The PATHS

Planning and **A**ction **T**oolbox for **H**IV **S**ustainability

This is a living document that is updated regularly. If you have suggested edits or new tools, resources or examples, please contact dsd@iasociety.org

Contents

Acronyms

ART	Antiretroviral Therapy
CI	Confidence Interval
CRAG	Cryptococcal Antigen
DSD	Differentiated Service Delivery
EID	Early Infant Diagnosis
LAM	Lactational Amenorrhea Method
MMD	Multi-Month Dispensing
MMS	Multi-Month Scripting
NCDs	Noncommunicable Diseases
OPD	Outpatient Department
PBFW	Pregnant and Breastfeeding Women
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PrEP	Pre-Exposure Prophylaxis
SOPs	Standard Operating Procedures
SRH	Sexual and Reproductive Health
TB	Tuberculosis
TPT	TB preventive therapy
VL	Viral Load
WHO	World Health Organization

Background

The first months of 2025 saw dramatic reductions in funding for HIV programming. Significant uncertainty remains around the future of international HIV funding mechanisms, including both the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria. At the same time, many countries face reductions in funding for other areas of health programming, including tuberculosis (TB), malaria and sexual and reproductive health (SRH).

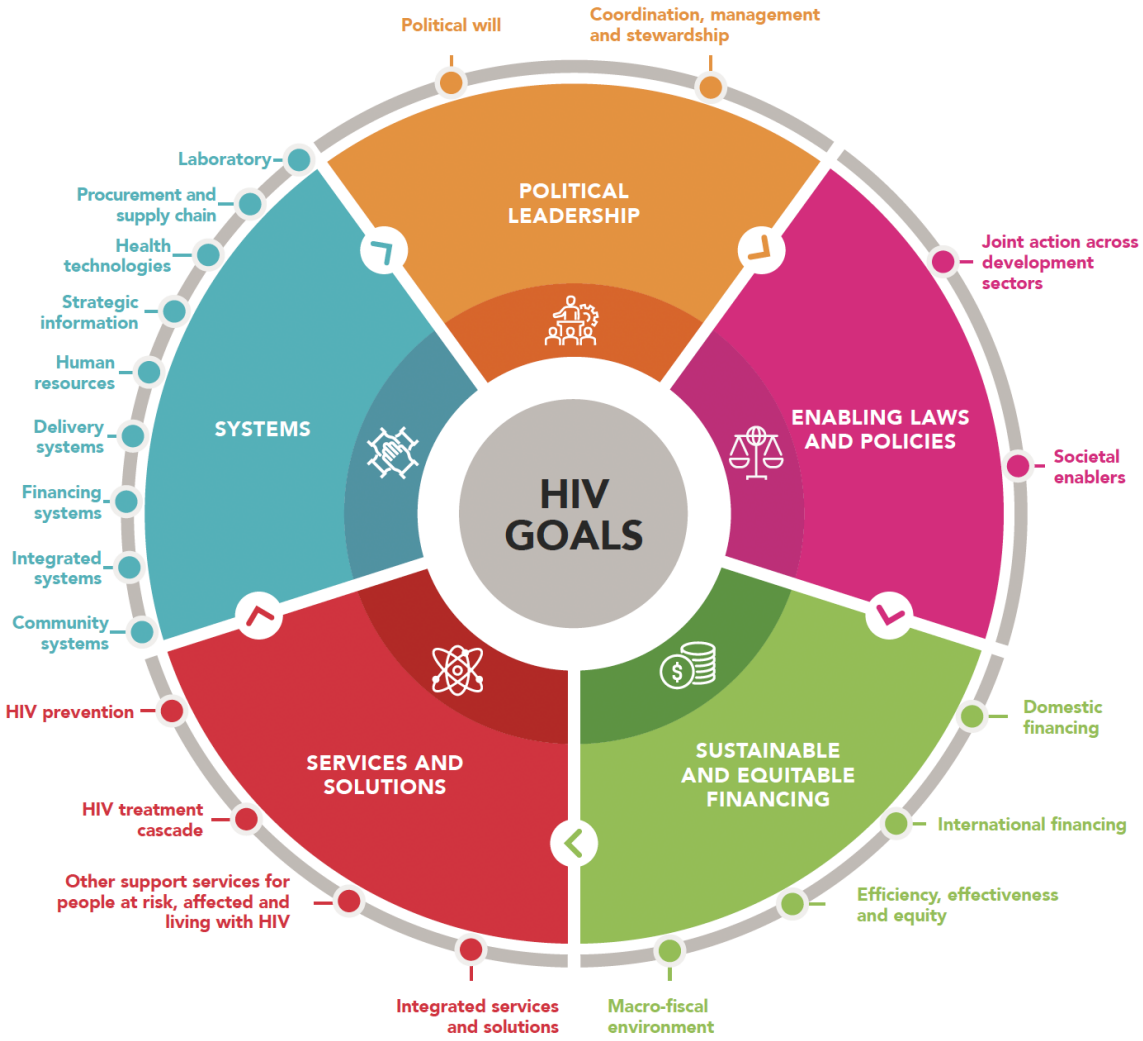
Starting in 2024, UNAIDS has supported many countries to initiate HIV response sustainability planning, including launching intersectoral discussions, forming mechanisms and governance bodies and drafting initial country sustainability roadmaps for their HIV programmes. The significant funding reductions in 2025 call for an urgent re-evaluation of these plans, including plans for integration of HIV and broader health services, and expediting discussions in countries where sustainability planning has not yet matured.

As described in the UNAIDS HIV Response Sustainability Roadmap-Part A- Companion Guide, these plans require strong political leadership within the ministry of health, involving multiple departments, and coordinated efforts between ministries (e.g., health, finance and planning) to be cohesive and successful. Planning HIV service adaptations must be made within the context of the broader picture of impacts on overall health funding.

The UNAIDS sustainability framework consists of five broad domains that collectively address all critical aspects of the HIV response that are needed to meet the global AIDS targets and ensure these gains are sustained beyond 2030 (Figure 1). Urgent reassessment is needed of available financing, HIV services, and the supporting health system components currently implemented in a country's HIV response. These two later domains require the specific technical expertise of the national HIV departments. However, where concepts of integration of HIV services into outpatient and primary care services are being considered as a route to sustainability, it will be essential to involve other relevant health ministry colleagues (e.g., primary care, non-communicable diseases (NCDs) and SRH).

Figure 1: HIV response sustainability domain and sub-domains[1]

[1] From UNAIDS "UNAIDS HIV Response Sustainability Roadmap – Part A - Companion Guide", 2024, Geneva.



Overview

This toolbox is designed as a rapidly deployable resource to support national governments in responding to unexpected reductions in HIV funding by enabling swift reassessment and reorganization of HIV systems and services. Its structure aligns with the HIV response sustainability domains (Figure 1), with an emphasis on addressing the changes related to "**services**" and "**systems**".

Section 1 focuses on the "**services** and solutions" **domain** (hereafter referred to as "services"). It is primarily intended for technical staff within national antiretroviral therapy (ART) programmes, as well as departments responsible for primary care, SRH and NCDs. This section includes tools to support ministries **prioritizing the core HIV service package**. It will also feature forthcoming operational guidance from the World Health Organization (WHO) on essential services prioritization, an excel workbook to support prioritization exercises, along with early examples from ministries of health that have issued prioritization guidance to their programmes and implementing partners as part of their initial responses to funding reductions.

Section 2 addresses the **systems** domain, providing approaches and tools to strengthen sustainability, national ownership, funding and integration of key system pillars that are essential to the HIV response. It begins with cross-cutting human resource considerations, followed by key questions to guide the assessment and adaptation of laboratory, supply chain, and monitoring and evaluation systems.

Section 3 compiles existing tools developed by UNAIDS to support countries in the HIV Response **Sustainability Roadmap process**. It also introduces key questions related to the domains of political leadership, enabling laws and policies, and sustainable and equitable financing. These tools are intended to support ministries of planning, finance and health in establishing coordination bodies and governance mechanisms for sustainability planning.

This toolbox will be accessible online and updated regularly as new tools are developed – ensuring it remains a dynamic, evolving resource. Feedback from ministries of health, partners and stakeholders is encouraged, particularly regarding gaps, unmet needs, and emerging priorities for immediate planning.

Section 1: Prioritization of HIV services

1.1 Prioritization of HIV services

Key questions

- Who is represented in the **technical working group** responsible for developing the prioritized list or tiers of HIV services?
    - Does the group include HIV technical experts across the full cascade of services and populations currently served?
    - Are civil society and community representatives meaningfully included in the process?
    - Is there representation from planning and policy departments, and the Ministry of Finance, to ensure alignment with funding and broader health system considerations?
- **Situational analysis**: Is current analysis of the countries HIV response available with disaggregated data by age, sex and geography?
    - Essential data includes:
        - Cascade analysis
        - Incident HIV acquisitions
        - Number of HIV and early infant diagnosis (EID) tests performed for diagnosis
        - Number of HIV tests performed for pre-exposure prophylaxis (PrEP) service delivery
        - Number on PrEP disaggregated by method and population
        - Rate of initiation on PrEP
        - Number on ART
        - Initiations on ART
        - Numbers of Laboratory investigations performed (including viral load (VL), Xpert MTB/Rif, CD4, lateral flow lipoarabinomannan (LAM), cryptococcal antigen (CRAG) other)
        - Number of people on TPT
        - Cost data for each element of the HIV service package
    - Additional data
        - Advanced HIV disease cascade data
        - Re-engagement data
        - Differentiated service delivery (DSD) related data – numbers in defined DSD models
- Have the following **domains** been considered in the prioritization analysis?
    - Epidemiological analysis
    - Cost effectiveness and resource optimization
    - Feasibility and health system readiness
    - Ethical and equity considerations – across the health system
    - Acceptability and community engagement

    - Social and economic impact
- Has a **model for prioritization** been agreed upon?
    - Number of tiers to be considered (Two- minimum and optimal services- or three tier model – minimum, standard and optimal)
    - Has a comprehensive list of interventions/components of the service package been developed?
    - Has a comprehensive assessment of all interventions/components of the service package been developed?
- Has, or can, modelling of the impact of the chosen prioritization model been performed; including an analysis of the costs versus the number of new acquisitions or deaths averted?
- Which programme elements are fully established at national level versus early roll out and piloting?
- How will any changes in the clinical and service delivery package be communicated to staff?
- How will any changes in the service package be communicated to recipients of care?

Tools and resources

Sustaining priority HIV, viral hepatitis and STI services in a changing funding landscape: operational guidance, World Health Organization, Pre-publication draft (July 2025)

The 2025 WHO operational guidance provides a structured approach to support countries in sustaining priority services for HIV, viral hepatitis and sexually transmitted infections in the context of reduced external funding. It proposes practical steps to assess risks, set priorities and adapt services and systems. The guidance introduces a step-wise priority-setting framework that organizes services into three tiers based on their contribution to achieving national and global health outcomes. Tier 1 is "essential" services, of Tier 2 is "important" and Tier 3 is the "extended" package. What is included in each of these tiers is context, population and resource specific. Supporting documents are available here.

The guidance also includes:

- key steps to assess and monitor service disruptions and health financing risks;
- a systematic process for setting priorities for services and interventions;
- cross-cutting enablers such as health workforce strategies, resilient supply chains, integrated data systems and inclusive governance;
- an emphasis on people-centred approaches and sustained community engagement to ensure that services remain accessible, acceptable and responsive to those most severely affected;
- opportunities for service integration, especially within primary health care, to enhance efficiency and sustainability; and
- strategic recommendations for financing transitions, including alignment with public financial management systems and domestic resource mobilization.

The TIER tool – Tool for Intervention Evaluation and Ranking, IAS, 2025. An HIV service package prioritization tool

The TIER is available in English, French, Spanish and Portuguese.

This tool is designed to support countries in their planning and prioritization of HIV programme elements in the context of funding shifts. It provides a structured framework to prioritize HIV programme components – across testing, treatment, and prevention – based on epidemiological context and progress towards the 95-95-95 targets.

The tool uses illustrative examples of prioritization across four scenarios:

1. A high-burden country achieving 95-95-95 targets across all populations,
2. A high-burden country achieving the targets but not across all populations,
3. A high-burden country not yet achieving one or more of the 95-95-95 targets, and
4. A low-burden country not yet achieving one or more of the 95-95-95 targets.

For each scenario, a suggested prioritized list of interventions is provided across key programme areas. Users can select the scenario most relevant to their context, and then adapt, review and adjust the priorities noting the rationale for the decisions made.

Interventions are prioritized into three illustrative tiers:

- Minimum - Services that are critical to maintain for continuity of care and health outcomes
- Standard - Important to sustain; should be reassessed frequently for continuation as funding allows
- Optimal - To be supported when additional resources are secured or efficiencies gained.

In addition, interventions can also be flagged as "not applicable" or to "discontinue". More or fewer tiers could be considered. The relevant WHO guidelines are also provided alongside each intervention.

Outputs from the tool can inform modelling analyses to assess the projected impact of different prioritization approaches on new acquisitions and mortality. It can also support budgeting exercises by estimating resource needs for each tier, helping programmes plan for phased service expansion as funding allows.

GC7 Programmatic Reprioritization Approach: Protecting and enabling access to lifesaving services, The Global Fund to Fight HIV, TB and Malaria, version 10 June

This new guidance supports Country Coordinating Mechanisms (CCMs) and Principal Recipients (PRs) in reprioritizing interventions to maximize impact under constrained funding. The guidance emphasizes that reprioritization should be tailored to each country's context, taking into account programmatic interdependencies and all available funding sources. It also aims to prepare for Grant Cycle 8 (GC8) by promoting integration, cost-effectiveness, and sustainability of HIV, TB, and malaria programs within primary health care and community systems. Initial steps have included pausing or deferring lower-priority activities to reallocate resources toward critical, lifesaving services.

For HIV-specific interventions, the recommendations outline three priorities.

- Priority 1 focuses on saving lives through the procurement and delivery of antiretroviral therapy, support for treatment continuation, ART cohort expansion and management of TB and advanced HIV disease.
- Priority 2 emphasizes identifying people living with HIV who are not yet on treatment and linking them to care, using cost-effective testing strategies targeted at high-risk populations and settings.
- Priority 3 aims to protect primary prevention efforts, including condom distribution, PEP, PrEP for current users and new users in high incidence locations and/or people at increased risk, and harm reduction services.

Cross-cutting considerations include support to human resources for health, data and laboratory systems, addressing barriers to access, and implementing integrated health and community systems interventions to enhance efficiency and sustainability of HIV programs.

This guidance is also now available in French, Portuguese and Spanish.

The Goals HIV epidemic model, Avenir Health, 2025

The Goals HIV epidemic model is a tool where the amount and the allocation of funding to HIV interventions can be shifted within the model and show the impact on national goals, such as reductions in new HIV acquisitions or AIDS deaths. Goals is part of the Spectrum software suite most countries use to prepare their national HIV estimates. Goals modeling can help inform national decision-making by examining the impact, cost, and cost-effectiveness of different components of the HIV program. Technical assistance is available from Avenir Health to apply the model in countries facing shifts in donor support.
Here is an example of a modelling analysis with contact information on the final slide.

Global Fund pooled procurement mechanism reference pricing resources

The links below provide benchmark pricing of HIV diagnostics and medications procured through the Global Fund's pooled procurement mechanism. These reference prices can serve as target prices to inform national budget planning and price negotiations in both national and regional procurement.

Although cost effectiveness of interventions should be assessed for each context, immediate budget impact of continuing and stopping each intervention must be included in the analysis.

- The Global Fund, version April 2025, "**Pooled Procurement Mechanism Reference Pricing: ARVs**"
- The Global Fund, version April 2025, "**Pooled Procurement Mechanisms Reference Pricing: Strategic medicines used in HIV programs**"
- The Global Fund, version Q2 2025, "**Pooled Procurement Mechanisms Reference Pricing: RDTs**"
- The Global Fund, version October 2024, "**Category and Product-level Procurement and Delivery Planning Guide – Health and non-health products**"
- The Global Fund, 11 May 2020, "**Pooled Procurement Mechanism Reference Pricing: Advanced HIV disease products**"

Country examples

Malawi & Zambia

In February 2025, Malawi and Zambia published guidance on prioritized HIV service delivery package. Table 1 summarizes the national guidance describing key activities continued, adapted or stopped across the cascade of HIV care for each setting.

- Malawi Secretary for Health, 24 February 2025, "**Updated guidance on provision of uninterrupted HIV services across all health facilities**"
- Zambia Ministry of Health, February 2025, "**Zambia minimum package for HIV service delivery**"

Table 1: National guidance on prioritization of HIV services in response to funding cuts

	TREATMENT	TESTING	PREVENTION
MALAWI	Provide ART initiation and continuation Maximize 6-month ART dispensation for all stable and eligible patients Coordinate patient transfers between sites to balance workload. This must be done in close collaboration with the clients, sending and receiving facilities. Routine scheduled VL testing services; sites with capacity for sample collection, transportation, and result utilization. Targeted VL sample collection should be provided at all sites. Routine Advanced HIV Diseases (AHD) screening for all eligible patients (including TB) Continue provision of Cotrimoxazole Preventive Therapy (CPT) and TB Preventive Therapy (TPT).	Provide testing services (HIV, Syphilis and Hepatitis B) for all populations at risk Provide VCT services for all eligible clients. Directly assisted self-testing and distribution of self-tests for partners of VCT clients and pregnant/breastfeeding women. Provide DNA-PCR Testing for HEI. At facilities with capacity for sample collection, transportation/processing and result utilization. Provide rapid HIV test for HEI at 12 months and 24 months all sites	Provide Infant HIV Prophylaxis (Nevirapine [NVP], 2P [Zidovudine/Lamivudine/Nevirapine], Cotrimoxazole [CPT]) at all sites. Distribute condoms in the facility and community using existing available community health workers Provide oral PrEP for new and continuing clients at existing PrEP sites with adequate staffing for testing and PrEP provision. Provide injectable PrEP to continuing clients at existing Path-to-Scale facilities, with new initiations limited to pregnant and breastfeeding women. VMMC services: Provide the service where there is capacity for trained staff, space, and commodities and does not interfere with routine service provision

	Register all clients requiring emergency refill as transfer-in upon production of the health passport. Emergency ARV dispensing for unregistered clients remains suspended. Continue with HIV drug resistance monitoring through genotyping for eligible clients at all sites. Facilitate easy ART access for children and teens where feasible.		
ZAMBIA	Stop generalized testing. Stop community follow up of index testing. Stop HIVST. Stop recency testing.	Provide VMMC, PrEP, PEP only at the facility If distributed in any community point, then this community point needs to be led by MoH, not IP and location should not incur rent. No stand-alone DREAMS or wellness facility. Prevention of mother-to-child transmission: no birth testing and no community follow up.	No priority for repeat TPT Complete drug resistance testing only after treatment failure. Provide Septrin prophylaxis only for PBFW and children.

Other countries released guidance on emergency actions or mitigation plans to ensure uninterrupted services in the first half of 2025. These memos and circulars are accessible below:

- Cameroon, General Secretary, Ministry of Public Health, 4 February 2025, "**CAMPSAR: Cameroon Mitigation Plan for Sustained AIDS Response following the USAID/PEPFAR's Suspension**"
- Mozambique, Ministry of Health, 11 June 2025, **National Directorate of Public Health, Mitigation measures in the context of the suspension of external support and emergency situations in the response to HIV/AIDS**
- South Africa, Director General of Health, 11 February 2025, "**Provision of uninterrupted HIV services across all health facilities**"
- Uganda, Office of the Permanent Secretary, Ministry of Health, 7 February 2025, "**Guidance on improvement of service delivery in both central and local government health facilities**"

Mozambique

The key points, a summary and the outcomes across the HIV care cascade from Mozambique's strategic prioritization of HIV services exercise are outlined below.

Key points from Mozambique's prioritization exercise

- **Prioritization exercise presented as an iterative process that can be adapted to budgetary changes**
- **Budget data on commodities and distribution of costs across programmes was gathered in advance of the meeting.**
- **The TIER tool intervention list was adapted to align with national HIV guidelines.**
- **All stakeholders including Ministry and health representatives met in a single group rather than splitting into prevention, testing and treatment sub-groups.**

Summary:

- 95% of Mozambique's HIV programme funding comes from external donors. The Ministry of Health and Stakeholders viewed the prioritization exercise as iterative ongoing, adjusting to updates in funding availability.
- The exercise excluded human resource and systems costs.
- The Ministry of Health collected **consumption and budget allocation data for medicines and other consumables of the program prior to the workshop**, and participants viewed this information as essential for informed decision making.
- **Before the meeting, the Ministry determined budget distribution** based on the 2022 National AIDS Spending Assessment (NASA): 50% for care and treatment, 20% for testing, and 17% for HIV prevention.
- The group reviewed WHO recommendations within the TIER tool and compared them against national policies, then **adapted the TIER tool** to reflect the current suite of interventions.
- Participants modelled three funding scenarios using the adapted tool: 0%, 30%, and 70% of current external funding levels.
- **The Ministry held a one-day internal technical working group (TWG) meeting** to review the prioritization plan.
- **A two-day multi-stakeholder workshop** brought together civil society, donors, and implementing partners from across prevention, testing, and care and treatment.
- **Experts from all programme areas jointly reviewed each section of the TIER tool.** The exercise was intentionally completed together so every group understood understand the rationale and the results of the de-prioritization across the cascade.

Table 2: Mozambique's prioritization outcomes across the cascade

Testing	Prevention	Treatment
○ Prioritize testing and redefine eligibility criteria	○ Most prevention interventions were deprioritized in reduced-funding scenarios.	○ ART maintenance remained a priority. Under the 0% scenario, initiation would focus on children, pregnant/breastfeeding women, and

○ Community-based testing was de-prioritized. ○ HIV testing integrated into family planning services stopped.	○ Post-natal prophylaxis for infants and facility-based PrEP remained priorities. ○ PrEP for pregnant and breastfeeding women remained in the at 50% scenario, driven by PEPFARs inclusion of this in their waiver. ○ All other PrEP services, harm reduction and community condom distribution were deprioritized.	people with advanced HIV disease (AHD). ○ Out-of-facility activities with costs associated, including DSD models, were deprioritized. ○ The full AHD package was deprioritized due to high cost. ○ Viral load testing and tracking/tracing were excluded or reduced under 0% and 30% scenarios.

Ghana

The key points and a summary Ghana's strategic prioritization of HIV services exercise are outlined below.

Key points from Ghana's prioritization exercise

- **Decision making was guided by existing cost effectiveness analyses of specific activities.**
- **Commodities were considered essential and protected these from cuts.**
- **Projected budget savings came from adjusted systems-level activities such as supervision, DSD monitoring and training.**
  Ghana is considering reducing clinical visit frequency to annual for those who are established on treatment.

Summary:

- PEPFAR supports three of Ghana's 16 regions; the Global Fund remains the principal external funder.
- Ghana initially reprogrammed its budget through exchange-rate savings and efficiencies in existing activities.
- The Global Fund reprioritization process already identified low-impact and low-uptake interventions for de-prioritization, including individual out-of-facility and community pharmacy models. Facility-based group models remain supported.
- PATHS guidance helped to engage Global Fund sub-recipients early in the prioritization process.
- Ghana used the TIER tool as a framework and adapted it to national guidance.
- Stakeholders had commodity and activity-level budgets available to guide decisions.
- They protected prevention, testing, and treatment commodities as non-negotiables.
- They reviewed the possibility of reducing systems activities to create savings, including monitoring, supervision, and training.
- They are evaluating potential savings from moving annual clinical visits to people established on treatment.

Prioritization outcomes, supported by CQUIN, using the adapted TIER tool

In the second half of 2025, the HIV Coverage, Quality and Impact Network (CQUIN), led by ICAP at Columbia University, supported the 21 member countries to complete prioritization exercises. Countries were encouraged to complete the IAS-developed TIER tool or the CQUIN-adapted TIER tool, prioritize monitoring and evaluation indicators, and share strategic planning meeting plans.

The CQUIN-adapted TIER tool considered what to maintain or drop under two donor-funding scenarios: 0% and 50% or higher. Costing data were not available during the exercise as countries were yet to receive confirmed funding envelopes.

A summary of outcomes from the prioritization processes of sixteen countries was presented during an August 2025 webinar (Figures 2-4). Overall, while interventions across treatment, testing and prevention were reviewed for prioritization, most countries prioritized maintaining the current HIV treatment programme (Figure 2). Some countries prioritized out-of-facility DSD models and investments in home tracing. The most commonly deprioritized testing services included recency testing and targeted outreach (Figure 3). Frequently deprioritized prevention interventions were out-of-facility activities, needle and syringe programmes and naloxone for people who use drugs (Figure 4).

Figure 2: Prioritization outcomes: Treatment

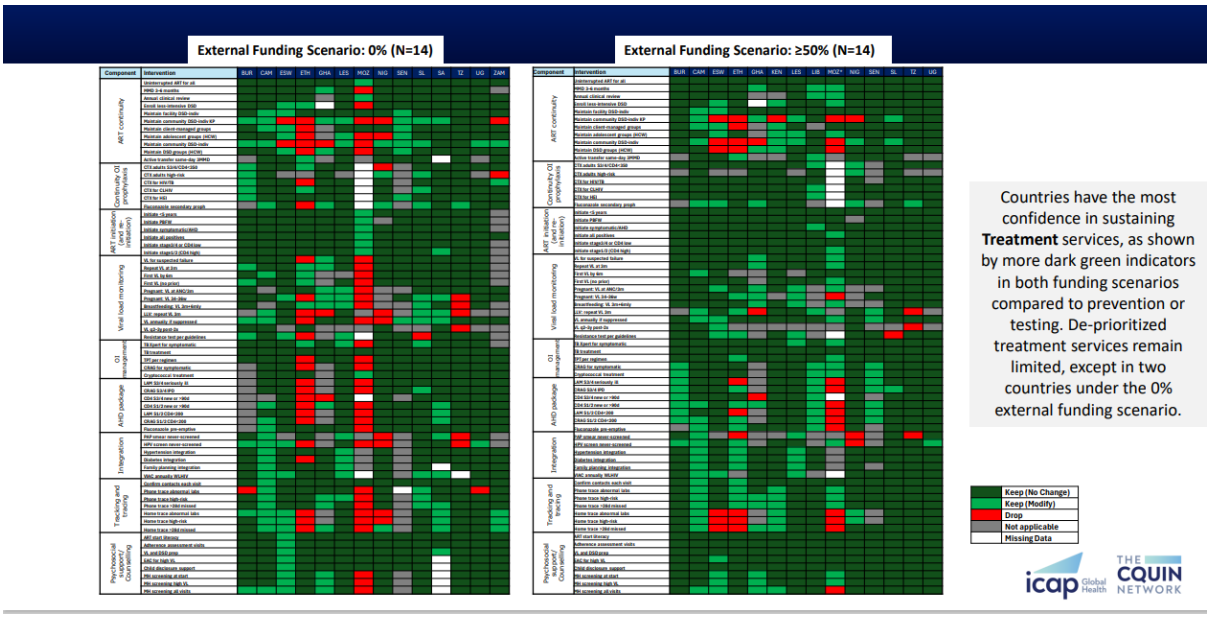


Figure 3: Prioritization outcomes: Testing

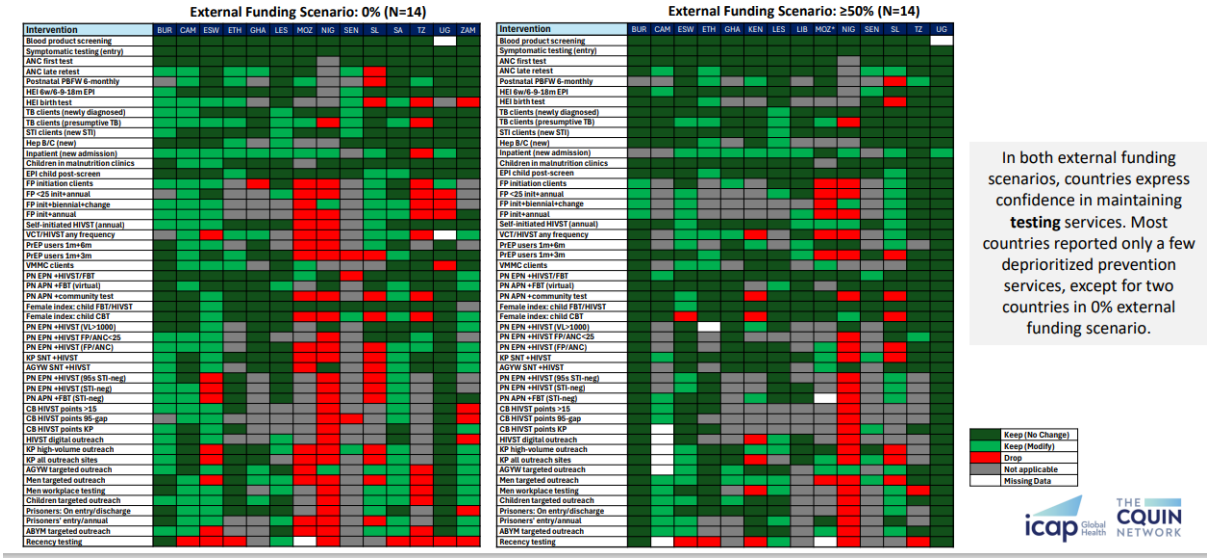
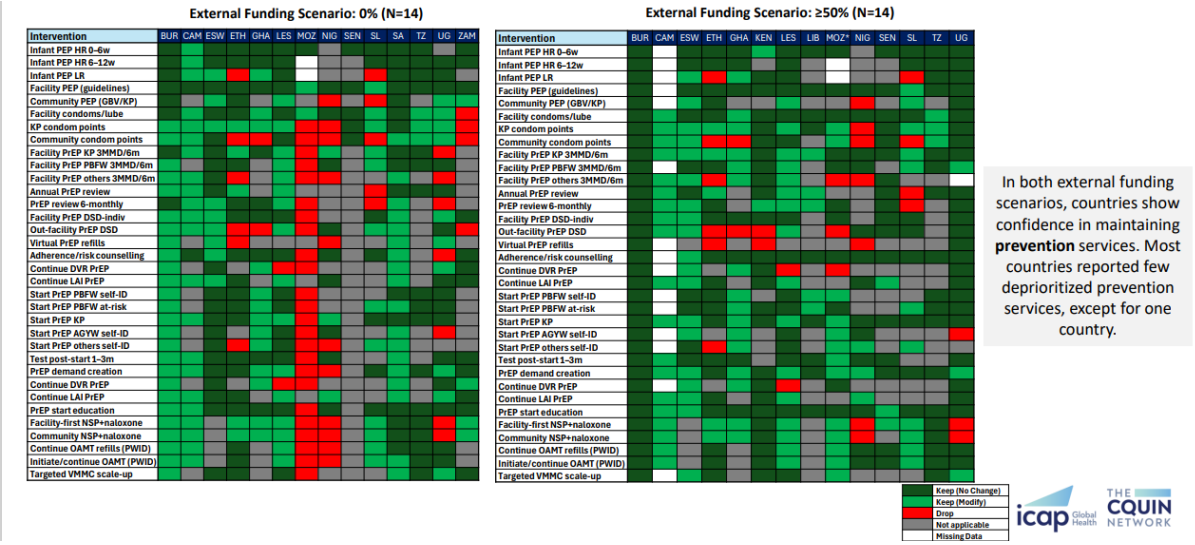


Figure 4: Prioritization outcomes: Prevention



Further details of the outcomes of country prioritization exercises are available from country presentations and posters presented at the annual CQUIN meeting.

Section 2: "Systems" supporting HIV programmes

2.1 Integration of HIV services into primary care, outpatient and SRH/family planning services

"Integration" has been considered across various healthcare services, including tuberculosis (TB), cervical cancer screening, family planning, and NCDs. Since the 2021 WHO recommendations advocating for greater integration, additional evidence has emerged – particularly regarding the integration of HIV services with chronic disease management, such as for hypertension, diabetes and mental health conditions.

Approaches to integration have included incorporating additional health services into existing vertical HIV clinics and establishing "chronic care clinics" that serve both people living with HIV and HIV-negative individuals who require life-long care medication and support for chronic conditions.

Integration into maternal and child health (MCH) services has been widely implemented for the delivery of prevention of vertical transmission interventions. WHO also recommends integrating HIV services—such as testing, prevention, and treatment—into family planning services, and vice versa. However, the implementation of family planning integration has been less widespread, particularly in terms of aligning contraceptive method refills (e.g., pills, self-injectables, and injectables) with differentiated service delivery (DSD) models for clients established on HIV treatment.

Beyond the service delivery level, integration must also be considered at the systems level. This includes human resources, laboratory networks (e.g., integrated sample transport), supply chains and monitoring and evaluation systems. These system-level considerations are explored in greater detail in this section of the toolbox.

Key questions: Integration of HIV care with other chronic conditions

- What epidemiological data are available on the mortality and morbidity impact of HIV and other chronic conditions (e.g., cardiovascular disease, hypertension, diabetes)?
- Is cascade data available for HIV, hypertension and diabetes?
- How are HIV, hypertension and diabetes services currently delivered?
    - Are services delivered as vertical programmes across all levels?
    - Are they vertical at district and above level hospitals, but integrated at primary care level?
    - Has care for all conditions been decentralized, and if so, where?
- What model of integration has been/will be adopted?
    - Have other chronic health conditions been integrated into HIV services only for people living with HIV?

    - Is a chronic care clinic model being implemented (e.g., serving any client with HIV, hypertension and/or diabetes utilizing the existing HIV clinic infrastructure or with "chronic care" day or service)?
    - Is HIV care being incorporated into existing outpatient department (OPD) services so that clients receive "integrated" care during their clinical visits?
    - Is HIV care being integrated into broader primary health care services so that clients receive integrated" care during their clinical visits?
- **Where** are integrated services provided (tertiary, secondary, primary or community)? Are different approaches for integration needed at different levels?
- **Who** is delivering the services? Is there a need for capacity building of human resources across disciplines (clinical, M & E, pharmacy, laboratory) for any of the disease areas?
- Are there clear criteria to define clients with chronic conditions as being established on treatment?
- **When** are services provided? Are there clear criteria for the frequency of clinical visits and the duration of medication refills?
    - Is multi-month prescribing (MMP) practiced across chronic conditions?
    - Is MPP coordinated across different services?
    - Is there capacity for multi-month dispensing (MMD) across chronic conditions?
- Are medications for other conditions available free of charge?
    - Do people pay out of pocket for chronic care medications?
    - Are medications covered by national health insurance schemes?
    - Are there plans to integrate HIV medications into national health insurance coverage?
- Are diagnostic and monitoring investigations for chronic conditions provided free of charge?
    - Are they included in national health insurance schemes?
    - Are there plans to include HIV diagnostics and monitoring in national health insurance schemes?
- If not already integrated, should laboratory, supply chains and monitoring and evaluation systems be integrated?
  (These topics will be discussed in more detail in the following sections)

Tools and resources for hypertension and diabetes integration

INTE-AFRICA Study - Evidence for an integrated model of HIV, hypertension and diabetes care

The INTE-Africa study evaluated a fully integrated model of HIV, hypertension, and diabetes care in sub-Saharan Africa, including participants with chronic conditions who did not have HIV. This large, randomized study was conducted in two countries- Tanzania and Uganda- and followed more than 6,000 participants attending 32 health facilities for 12 months.

The key findings were that integrated management resulted in high rates of retention in care for people with diabetes, hypertension, or both. Viral suppression rates were not adversely affected, and the integrated model was cost-saving for health services.

The cost results showed the mean monthly service cost managing two conditions in a single individual was: $39.11 (95% confidence interval (CI): 33.99, 44.33) for HIV and diabetes,

$32.18 (95% CI: 30.35,34.07) for HIV and hypertension and $22.65 (95% CI: 21.86, 23.43) for diabetes and hypertension. These costs were 34.4% (95% CI: 17.9%, 41.9%) lower than managing any two conditions separately in two different people. Managing all three conditions in a single individual was 48.8% (95% CI: 42.1%, 55.3%) cheaper than managing them separately. Out-of-pocket expenditure per participant per visit was $7.33 (95% CI: 3.70, 15.86), representing 23.4% (95% CI: 9.9, 54.3) of the total monthly service expenditure per participants and 11.7% (95% CI: 7.3, 22.1) of their individual total household income.

DSD for chronic conditions. A supplement to A Decision Framework for antiretroviral therapy delivery, IAS – International AIDS Society, 2024.

This framework outlines how the principles of DSD can be applied across chronic conditions. Key components include defining criteria for "established on treatment", WHO guidance and evidence on the frequency of clinical visits, support for task-sharing and case examples of integration and chronic disease DSD models.

Integrating Hypertension and HIV Toolkit: A Practical Differentiated Service Delivery toolkit, Resolve to Save Lives, 2023.

This practical toolkit demonstrates how DSD principles can be adapted for chronic diseases, particularly hypertension. It includes example standard operating procedures (SOPs) for each of the four DSD models and tools and templates to support programme design and implementation.

Country experiences with hypertension and diabetes integration

South Africa

South Africa's national DSD guidance has, for many years, included all chronic conditions, with a particular focus on hypertension and diabetes. Key features of the guidance include definitions of "established on treatment" across chronic conditions and SOPs for all the DSD models for all chronic diseases.

Resource: *Differentiated Models of Care Standard Operating Procedures: Integrated care of people living with chronic conditions*

Uganda

In quarter 1 of 2025, the Uganda ministry of Health initiated a nationwide acceleration towards integration in response to donor funding cuts. A National Advisory Committee on Integration (NACI) has been established overseeing the development of implementation plans for service delivery, human resources for health, financing, supply chain and data and health information systems.

Resources:

- Uganda integration planning overview slides *(Slides 39-60)*
- *Terms of Reference (ToR): Integration consultant*
- *Terms of Reference (ToR): national advisory committee (NACI)*

- *Integration support supervision tool*
- *Tools being developed by CHAI to support capacity building*

Key questions for integration of HIV care and family planning

- **What is the current epidemiological and service delivery context for HIV and family planning?**
  - What are the rates of unintended pregnancy and contraceptive use?
  - What are the rates of unintended pregnancy and contraceptive use among women living with HIV?
  - What are the HIV prevalence and incidence trends among women of reproductive age?
- **How are HIV and family planning services currently delivered?**
  - Are family planning services integrated into HIV treatment and care for people living with HIV?
  - Is HIV testing, prevention (e.g., PrEP), and treatment integrated into family planning service platforms?
  - Are services for the prevention of vertical transmission routinely delivered within antenatal and postnatal care for mothers and HIV-exposed infants?
- **What model of integration has been/will be adopted?**
  - Are contraceptive services and refills co-delivered at the same differentiated service delivery (DSD) distribution points as ART?
  - Are the durations of contraceptive refills aligned with ART refill schedules (e.g., multi-month dispensing)?
  - Are women already enrolled in DSD models supported to remain in their model during and after pregnancy?
  - Are tailored DSD models available for pregnant and postpartum women in antenatal and postnatal services?
- **Where** are integrated services provided?
  - Are integration efforts implemented at tertiary, secondary, primary, or community levels implemented?
  - Are different models required at different levels of the health system?
- **Who** is delivering the services?
  - Are healthcare workers cross-trained to provide both HIV and family planning services?
  - Are there team-based or task-sharing approaches in place to support integration?
- **What** family planning methods are available and accessible in HIV service settings?
  - Is a full range of contraceptive options provided, including short- and long-acting methods?
  - Are method refills (e.g., pills, injectables, self-injectables) aligned with HIV DSD models?
- **Is access equitable and affordable?**
  - Are contraceptives and HIV services provided free of charge in integrated settings?
  - Are services covered by national health insurance schemes?
  - Are user fees or stockouts limiting access to either service?
- **Are client rights and preferences respected?**

    - Are women and adolescents offered non-coercive, rights-based counselling on reproductive options?
    - Are key populations able to access integrated services without stigma or discrimination?
- **Are monitoring, supply chain and data systems coordinated?**
    - Can contraceptives and HIV commodities be managed within a shared supply chain system?
    - Are information systems integrated to capture service utilization and outcomes for both FP and HIV?
    - Are joint indicators used for monitoring the effectiveness of integration efforts?

Tools and resources for family planning integration

Differentiated service delivery for family planning services and contraceptive methods including opportunities for integration of ART and PrEP, IAS, 2025
This supplement to A Decision Framework for antiretroviral therapy delivery outlines how DSD models can be leveraged towards strengthening family planning services including through integrated DSD for HIV treatment and PrEP.

Resources from the WHO
The resources from WHO provide a range of guidance on the integration of family planning services for people living with HIV and comprehensive implementation guidance for attaining triple elimination of HIV, Hepatitis B and syphilis through the provision of prevention services at antenatal, delivery and postnatal services.

- **SRHR & LINKAGES TOOLKIT**
- **Integration of HIV testing and linkage in family planning and contraception services: implementation brief**, WHO, October 2021
- **Actions for improved clinical and prevention services and choices: preventing HIV and other sexually transmitted infections among women and girls using contraceptive services in contexts with high HIV incidence**, WHO, June 2020

Country examples of family planning integration

The following documents provide country examples of SRH and HIV integration policies.

- **Implementation Guide for the National Strategy for Integration of Sexual Reproductive Health and Rights and HIV/AIDS 2017-2021,** Uganda Ministry of Health, 2017.

Tools and resources for integration

Technical Brief: Integration of noncommunicable diseases into HIV service packages, WHO, 2023, and
Integrating the prevention and control of noncommunicable diseases in HIV/AIDS, tuberculosis, and sexual and reproductive health programmes: implementation guidance, WHO, 2023.

These guidance documents from WHO provide practical implementation guidance for integration of NCDs and HIV services. The guidance is designed to facilitate the implementation of WHO

integrated, people-centred health services placing primary care and essential health functions at the core of integrated health services. They provide pragmatic, holistic solutions, such as evidence-based checklists, practical considerations, case studies and tools for various stakeholders.
The documents consider the importance of multisectoral policy, empowering people and communities, avoiding fragmentation of health systems and ensuring better coordination and collaboration with organisations and providers in all care settings.

Integrating HIV programs into primary health care systems: Practical considerations for county decision makers, Genesis Analytics (Pty) Ltd, 2024.

This document presents a flexible pathway for integrating HIV services into PHC systems – or integrating other health services into HIV programmes. It provides detailed step-by-step considerations to guide the Ministries of Health and Finance, HIV and PHC programme managers, implementing partners and donors. The approach emphasizes the need for responsive, context-specific implementation strategies tailored to country-specific settings and addressing integration at service delivery, systems, financing and governance levels to underpin successful scale-up of integration efforts.

Literature database for HIV service integration, Genesis Analytics (Pty) Ltd, 2024.

This user-friendly dashboard is a consolidated database of 170 studies examining pathways to HIV integration. The "consolidated database" sheet offers a collection of literature on HIV service integration. There are also specialized sections on "costing literature" and "cost effectiveness".

Integration Primer - Pragmatic Considerations for Advancing Integrated Systems and Services for Strengthened Primary Health Care, PATH, January 2026 (updated version)

This refreshed primer aims to equip policymakers, health system planners, implementers, advocates, and donors with pragmatic guidance, learnings, and tools as they advance integrated systems and services to strengthen PHC.

Readiness Assessment and Prioritization for Integration Decisions (RAPID), PATH, January 2026

The Readiness Assessment and Priorization for Integration Decisions (RAPID) tool is designed to support sub-national health manager and planners. It provides a structured approach to assessing the current state of integrated services and systems at the PHC level, including the degree of integration- from relatively limited to advanced - and to identify priority actions to strengthen integration. The RAPID tool is not intended to produce a pass/fail score for integration. Rather, it supports evidence-informed planning, coordination and prioiritzation to advance integrated services and systems.

2.2 Human resources

Building the capacity of human resources to deliver HIV services - and embracing the principle of task sharing - has been fundamental to the scale-up of ART. In many settings, additional cadres paid by implementing partners are not formally included in Ministry of Health workforce planning. As funding reductions continue, there will likely be a substantial impact on the availability, distribution and sustainability of the HIV workforce.

Considering this, the following key questions are offered in the grid below (Table 3) for consideration at each level of human resources involved in the coordination and delivery of HIV services.

Key questions

Table 3: HR for HIV services assessment grid – to be adapted to context

	Management and coordination of programme	**Clinicians (Doctors, clinical officers, nurses)**	**Community Health Workers**	**Peers**	**Monitoring & Evaluation Staff**	**Laboratory Staff**	**Pharmacy Staff**
1	Has a mapping of the cadres' full-time equivalent positions at national, provincial and district levels been conducted?						
2	How many of these positions are funded by donors or partners?						
3	Are current roles aligned with the delivery of minimum, standard and optimal service packages?						
4	What opportunities exist to adapt roles to support integrated services beyond HIV?						
5	How are these HR roles addressed (inclusion, numbers) in the national human resources strategy?						
6	What plans are in place for the continuing education, mentorship and leadership development of each cadre?						

2.3 Laboratory

Key questions

- Is there a plan in place for the ongoing service, maintenance, and calibration of HIV-related laboratory equipment? How will these services be funded?
- What quality assurance systems exist for HIV-related laboratory testing? Is there a plan for sustaining quality assurance activities, and how will they be financed?
- Given current or anticipated budget constraints, is there a need to revise clinical guidelines on the frequency of HIV-related tests (e.g., viral load monitoring)?
- Should existing HIV testing algorithms be re-evaluated in light of current 95-95-95 status and changing resources? What are the implications for service delivery?

- How is sample transport currently organized and funded? What changes, if any, are anticipated due to shifting donor support?
- If not already in place, is there an opportunity to implement or strengthen an integrated sample transport system across programmes?
- Are additional systems in place for result delivery (e.g., SMS-based notifications)? How are these systems currently funded, and are they financially and operationally sustainable?

Tools and resources

The following resources provide examples and best practices related to integrated sample transport systems, including establishing a hub and spoke model. Strategies related to organization and management, implementation and ensuring quality assurance of sample handling are also provided. The example from Nigeria demonstrates the use of third-party logistics providers to establish a national integrated sample transport system.

- **LabCoP Cookbook of best practices: Recipe #1: Sample transport system**, African Society of Laboratory Medicine, 2019.
- **Integrated sample transportation system (IST) concept note**, Zimbabwe Ministry of Health and Child Care.
- **Leveraging private sector transportation/logistics services to improve the National Integrated Specimen Referral Network in Nigeria**, Faruna T, Akintunde E, Odelola B. *Business Management Dynamics,* 2019.

2.4 Supply chain

Key questions

- Who currently coordinates and funds procurement processes?
- What human resources are required to support procurement, and who funds these positions?
- Is high-quality, timely data available to support accurate forecasting of diagnostic and medication needs?
- Who is responsible for coordinating and funding the overall supply chain system?
- What human resources are needed for supply chain operations, and how are they funded?
- Is funding available for the maintenance and upgrading of information systems that support procurement and supply chain management?
- What warehousing systems are in place, and who is responsible for funding them?
- Are forecasting and supply chain systems for HIV commodities managed as vertical programmes or integrated within broader systems? Is there an opportunity for integration, and would it be more cost-effective or efficient?

Tools and resources

Ghana health supply chain master plan 2025-2029, Ghana Ministry of Health.

The Ghana Health Supply Chain Master Plan describes the development of an integrated supply chain system aligned with the goal of achieving Universal Health Coverage. The domains considered in the plan include strategic planning and management, forecasting and supply planning, procurement and customs clearance, distribution, quality and pharmacovigilance and healthcare waste management.

2.5 Monitoring, evaluation and quality improvement

Key questions

Indicator package and data use

- What package of **indicators** is currently used by the national programme for HIV prevention, testing and treatment?
- Is there a need to adapt or simplify the current indicator set?
- Should the indicator set be revised to align with the minimum, standard and optimal service delivery packages?
- Is there a plan to transition to sentinel sites or other targeted methods for individual-level data analysis?

Information systems

- What **strategic information systems** are currently in use for monitoring and evaluation?
- Has a national M&E tool been selected and endorsed?
- Who funds the development, maintenance and infrastructure (hardware and software) of the national M&E system?
- Is the current national M&E system for HIV inclusive of other chronic conditions, or limited to HIV?
- Are there opportunities to support the development of an integrated national monitoring and evaluation platform that includes HIV and other chronic conditions?

Data use and feedback

- How is data currently analyzed, visualized, and shared with managers and service providers?
- To what extent is this data analysis and feedback process reliant on donor support?

Quality improvement (QI)

- What quality improvement programmes are currently established within the national HIV response?
- How are these QI programmes funded, and are there examples of successful implementation that could be shared (e.g., Kenya)?

Community-led monitoring (CLM)

- What community-led monitoring activities have been funded in the past financial year?
- What are the opportunities and requirements to sustain or expand community-led monitoring efforts?

Note: Human resources for monitoring and evaluation are addressed in Section 2.2.

Country experience

Kenya: Moving towards an integrated strategic information system for chronic conditions.

Kenya has selected a single health information system to support cohort monitoring of patients with HIV, hypertension and diabetes. A summary presentation on this **can be found here**.

2.6 Monitoring health systems elements for sustainability

In addition to adapting monitoring tools that track clinical outcomes, it is essential to monitor the implementation of the sustainability plan across the various pillars of the health system, especially as health systems adjust to significant funding shifts. The resources in this section offer a framework for selecting health systems metrics to track both the actions taken and the effectiveness of changes made in delivering HIV programming.

Tools and resources

Two tools from Genesis Analytics aim to support monitoring and evaluation of the systems components within an HIV program and/or national response and provide non-prescriptive direction for selecting suitable indicators to monitor and measure progress towards strengthened public primary health care systems.

- **Selecting Health Systems Metrics for HIV Response Sustainability Planning**, Genesis Analytics, July 2024
- **Health Metrics Database for Sustainability Planning**, Genesis Analytics, September 2023.

The tools recommend a **limited set of the most suitable and high-quality indicators** that can be used to track progress towards goals. The recommended indicators are framed within an **easy-to-use typology that organizes the indicators by health system sub-domain** and by generic sustainability goal statements for those sub-domains.

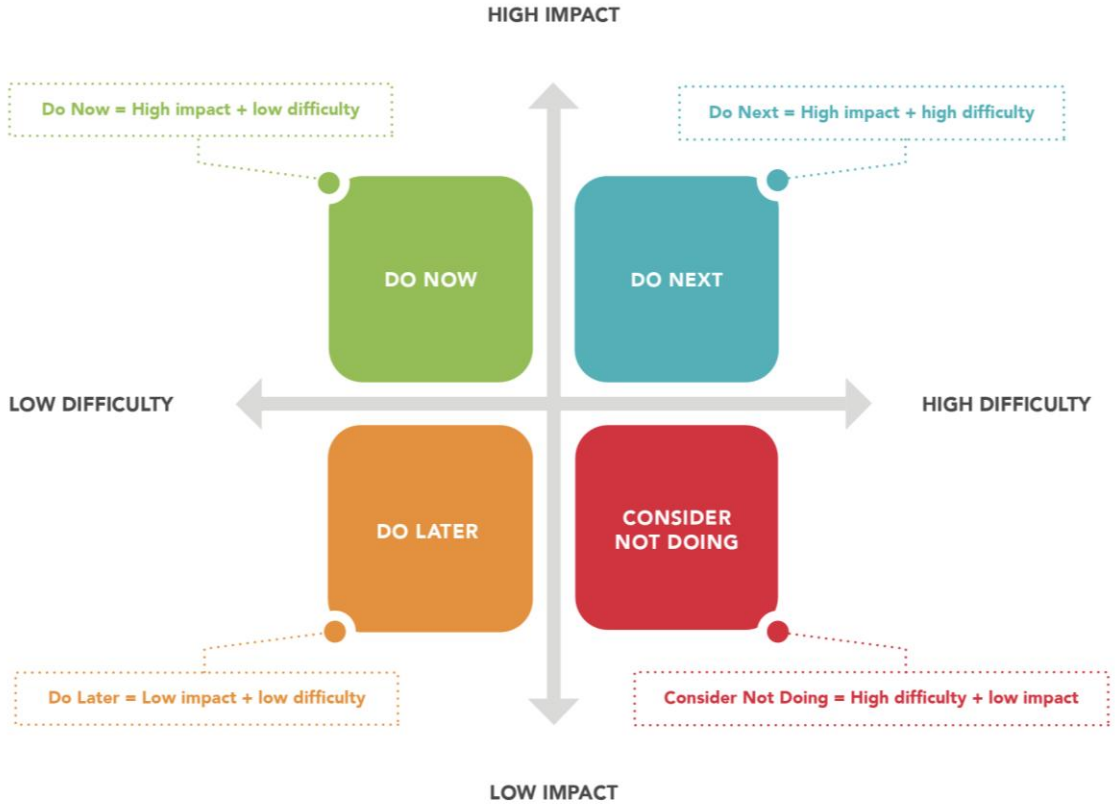
Stakeholders are encouraged to consider the array of recommended health systems indicators in this reference and select the most appropriate indicators to suit their country's context.

For each indicator, a brief rationale is provided to assist with the selection process. The suitability of each indicator for various country contexts is also provided, again to support stakeholders with selection.

2.7 Priority matrix for health system sustainability planning

For each area of health system planning, multiple actions may need to be implemented and monitored. Once an action plan has been developed for each health system pillar, the priority matrix can be used to sequence and prioritize these actions (Figure 5). The primary goal of this tool is to identify and fast-track actions that are high-impact, feasible to implement, and require minimal investment—ensuring they are prioritized for immediate execution.

Figure 5: The priority matrix



Section 3: Re-envisioning and progressing national HIV sustainability roadmaps

Discussions and planning for sustainability of HIV programming have been ongoing for several years prior to the 2025 shift in donor funding. A number of tools have been developed to guide countries in developing a country specific plan. This section provides links to tools developed by UNAIDs and country examples of initial sustainability plans.

3.1 UNAIDS sustainability tools

***Rapid AIDs Response Financing Tool*,** UNAIDS, 2025

This tool is designed to help countries quantify the impact of changes in PEPFAR funding and take immediate financial and programmatic actions to sustain essential HIV services. It does not assess the implications of implementing tiered service packages based on available funding sources.

UNAIDS HIV Response Sustainability Primer, UNAIDS, 2024

The Primer provides a strategic framework for planning and implementing sustainable national HIV responses. It aims to mobilize efforts toward long-term sustainability and to support countries in reaching and maintaining epidemic control beyond 2030. Grounded in country-led processes and informed by the latest data, the Primer guides countries in developing HIV Response Sustainability Roadmaps. These Roadmaps focus on high-level outcomes across key sustainability domains:

- Political leadership
- Equitable access to quality services
- Strengthened health system capacity
- Enabling policy environments
- Sustainable domestic and international financing

UNAIDS HIV Response Sustainability Roadmap: Part A Companion Guide, UNAIDS, 2024

The Companion Guide is designed to support countries in the initial development of their HIV Response Sustainability Roadmaps. It complements the Primer by offering a practical, flexible, and adaptable methodology that countries can tailor to their specific contexts. The approach is holistic, addressing the programmatic, political, structural, and financial dimensions of sustainability.

Countries may choose to undertake a broader, integrated planning process that includes other diseases or health systems components from the outset. This flexibility is built into the methodology, allowing countries to align the Sustainability Framework and Roadmap components with existing national strategies and priorities.

Progress to date - As of the end of March 2025, 13 countries have formally endorsed their Part A Sustainability Roadmaps, with an additional eight countries in the process of finalizing draft versions.

Country examples Part A Sustainability Roadmaps

[add]

UNAIDS HIV Response Sustainability Roadmap: Part B Companion Guide

Part B of the HIV Response Sustainability Roadmap provides practical resources to support the detailed planning and implementation of the national sustainability roadmap. It includes tools and guidance for developing a comprehensive transformation plan, encompassing:

- Key strategic priorities
- Estimated costs
- Monitoring and evaluation (M&E) plan
- Quality management plan
- Defined timelines and responsibilities
- Risk mitigation strategies

In addition, Part B outlines how countries can approach monitoring and oversight of the Roadmap, including the collection and use of programme data, and implementing quality assurance and quality improvement mechanisms.

Given the current landscape of significant funding changes and reductions, the guide emphasizes the importance of regular review and updating of the Roadmap to ensure it remains responsive, effective, and aligned with evolving programmatic and financial realities.

Country Profiles: Sustainability Data Snap Shot, UNAIDS

The **HIV Analytics for Sustainability Planning Country Profiles** offer a concise overview of critical indicators related to a country's HIV response. Each profile includes:

- Key characteristics of the national HIV epidemic
- Fiscal and macroeconomic indicators
- Health system spending metrics

These profiles present data in both tabular and graphic formats to enable quick, accessible insights. The goal is to support evidence-based strategic planning by providing decision-makers with a broad yet focused view of the factors influencing sustainability of the HIV response.

3.2 Political leadership

Key questions

- Is there high-level political commitment to sustaining the HIV response, including in the context of declining donor funding? How is this demonstrated (e.g., policy declarations, budget allocations, cabinet-level leadership)?
- Are national and subnational leaders actively engaged in driving multisectoral and integrated approaches to HIV and broader health systems strengthening?
- Has the country articulated a long-term vision for HIV sustainability, including alignment with universal health coverage (UHC) and primary health care goals?
- Are there mechanisms for accountability and transparency in place (e.g., parliamentary oversight, public reporting, community engagement) to ensure leadership drives effective and equitable HIV services?
- Is political leadership mobilizing domestic resources (public or private) to fill gaps created by reductions in donor support?
- How is interaction with the private sector being coordinated and has their future role in HIV and broader health response been defined?

3.3 Enabling laws and policies

Key questions

- Do current national policies support the decentralization of care, including task-sharing for chronic disease management to primary care and nurse-led service delivery models?
- Do pharmacy regulations permit lower cadres of healthcare workers at the primary care level to prescribe and dispense HIV and other chronic disease medications required for initiation and ongoing management?
- Do operational policies enable differentiated service delivery, such as less intensive clinical follow-up and longer medication refill durations across chronic disease areas?
- How are national health insurance schemes adapting in response to shifts in external funding? Should HIV medicines, diagnostics, and related services be included within national health benefit packages?
- Do laws safeguard against discrimination in healthcare settings and employment?
- How supportive are current regulatory frameworks in enabling the use of digital health technologies for monitoring, reporting, and patient engagement in HIV and chronic disease care?
- Are there legal or policy barriers that limit community-led monitoring, advocacy, or involvement in HIV and health system governance?

3.4 Sustainable and equitable financing

Key questions

- What proportion of the national HIV response budget is funded domestically versus by donors, and how is this changing over time?
- Are there strategies or targets in place to increase domestic resource mobilization for HIV services, including innovative financing mechanisms?
- How equitably are HIV resources allocated across populations and geographic areas, particularly to key and vulnerable populations?
- How equitably are health resources allocated across different disease areas and populations?
- Are financial risk protection mechanisms, such as national health insurance schemes, adequately covering HIV prevention, treatment, and care services?
- How are funding gaps being identified and addressed to ensure uninterrupted access to essential HIV services during donor transitions?