

Innovations in Integration of MCH Programs with Each Other and with HIV Programs

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Service Integration

- A distinct method of service delivery that provides people with seamless services from multiple programs or within the same program without repeated registration procedures, waiting periods or other administrative barriers.
- Differs from Program Coordination, in which services from multiple agencies are provided but people may have to visit different locations and register separately for each program. (referral)

Goals and Theoretical Benefits of Integration

- For patients / clients
 - Easier to access through a single point of entry
 - Time and cost efficiency are possible
 - More efficient access to knowledge about health issues
- For providers and provider institutions
 - Cost and time efficiency are possible
 - Less competition for same financial and staff resources
 - Greater flexibility to respond to changing disease epidemics or policy priorities
 - Increased provider knowledge of comprehensive services, available resources shared with other programs/agencies allowing for specialization of services while reducing duplication

5 Principles of Effective Program Collaboration and Service Integration

- **Appropriateness**- makes sense in the context of interest
- **Effectiveness**- monitor results of interventions and employ evidence-based prevention interventions
- **Flexibility**- ability to respond to changes in disease distribution, demography, advances in technology, policy imperatives
- **Accountability**- monitor operational performance to maximize opportunities for successful outcomes.
- **Acceptability**- providers and clients; education and incentives for both; avoid needless overburdening

Goals and Theoretical Benefits of Integration

- Small changes in the way services are delivered can maximize clinical and prevention opportunities
- Non-integrated services like PMTCT to women with multiple related risks can miss significant opportunities to diagnose, treat and prevent disease and adverse maternal and infant outcomes

Integration Interventions

- Large literature on integration
- Several reviews:
 - Systematic review of integration of other health interventions including FP with immunization
 - Cochrane reviews still preliminary
 - Rifat Atun's Systematic review
 - Others

Systematic Reviews of Integration Interventions (1)

“Integration of immunization services with other health interventions in the developing world: what works and why? Systematic literature review”

A. Wallace, V. Dietz, KL Cairns 2009

Integrating iz with bednets, mebendazole, malaria treatment

But also family planning!

Benefits of Integration of Immunization with other Services

- Benefits not often quantified
- Rapid uptake occurred when linked with a strong iz program
- User friendly and efficient access

Challenges of Integration

Wallace et al

- Persistently unequal resource allocation
- Inadequate training of HCWs or education of target population
- Delivery of drugs or other desirable commodities in an integrated intervention may divert HCW and client attention away from educational aspects of the intervention
- Donor funding for one service like Immunizations might not be permitted to be used for another service like HCW education for FP

Benefits and Challenges of Integration of Immunization with other Services

Wallace et al

- Coverage of additional services may improve if
 - Other services carefully selected and adequately supported
 - Immunization coverage is already high
- Linkage of one weak service with a strong one may increase the quality or coverage of another service
- Linkage of 2 poorly performing interventions may not improve coverage
- Remains to be shown that integrated programs use resources more efficiently than vertical ones

Recommendations

Wallace et al

- Ensure compatibility of interventions
 - Compatibility factors:
 - Similarities of target population
 - Logistical needs
 - Worker training
 - Stakeholder support
 - Costs
 - Supply chain requirements
- Strengthen proven operational strategies: training, supervision, outreach, community education
- Continue to conduct research to understand the benefits and risks of intervention strategies

Systematic Reviews of Integration Interventions Unpublished Cochrane Reviews 2010

- MNCHN and HIV
 - 7000 citations
 - 19 studies included sub saharan Africa
 - No randomized studies
- MNCHN and FP
 - >14000 citations
 - 27 interventions included
 - 7 randomized
 - Wider geographic spread

Systematic Reviews of Integration Interventions

Unpublished Cochrane Reviews 2010
MNCHN-HIV

- Methods: review of 7000 studies and finding ~20 that met inclusion criteria
- Comparisons of integrated and non-integrated services
- Costing comparison studies of integrated and non-integrated services
- Outcomes examined include pregnancy, infant growth and immunizations, uptake of various FP or HIV or MCH services

Systematic Reviews of Integration Interventions: SS Africa facility-based

- **Examples of integration studies:**
 - PMTCT into antenatal care settings
 - ART into antenatal care settings
 - FP into HIV treatment settings
 - HIV testing and FP
- **Promoting factors for successful integration:**
 - National and international stakeholder support
 - Staff experience, competence, and confidence
 - Flexibility of training for different programs
 - Integrated electronic medical records across programs/services
 - Adding simple interventions to existing services
 - Client convenience leading to client acceptability
 - Community involvement
 - On site availability of services like contraception

Systematic Reviews of Integration Interventions: SS Africa facility-based

- **Inhibiting factors for successful integration:**
 - Limited funds
 - Staff shortages and turnover
 - Client perceptions of staff attitudes
 - Husband's permission needed for access to services
 - Late access to care
 - Additional time and cost for clients b/o multiple registrations and waiting times associated with referrals
 - Staff attitudes regarding discussion of sexuality, appropriateness of pregnancy for HIV-infected women

Systematic Reviews of Integration Interventions:

Study results mostly positive or mixed and not negative

Systematic Reviews of Integration Interventions (3)

"A systematic review of the evidence on integration of targeted health interventions into health systems"

Rifat Atun, Thyra de Jongh, Federica Secchi,
Kelechi Ohiri, Olusoji Adeyi 2010

NTDs, FP, immunizations, etc

Extent of Integration of health interventions into 6 critical health system functions:

- **Stewardship and governance**
 - Accountability; Reporting; Performance management
- **Financing**
 - Provider payment methods; Pooled funding
- **Planning**
 - Needs assessment; Priority setting; Resource allocation
- **Service delivery**
 - Structural; HR; Shared infrastructure; Operational; Referral systems; Guidelines or care pathways; Procurement; Supply chain management
- **Monitoring and evaluation**
 - IT infrastructure; data collection and analysis
- **Demand generation**
 - Incentives; Population interventions education, promotion
 - Just enough at the right time

Extent of Integration: What's the right choice? How to think about it.

- **Non integrated**
 - Responsibility lies completely with specialized entities who manage and implement
- **Partially integrated- most common**
 - Responsibility shared by existing general health care system; specific structure created purposely for intervention
- **Fully integrated**
 - Governance arrangements for the intervention the same as for general health services (local or national administrative structures)

Other findings

- **Vertical vs integrated** is narrow view
- Most are **partially integrated** when rated on the 6 health system functions
- **Diversity of local solutions** to address emergent problems
- **Needed:** a context-specific evidence base to guide policies and practice and avoid reliance on dogma

Way forward for integration

- **Context is primary !**
- Possible to identify the critical elements that predict success across differing settings?
- Return to frameworks in planning integrated programs and services (Atun article)
- Develop tool to assess a program or facility's readiness for integration of various programs. Useful within and across countries . Checklists work!

How can Process Improvement (PI) tools improve antecedents to maternal outcomes?

- The focus is on empowering HCWs at district level by teaching them tools to identify problems and their causes, develop solutions, and implement them.
- Successes in PMTCT in Ethiopia and Malawi's National TB Program.
- Is there a place for Process Improvement in this proposal?

Research recommendations-Atun

- Controlled (where possible) interventions with robust designs
- Country case studies that use common methodology and replication logic informed by theoretical frameworks to allow for comparisons among countries and programs generating evidence that are relevant beyond a country

Innovations in Integration: challenges

- Anything new is an innovation
- Technology often mentioned but only a tool
- Human resources issues-retention, supervision
- Supply chain management of lab and drug and contraceptive commodities
- Laboratory issues eg POS CD4 testing
- Genuine support and committed buy-in of all stakeholders

Innovations in Integration: Challenges

- What happened when one study showed integration of ART and ANC improved uptake of ART for women and another study did not? Fertile ground for innovation
- Need to look beyond the tangible factors studied?
- What was the unmeasured or unmeasurable determining factor in the site where it worked?
- Engagement of health services expertise- do we from our own disciplines take too narrow an approach?

Way forward for integration

- Costing studies including comparisons of integrated and non-integrated program services. Modeling and measurement.
- Cost effectiveness studies
- HSS metrics
- HR improvements
- Easiest part is to talk about the “package “ of services needed. Hardest part is all the rest. Thus need to address the cross-cutting issues in the Framework in order to address effectively specific maternal health and maternal health care problems

Opportunities for Innovation

- **Context** - specific intervention for Malawi
- **Building** on strengths/innovations in Malawi
- **Choosing site (s)** most likely to succeed but without enormous additional resources
- **M&E:** Continuous careful innovative; DDM & QI
- **HR:** Integrated training and practice
- Innovative **engagement of women** and their communities

Innovations

What? Who? When? How? Where? Why?

- **Locations:** facilities and communities; clinics and surgical theatres
- **Communications** between clients and providers / institutions/programs; consult them meet them where they are
- **IT :** Touchscreen? Handheld? Cell phones?
- **Demand generation** – just enough
- **HR:** training and utilization
- **Financial and administrative**
- **Planning:** short, medium and long-term
- Public engagement of **leadership**
- **Many others**