

**AUTHORS**

R.Gumbie-Chirawu<sup>1,2</sup>, O.Mufare<sup>2</sup>, C. Dziva Chikwari<sup>1,2</sup>, K.Kranzer<sup>1,2</sup>, C.R.S Mackworth-Young<sup>1,2</sup>

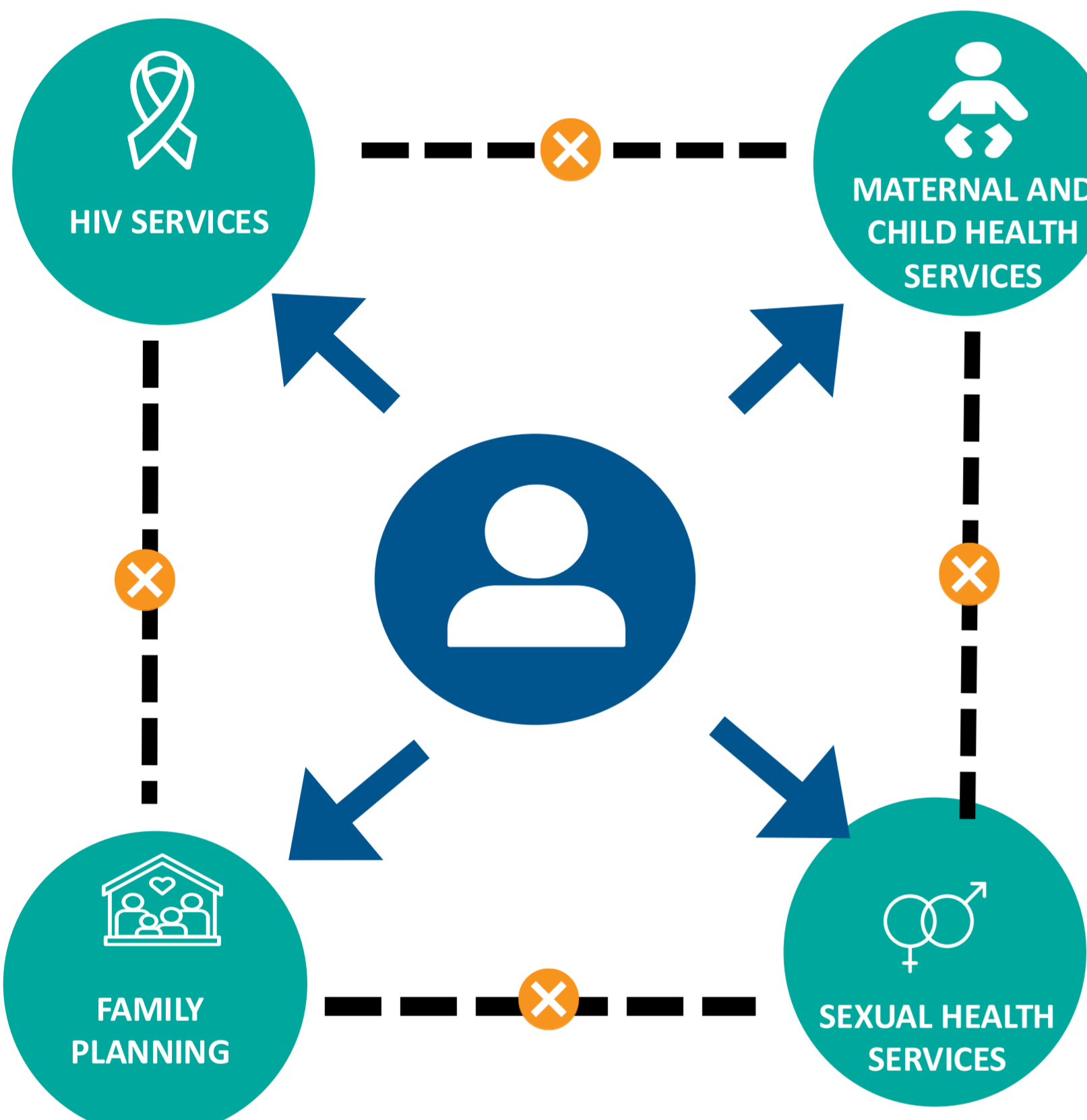
<sup>1</sup>London School of Hygiene and Tropical Medicine, London, United Kingdom, <sup>2</sup>Biomedical Research and Training Institute, The Health Research Unit, Harare, Zimbabwe



## BACKGROUND

- HIV, sexual and reproductive health (SRH), and maternal and child health services are often delivered in silos, creating barriers to comprehensive care.
- Fragmentation leads to multiple appointments, missed opportunities, increased costs, and poorer outcomes, especially for people living with HIV (PLWHIV).
- Zimbabwe has faced recurrent crises, including stock-outs, workforce shortages, and economic instability, threatening gains in HIV and SRH
- Co-production with patients and providers can identify real-world bottlenecks and generate context-specific solutions to build resilient integrated services.

### THE PROBLEM: FRAGMENTED CARE



### CONSEQUENCES

- Multiple visits and higher costs
- Missed opportunities for prevention and care
- Lower retention and poorer outcomes
- Increased burden on patients and providers
- Systems more vulnerable to crisis

## METHODS

### We used the Experience-Based Co-Design (EBCD) Approach

A participatory, iterative cycle to improve health services together with those who use them (PLWHIV) and those who deliver them (healthcare providers).



### STUDY SETTING

- 4 health facilities and 15 days of observations
- 12 Interviews with PLWHIV
- 18 Interviews with healthcare providers and 12 key informant interviews
- Mar 2023 – Dec 2025

## RESULTS

### Key touchpoints and co-designed solutions

CHALLENGES IDENTIFIED	CO-DESIGNED RESPONSES
Multiple visits required for HIV and SRH services	One-stop integrated clinics and aligned appointment systems
Paper-based systems and separate registers	Integrated registers and simplified documentation
Stock-outs of commodities and test kits	Joint quantification, reorder tracking and early warning alerts
Limited privacy for SRH-HIV counselling	Dedicated private spaces and privacy protocols
Stigma and judgmental attitudes	Empathy training, community dialogues and peer champions
Transport costs and long waiting time	Task shifting, fast-track services and community outreach days

### Resilience through crisis

During periods of shortages and economic shocks, integrated services sustained care by:

- Monitoring access closer to home
- Pooling resources and information
- Adopting processes quickly
- Keeping PLWHIV in care

### KEY MESSAGES

- Co-production uncovers real barriers and drives relevant solutions. Patients and providers are experts in their experience.
- Integrating HIV and SRH services improves access, efficiency and outcomes. One-stop, person-centred care works.
- Co-designed systems are more resilient and better prepared for future shocks. People, processes and partnerships sustain care.

SCAN TO LEARN MORE ABOUT TSIME



CONTACT  
rumbi.gumbie@lshtm.ac.uk



### ACKNOWLEDGEMENTS

We thank the patients, communities, and healthcare providers who co-designed solutions with us. We acknowledge the Ministry of Health and Child Care, facility leadership, and district health teams for their partnership, guidance, and commitment throughout the study. We are grateful to the Community Advisory Boards and local stakeholders whose insights and leadership helped shape the TSIME integrated care model. This work would not have been possible without the trust, openness, and collaboration of all participants and partners involved.

### SPONSORS AND PARTNERS

