

## TECHNICAL BRIEF

# Accelerating the Integration of HIV and RMNCH Services

## Experiences from USAID Zambia Integrated Health

### OVERVIEW

USAID Zambia Integrated Health (2023 – 2028) is improving health outcomes of Zambians through close partnership with the Zambian Ministry of Health to attain the country's goal of reaching HIV epidemic control by 2030. Led by Pact, the project partners include Center for Infectious Disease Research in Zambia, Circles of Hope, Mothers2Mothers (m2m), Copper Rose Zambia, Zambia Network of Young People Living with HIV, and Viamo. USAID Zambia Integrated Health provides technical and financial support to three provincial health offices (North-Western, Central, and Copperbelt) which manage the implementation of high-quality, client-centered HIV and health services in 32 districts.



Neighbourhood Health Committees (NHC) meeting on demand creation and integration of services during the polio campaign at Kimasala Clinic in Solwezi district – Northwestern Province.

USAID Zambia Integrated Health builds on the tremendous achievements and milestones Zambia has attained to date to control the HIV epidemic, with 89-98-96 achievement of global goals as of 2021. The government's health system provides nationwide HIV prevention, care, treatment, and support services, backed by strong policies and guidelines, advanced commodities management and health information systems, data-informed quality improvement processes, and well-established partnerships with community and faith-based organizations. To improve the sustainability of these comprehensive HIV service packages, USAID Zambia Integrated Health and the Zambian government are identifying and scaling opportunities to integrate HIV and non-HIV services, with a focus on integration at provincial, district, and health facility levels. The integrated service package includes HIV (prevention, care and treatment), tuberculosis, non-communicable diseases, mental health, family planning, reproductive health (including cervical cancer screening), and maternal, newborn, and child health (RMNCH) services.

A push towards integration of HIV and RMNCH services aims to maximize the efficient use of resources in a way that further improves the provision of equitable services. Achieving integrated services at subnational implementation levels (provinces, districts, facilities, and communities) requires leadership and accountability, willingness to cross “departmental lines” and “individual expertise boundaries” to achieve the larger health goals, and new approaches to monitoring the degree of integration and results in terms of efficiencies and health outcomes. At a project level, integration requires intentional learning and adaptive workplans with flexible funding paths to accommodate emerging models of integrated care.

## EXPERIENCES WITH PATHWAYS TO INTEGRATION

Reflecting on the first year of the USAID Zambia Integrated Health Activity, strengthened integration pathways for HIV and RMNCH services are emerging at three levels - project, subnational government health offices (Provincial/District), and at service delivery points (facilities and outreach) - and through partnerships with non-government actors.

At the USAID Zambia Integrated Health project level, the consortium uses an integrated “one team” approach for tasks, including joint work-planning, coordinated technical support supervision planning and implementation, and cross-disciplinary data review meetings. USAID Zambia Integrated Health also integrates planning and forecasting of both laboratory and supply chain requirements, combining requirements for both HIV and non-HIV commodities. Ownership by the government health leaders is instrumental for long term

sustainability of integrated approaches, so USAID Zambia Integrated Health extends the project’s “integrated responsibilities” approach to subnational government partnership arrangements. USAID Zambia Integrated Health has embedded project staff at provincial and district health offices, which reinforces the integration strategy as it applies to HIV and RMNCH programming and benefits the government by augmenting the available district workforce. Through this daily collaboration, USAID Zambia Integrated Health staff have observed increased ownership by District Health Directors for integration, such as by enforcing accountability for the departmental representatives’ attendance at integrated meetings.



Counsellor preparing test Kits during a roadshow in Chipulukusu, Ndola District - Copperbelt

At the provincial and district levels, health teams are reducing siloed activities by implementing joint planning meetings, integrated data reviews, and combined technical supportive supervision (TSS) visits for both HIV and RMNCH services. This cross-departmental collaboration strengthens the core capacities of subnational government teams to autonomously lead, manage, and monitor the HIV response. For example, when data review meetings identify gaps in health services at a specific facility, a multi-disciplinary team (e.g., nursing, TB, and ART coordinators) visits the facility together to address performance gaps using the “one team” approach. The integrated TSS approach saves time for facility staff (compared to multiple visits), streamlines transport costs for the district, and jointly addresses cross-cutting root causes that affect multiple health outcomes. Similarly, at the provincial level, the semi-annual TSS visit is comprised of team members across all HIV and health departments, including laboratory and supply chain representatives. This joint visit provides the entire

provincial team with a better understanding of how to further integrate vertical HIV programming into the health system.

At service delivery level, health workers are leveraging opportunities for integrated service provision at both static sites and through outreach services, expanding service access for men, women, children, and key populations at risk of HIV, including prisoners. Mirroring the best practices in integrated HIV and TB services, where clients can receive both HIV and TB services at either clinic entry point, health facilities are scaling integrated family planning services. PLHIV can access family planning services at the ART clinic, while FP clients at the FP clinic can access HIV Testing Services and linkages to HIV care services. To improve HIV testing rates in men, community health posts in high density areas are providing integrated health services for men, where men can access general health services as well as HIV testing and treatment services, screening and treatment for sexually transmitted infections, and viral load testing, while some community sites also add integrated services specifically for women and children (e.g., antenatal, well baby clinics, family planning, and HIV testing services.) During the 2023-2024 voluntary medical male circumcision (VMMC) campaign, USAID Zambia Integrated Health supported a series of community roadshows to mobilize men for VMMC services and leveraged this opportunity to provide wider preventive health services. At the roadshows, health workers distributed 131,264 condoms and 7089 HIV self-testing kits, provided on-site HIV testing for 42,345 people, initiated 3,868 clients on pre-exposure prophylaxis for HIV, and referred over 4,000 women for cervical cancer screening.

Within health facilities, the placement of community cadres and case workers as “gatekeepers” at strategic facility locations, such as outpatient departments (OPD), is a promising practice to increase a client’s uptake of comprehensive services during their visit, such as flagging HIV-exposed children under two years in OPD for HIV testing or linking women living with HIV to cervical cancer screening services. As individuals arrive at the ART clinic, patient navigators in the ART clinic review registers to identify their eligibility and due dates for specific services and assist the client to obtain those services during their visit. USAID Zambia Integrated Health sees this “gatekeeper” model as an opportunity to further expand integrated services, such as incorporating vaccine schedule reviews and growth monitoring of children.



USAID ZIH and MOH staff at the service provision desk during an integrated HTS roadshow in Northwestern Zambia

In addition, the creation of partnerships with other organizations already expands the package of services for specific subpopulations and is an area for further exploration of wider RMNCH service integration. Within the USAID Zambia Integrated Health consortium, m2m provides a wider package of health and supportive services for pregnant and breastfeeding women living with HIV. At both facility and community levels, USAID Zambia Integrated Health partners with the USAID-funded Controlling HIV Epidemic for Underserved and Key Populations (CHEKUP 1) and Empowered Children and Adolescents Project (ECAP) to integrate HIV, health, and social services for female sex workers and orphans and vulnerable children, respectively.

## **WAY FORWARD**

As USAID Zambia Integrated Health approaches the end of the first year of implementation, the project team and government are reflecting on integration successes and challenges and applying learning during the development of integrated HIV and RMNCH workplans for the coming year. Over the next four years, the USAID Zambia Integrated Health team will document effective and sustainable integration models and strive to answer key integration questions. Areas of interest include:

Partnership with disability organizations and advocates to understand and test integrated, client-centered service delivery models that are appropriate for disabled populations;

Approaches to change individual and team attitudes and understanding at facility level to shift away from silo-ed thinking and behaviors and to focus on how actions can achieve optimal health outcomes (e.g., joint decision-making related to the efficient distribution of commodities, such as HIV test kits, across multiple service delivery points to achieve facility-wide goals); and

Development of integrated monitoring tools and data analysis to measure the degree of integrated service delivery provision to clients and to determine the impact of integration on the larger goals of efficiency and sustainability.



**Workers receiving self-test kits during a workplace testing outreach activity in Fisenge Area, Luanshya – Copperbelt**

### **For More Information:**

**Gloria Sangiwa**  
*Vice President, Global Health*  
[gsangiwa@pactworld.org](mailto:gsangiwa@pactworld.org)



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