



Canada's source for
HIV and hepatitis C
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le VIH et l'hépatite C

From *HIV in Canada: A primer for service providers*

Integrated Approaches to HIV Programming

Key Points

- The goal of an integrated approach is to develop comprehensive health programs that will reach people in an appropriate context and with the best combination of services to most effectively reduce HIV transmission (as well as transmission of other infectious diseases) and improve health outcomes.
- Two types of integration are important for HIV programming: integration of HIV prevention and treatment, and integrated approaches to sexually transmitted and blood-borne infections and tuberculosis.
- Program science can play an important role in the planning, implementation and management of integrated programs.

Successful strategies for HIV programming involve selecting and implementing an effective combination of interventions to meet the needs of specific communities. The development of programming therefore involves consideration of the *integration* of individual interventions: What is the mix of interventions? How are they combined or linked together? How are they embedded within the broader healthcare system? Typically, integrated approaches involve a client-centred approach to HIV program development through which multiple health issues are addressed in a coordinated way.

Integrated approaches require knowledge of multiple factors within the community, such as:

- the epidemiology of HIV and related infections (for example hepatitis C or sexually transmitted infections)
- the availability, accessibility and linkages of health services
- the uptake of health services across the full spectrum of prevention, testing, treatment and support.

The goal of an integrated approach is to develop comprehensive health programs that will reach people in an appropriate context and with the best combination of services to most effectively reduce HIV transmissions (as well as transmission of other infectious diseases) and improve health outcomes.


Emerging research is showing that two types of integration are important for HIV programming. First, there is a need to work toward more integrated, client-centred HIV programming that addresses engagement and linkages across the full continuum of prevention, testing, treatment, and care and support, instead of working in traditional “silos” of HIV services. This is called integration of HIV prevention and treatment. Second, there is a need to consider the way in which multiple infectious diseases within a community or population may collectively contribute to enhanced disease transmission and poor health outcomes. Sexually transmitted infections (such as syphilis, human papillomavirus and gonorrhoea), blood-borne infections (such as hepatitis C) and tuberculosis can all make such syndemic contributions to the HIV epidemic. Programs that seek to simultaneously address these co-related infections are called integrated approaches to sexually transmitted and blood-borne infections and tuberculosis.

[Program science](#) can play an important role in the planning, implementation and management of integrated programs. It can help answer questions related to key program-related functions, such as identification and prioritization of target populations, development and packaging of interventions, community mobilization and resource allocation.

Resource

[Transformation to Integrated Care](#) – Canadian Nurses Association

Sources

1. Integrated prevention services for HIV infection, viral hepatitis, sexually transmitted diseases, and tuberculosis for persons who use drugs illicitly: summary guidance from the CDC and the US Department of Health and Human Services. *MMWR Recommendations and Reports* . 2012 Nov 9;61(RR-5):1-40.
2. Kieran J, Dillon A, Jackson A, et al. High uptake of hepatitis of hepatitis C virus treatment in HIV/hepatitis C virus co-infected patients attending an integrated HIV/hepatitis C virus clinic. *International Journal of STD & AIDS*. 2011 Oct;22(10):571-576.
3. Church K, Lewin S. Delivering integrated HIV services: time for a client-centred approach to meet the sexual and reproductive health needs of people living with HIV? *AIDS*. 2010 Jan 16;24(23):189-193.
4. Veinot TC. The case for an integrated approach to HIV/AIDS prevention. *Journal of HIV/AIDS Social Services* . 2006; 5(3-4):181-191.
5. Mykhalovskiy E, Patten S, Sanders C, et al. Conceptualizing the integration of HIV treatment and prevention: findings from a process evaluation of a community-based, national capacity-building intervention. *International Journal of Public Health* . 2009;54(3):133-141.
6. CATIE. National deliberative dialogue on integrated approaches to HIV treatment and prevention: meeting report. 2013. Available from: http://www.catie.ca/sites/default/files/National-Deliberative-Dialogue-on-Integrated-Approaches-to-HIV-Treatment-and-Prevention_05312012.pdf .
7. Schim van der Loeff MF, Giuliano AR. Human papillomavirus vaccination: component of an integrated HIV prevention program? *AIDS*. 2012 Nov 13;26(17):2251-2252.
8. McNairy ML, Cohen M, El-Sadr WM. Antiretroviral therapy for prevention is a combination strategy. *Current HIV/AIDS Reports*. 2013 Jun;10(2):152-158
9. McNairy ML, El-Sadr WM. The HIV care continuum: no partial credit given. *AIDS*. 2012 Sep 10;26(14):1735-8.
10. Sepúlveda J. The “third wave” of HIV prevention: Filling gaps in integrated interventions, knowledge, and funding. *Health Affairs* . 2012 Jul 1;31(7):1545-1552.
11. Schackman BR. Implementation science for the prevention and treatment of HIV/AIDS. *Journal of Acquired Immune Deficiency Syndromes*. 2010 Dec;55 Suppl 1:S27-S31.
12. Padian NS, Isbell MT, Russell ES, Essex M. The future of HIV prevention. *Journal of Acquired Immune Deficiency Syndromes*. 2012 Aug 1;60 Suppl 2:S22-S26.
13. Chang LW, Serwadda D, Quinn TC, et al. Combination implementation for HIV prevention: moving from clinical trial evidence to population-level effects. *Lancet Infectious Diseases* . 2013 Jan;13(1):65-76.
14. Hull MW, Wu Z, Montaner JSG. Optimizing the engagement of care cascade. *Current Opinion in HIV and AIDS*. 2012 Nov;7(6):579-86.
15. Gardner EM, McLees MP, Steiner JF, et al. The spectrum of engagement in HIV care and its relevance to test-and-treat strategies for prevention of HIV infection. *Clinical Infectious Diseases* . 2011 Mar 1;52(6):793-800.
16. Vital signs: HIV prevention through care and treatment--United States. *Morbidity and Mortality Weekly Report*. 2011 Dec 2;60(47):1618-23.
17. Adam BD. Epistemic fault lines in biomedical and social approaches to HIV prevention. *Journal of the International AIDS Society*. 2011;14(Suppl 2):S2.
18. Kurth AE, Celum C, Baeten JM, et al. Combination HIV prevention: significance, challenges, and opportunities. *Current HIV/AIDS Reports*. 2011 Mar;8(1):62-72.
19. Alsallaq RA, Baeten JM, Celum CL, et al. Understanding the potential impact of a combination HIV prevention intervention in a hyper-endemic community. *PLoS ONE* . 2013;8(1):e54575.
20. Crepaz N, Baack BN, Higa DH, Mullins MM. Effects of integrated interventions on transmission risk and care continuum outcomes in persons living with HIV: meta-analysis, 1996-2014. *AIDS*. 2015 Nov 28;29(18):2371-2383.
21. Pettifor A, Nguyen NL, Celum C, Cowan FM, Go V, Hightow-Weidman L. Tailored combination prevention packages and PrEP for young key populations. *Journal of the International AIDS Society* . 2015;18(2 Suppl 1):19434.
22. Haldane V, Cervero-Licerias F, Chuah FL, Ong SE, Murphy G, Sigfrid L, et al. Integrating HIV and substance use services: a systematic review. *Journal of the International AIDS Society* . 2017 May 30;20(1):1-14.
23. Collins AB, Parashar S, Hogg RS, Fernando S, Worthington C, McDougall P, et al. Integrated HIV care and service engagement among people living with HIV who use drugs in a setting with a community-wide treatment as prevention initiative: a qualitative study in Vancouver, Canada. *Journal of the International AIDS Society* . 2017 Feb 3;20(1):1-10.
24. Joint United Nations Programme on HIV/AIDS (UNAIDS). *Fast-tracking combination prevention* . Geneva: UNAIDS; 2015.

Produced By:



Canada's source for
HIV and hepatitis C
information

555 Richmond Street West, Suite 505, Box 1104
Toronto, Ontario M5V 3B1 Canada
Phone: 416.203.7122
Toll-free: 1.800.263.1638
Fax: 416.203.8284
www.catie.ca
Charitable registration number: 13225 8740 RR

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