
2014-2015 UBRAF thematic report

Strengthening HIV integration

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ACHIEVEMENTS

The AIDS response has strengthened health systems and made substantial gains towards integrating HIV and broader health services, as well as non-health programmes. More than 90% of countries reporting to UNAIDS at the end of 2014 stated that HIV had been mainstreamed into broader development frameworks, while 70% reported being on track to achieve national integration commitments. While strides have been made in eliminating parallel systems, countries are however at different stages with HIV integration. The greatest level of integration of services provided at facility level has been reported between: HIV counselling and testing and sexual reproductive health services (SRH); HIV counselling and testing and tuberculosis; ART and tuberculosis; and prevention of mother to child transmission (PMTCT) with antenatal care and maternal and child health - with 82% of reporting countries indicating that many facilities are providing integrated PMTCT and antenatal care/maternal and child health services. Limited integration of services at the facility level is however reported between HIV services and chronic non-communicable diseases (NCDs).

The Joint Programme actively promoted and supported integration efforts in line with the Division of Labour. In 2014-15, at the global level, efforts focused on advocacy on the benefits of an integrated approach to achieve the MDGs; on increasing awareness of the breadth and depth of integration; supporting efforts leading to better tracking and monitoring of achievements at country level; as well as 'taking AIDS out of isolation' and connecting HIV to the broader post-2015 development agenda. Salient examples of efforts undertaken at the global level include:

- The 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 to eliminate HIV among children by 2015 and keep mothers alive. By the end of 2015, new paediatric infections were halved in the countries with 90% of global new HIV infections in children. An estimated 85 countries were also within reach of elimination, with fewer than 50 new infections among children each year;
- The Interagency Working Group on sexual reproductive health and rights (SRHR) and HIV Linkages developed the SRHR and HIV Linkages Compendium: Indicators and related assessment tools, as well as a country level index of indicators for measuring progress in HIV and SRHR, which was applied in 60 countries;
- Health sector strengthening, with a focus on human resources (HR) for health, was developed via global guidance on promising HR practices, produced through the IATT. Efforts were also made to harmonize Frontline and Community Health Workers (CHW) through the development of the CHW Framework for Partner Action. Countries that evolved CHW programmes include Ethiopia, Kenya and Uganda;
- The UN Interagency Task Force (UNIATF) on the prevention and control of NCDs

promoted better linkages between HIV and NCDs services, as reflected in the UN Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of NCDs. UNAIDS offices in Mozambique and Sri Lanka have participated in the UNIATF joint missions to support governments and UN Country Teams (UNCTs) scale up their response to NCDs in the past year;

- Accelerated and intensified support was provided to countries in the development of investment cases that make the case for strategic investments, enhance the efficiency and effectiveness of service delivery and sustainable financing. Integration of HIV services with other health services was a key strategy that countries have utilized in their investment cases to scale up HIV and other health services.

MAJOR CHALLENGES AND HOW THESE WERE ADDRESSED

According to reports submitted by countries that conducted reviews, there are numerous challenges, constraints and lessons learnt in the integration process, including the need for diverse approaches for different contexts, upfront investments in health systems strengthening, workforce training and quality assurance. Other related issues reported in the country reviews include: The need for diverse approaches to integration that are adjusted according to the requirements, priorities and context of countries; ensuring that HIV integration remains integral to Fast Tracking the HIV response to end AIDS and to achieve the SDGs in a fiscally restrained environment; the need for strong national leadership to help eliminate parallel structures and to make health systems more efficient; action on the critical enablers to overcome major barriers to HIV integration including for populations left behind due to social exclusion, marginalization, criminalization, stigma and discrimination, inequity and age of consent for services; cross-sectoral collaboration and integrating HIV within non-health sectors needs improvement; and competition for limited resources and earmarking funds for single diseases rather than for integrated health services obstructs HIV integration remains a challenge. Improved data collection and monitoring systems to accurately assess integrated delivery models would aid integration. Key populations, and other groups left behind, like youth and persons with disabilities, are still insufficiently recognized in policies and programming and their rights in general are still questioned. There is no one model for integration of services and integration is not a panacea - policies and laws must be addressed regarding human rights and agency 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 recognising the rights people living with HIV, key populations and other groups left behind, as evidence by continued criminalisation and social exclusion. Health equity is a less contentious rallying point and advocacy for access to health services is required as part of the broader equity agenda, including examining social and political determinants of health.

KEY INTERVENTIONS

To accelerate the elimination of parallel systems and to usefully integrate HIV programmes and services, the following future actions will be pursued by the UNAIDS Secretariat and cosponsors:

- Continued advocacy and intensified communications on the broad-scoped nature of linkages and integration to achieve the SDGs;
- Monitor and track progress on linkages and integration at country level;
- Document and share best practices and lessons learned with countries and partners;
- Promote South-South collaboration to support countries to integrate services in accordance with human rights principles;
- Support priority countries to develop integration roadmaps and the needed building blocks from the national level policy planning, management and point of service delivery perspectives;
- Consolidating existing normative and operational guidance and tools on cross-sectoral HIV linkages and integration areas;
- Guidance on health systems strengthening specifically on skill mix and task shifting of countries' health workforce with a view towards offering integrated services;
- Identify and map out the complex intersections between HIV and related health and human rights targets (e.g. TB, SRHR, gender equality etc.) in the SDGs;
- Re-think the approach to addressing stigma and discrimination related to key populations & other groups left behind, and HIV status and develop a strategy to counteract the current trends;
- Better connect separate but related strategies finding commonalities in targets, undertaking joint planning, coordination and implementation both within and beyond the health sector.

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