating Family Planning into HIV Programs: Evidence-Based Practices*
<http://srhhivlinkages.org/wp-content/uploads/2013/11/FP-HIV-Integration-Tech-Brief-2013-FHI-360.pdf>

UNAIDS

20 Avenue Appia
CH-1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org