



**Better Results, Easier  
Access: Comprehensive,  
Integrated Services for  
People Living with HIV  
and Other Key Populations**

Policy Paper

Interagency  
Coalition on AIDS  
and Development



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et développement



## 1 WHAT IS THE ISSUE?

Most HIV and public health experts agree that a wide range of different kinds of support and assistance should be made available to people living with and at risk for HIV. They also agree that these services should be closely linked and easy to find and use. When that happens, services are often described as ‘comprehensive’ and ‘integrated’. This approach is considered the best way to better meet more of the needs of individuals and to defeat HIV in any society.

*People living with HIV, community groups and key populations<sup>1</sup> can, should and will offer many of the services in a comprehensive, integrated model*—or at least can help build better links. They are often the people who are trusted the most, which is important for people concerned about confidentiality and non-discriminatory, welcoming care. For example, community and peer groups could help people get and interpret HIV self-tests and home-based tests. They would then help steer the individual to whatever support and care might be needed.

## 2 WHY COMPREHENSIVE, INTEGRATED SERVICES MATTER TO PEOPLE LIVING WITH HIV AND COMMUNITY GROUPS

HIV is an infectious disease, but it is not a medical issue that can be controlled with medicines and then forgotten about. Because of stigma and discrimination, the need for lifelong treatment and care, and effects on employment and income, HIV can become one of the central elements of many people’s lives. Many people living with HIV and other members of key populations can use many different kinds of support to help them be healthy, secure, safe and productive for the rest of their lives. In

addition to having access to antiretroviral therapy (ART,) others kinds of needs are for supports such as adequate nutritious food, peer support, and being able to go to a clinic and not be turned away).

***Comprehensive, integrated care can make HIV treatment and prevention more successful for people living with HIV.*** It also helps people’s overall health. One reason is that it is much easier for people living with HIV and other key populations to get all the support and services they want and need when most things are provided in an integrated way. For example, it is more convenient to be tested and treated for viral hepatitis, tuberculosis (TB) and other infections at the same clinic or facility where you get HIV care. Integrated care of this sort can be of better quality. Nurses and other health workers at such places understand and are aware of clients’ medical and health histories. Treatment can be started immediately after diagnosis.

People living with HIV and other key populations can benefit even more when their ***HIV-specific services are closely integrated with non-medical services*** that can help them successfully manage their HIV treatment and prevention efforts. These services might include support for social and economic needs such as decent housing, family planning, peer support, and a basic family income.

To have a positive impact, these services should be affordable and easy to find and use (‘accessible’). They should meet the specific health, social and emotional needs of all people who might benefit. And they also should be ‘acceptable’, which means that people living with and affected by HIV consider the service useful and are comfortable with how it is provided. All of these factors are especially important for all key populations and young people, who often are the hardest to reach.

<sup>1</sup> The term ‘key populations’ refers to people and communities with higher-than-average rates of HIV and greater risk for becoming infected with the virus. In every country, people living with HIV are key populations. Men who have sex with men (MSM), transgender people, sex workers and people who inject drugs are key populations in nearly every country. Other people and communities are considered key populations in some countries, including migrants, prisoners and adolescent girls. In most countries and regions, members of key populations are less likely on average to be get HIV prevention and treatment services due to stigma, discrimination and many legal, social and cultural barriers.

### 3 BACKGROUND INFORMATION: THE SHIFT FROM 'SEPARATE' TO INTEGRATED SERVICES

**The usual situation over the years: HIV has often been treated as a separate health issue.** Governments and donors funded national AIDS programmes with special budgets. People living with HIV received care and treatment at AIDS clinics that were not connected to overall health systems. The programmes often were 'medicalized', which means they focused on getting and distributing antiretroviral drugs.

This structure has been good in some ways because it helped ensure that HIV and AIDS received attention and money and, in many places, made it possible for people to get HIV medications even when other medications were unaffordable. But the structure can be inefficient and have some negative aspects. A separate HIV structure can make stigma worse if the location is highly visible and only for people living with HIV. HIV stigma in a community or society can cause some people to avoid or refuse essential HIV services if they feel they could be identified by community members, including testing and treatment.

And finally, the separate structure is not often convenient for people in HIV care, especially those who are trying to deal with other health problems (such as TB). It can take a lot of time, and be very tiring, to go to different facilities for appointments, to get tests and pick up medicines, and to get referrals to even more places. People who have jobs and are raising families, and those who have to travel long distances for care, do not have easy options if they want to take care of their own health, or care for someone else.

In many countries, the situation is changing now. Donors and governments talk about the value and importance of comprehensive, integrated care for countries' HIV responses. Yet the process is slow in most places. It must be done more quickly so that all people in need of HIV services will be part of an integrated health structure in which information, support and services are available consistently, easily and at high quality.

**What does integrated care include?** There is no single definition for what should be considered part of comprehensive, integrated care. Health systems, services and needs are different in every country and often within one

country. Therefore, there are differences in what should be available so people living with HIV and other key populations get the highest quality care and support possible.

In most places, people living with HIV and other key populations must have regular, coordinated and easy access to services such as:

- diagnostic tools (such as viral load tests) that help determine whether ART is working;
- support from other people living with HIV and community groups to help with mental and emotional support, understanding their treatment, getting services, and adhering to their medicines ;
- all vital services for pregnant women with HIV to prevent transmission to their babies, including HIV testing offered to all pregnant women, peer mentors for pregnant women who are HIV-positive, special tests to diagnose HIV in infants, and information and support for safe infant feeding;
- all vital SRHR ('sexual and reproductive health and rights') services, including testing and treatment for sexually transmitted infections (STIs), family planning information and supplies (such as condoms); and
- information about and treatment for other health issues such as TB, viral hepatitis and other STIs.

In general, integrated care does not only mean that HIV care should be integrated into overall health systems (although that is a main priority). **Comprehensive, or much broader, integrated care includes closer links to and coordination with social, economic and legal programmes projects and services that a person living with HIV might need.** They might include the following:

- case management, which refers to a coordination role for an individual's specific needs;
- outreach that focuses on young people, and which is led by young people;
- affordable, confidential and supportive legal advice and representation, which can help in cases of discrimination or difficulty in getting care and treatment;
- mental health care to help with the trauma which many people living with HIV and other key populations have experienced and with mental and emotional wellbeing
- HIV awareness and testing campaigns, which should include automatic linkages to treatment and support based on test results; and
- basic economic support and job training and assistance

Not everyone living with or at risk of HIV needs all or even most of these services. For example, many people on ART who feel healthy, have no symptoms of HIV infection and have medications which suppress the virus in their bodies might need or want to interact less often with a health facility. Others will want or need more frequent visits and support. ***Comprehensive, integrated care should be flexible enough to accommodate different approaches and degrees of service delivery, a concept known as ‘differentiated care’.*** This is important to help ensure that all people living with and at risk for HIV can receive HIV care the best fits their lives. Among other options, under differentiated care approaches (link to WHO guidelines) can include options for people with HIV to get their medicines through their support groups or community-based groups.

## 4 THE GOOD AND THE BAD: OPPORTUNITIES AND CHALLENGES FOR PEOPLE LIVING WITH HIV AND COMMUNITIES

People living with HIV and other key populations should receive more and better support and care: that is the most important **opportunity** of a shift to comprehensive, integrated care. Another opportunity could be greater influence in how treatment, care and other services are provided. That could happen because ***communities’ role will get bigger in the future*** as more people get in HIV treatment and care and new options are available.

In addition to directly providing many of the services in an integrated model, communities also have an opportunity to help create new models. In most countries, national, provincial and other local governments should be the main players in developing more integrated systems. Many have already taken steps, often with financial support and advice from donors and international organizations such as UNAIDS and the World Health Organization (WHO). A lot of training and education must be done. Civil society groups, networks of people living with HIV and other key population networks should be involved in every discussion and decision because they know what is really needed for quality, comprehensive HIV treatment and care.

Here are some **other opportunities** related to comprehensive, integrated care and services. They are in addition to the positive benefits mentioned elsewhere in this paper:

- ***Adolescents and young people*** are vulnerable to HIV but are less likely than adults to know their status or to be in care. Integrated services offer an opportunity to improve this situation through coordinated services for youth-specific HIV testing, HIV awareness and education, treatment support, sexual abuse and harassment, testing and treatment for STIs, etc.
- ***TB and viral hepatitis can be identified, treated and controlled better*** when testing for these conditions becomes part of routine health care, offered along with HIV testing.
- In the long run, integrated care is an ***opportunity to save money***. This is true for both health systems and clients.

For people living with HIV and communities, there are also some important **challenges** to consider about comprehensive, integrated care and services. For example:

- Large, integrated structures and systems can be ***difficult, expensive, time-consuming and complicated to set up and monitor***—especially in rural places with poor communications (Internet service, etc.) and bad roads and transport.
- A ***‘one-size-fits-all’ integrated system could be unrealistic*** for parts of a country or region. What is needed will be based on resources and need. Without flexibility, people living with and at risk for HIV in some places might not benefit very much.
- ***HIV treatment, prevention and care services could decline in quality if HIV is part of a bigger, integrated whole***—and no longer partially or completely separate. Another related risk is that the specific, unique needs of people living with HIV and key populations will be ‘lost’ or no longer understood.

## 5 HOW TO BE INVOLVED: SUGGESTED ACTION AREAS FOR PEOPLE LIVING WITH HIV AND COMMUNITIES

People living with HIV, key population groups and community organisations can and should be involved in supporting and advocating for comprehensive, integrated care and services in their countries. With their endorsement of the GIPA Principle (the Greater Involvement of People Living with HIV), countries have committed to involving people living with and affected by HIV. The following are examples of suggested activities and actions:

**Know the situation.** What does the current HIV treatment and care system look like in your country? What are the main gaps in quality care? What kind of integration has already occurred, if any? What good models exist in the country or elsewhere that you might want to highlight? What services and support are absolutely essential?

**Develop an advocacy campaign and/or strategy.** One message could focus on the overall benefits of more integrated treatment and care—not only for people living with HIV and key populations, but for all people in the country. Another might focus on the specific benefits of comprehensive, integrated care for a country's HIV response. A third could be about the specific financial benefits (over time) to a country's health system and to health care clients.

**For community groups, especially: step back and consider your role.** What do you think is realistic in a comprehensive, integrated care model? What are your strengths and weaknesses regarding this vision? What can you do to make it a reality in the future? Do you agree with structures and systems that are in place or are being proposed? If you are involved in providing care and services, does this mean you need new strategies and should develop new projects? Do you think the 'new ways of working' with an integrated system will be good for people living with HIV and key populations?

**Find out what other groups are doing and make alliances and links.** Comprehensive, integrated care means working closely with different groups in a coordinated way. First, make a list of your strengths and weaknesses as a community group, key population network, etc. Then make a list of your main treatment, care and support priorities. This will tell you what your role could be in improving HIV prevention, treatment, care and support services. This information can help you determine where you might fit in a new structure—and what you should advocate for in the future.