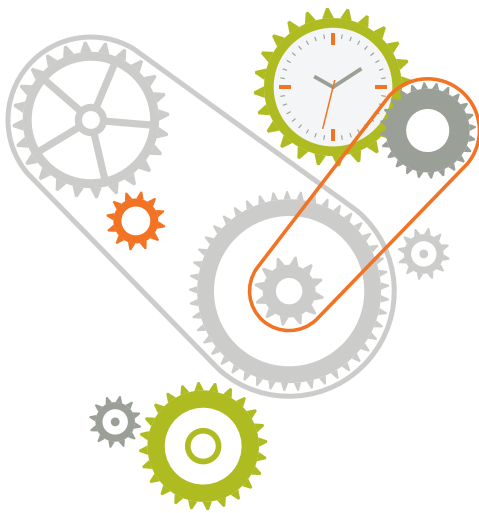


Integration of Global Health and Other Development Sectors: A Review of the Evidence

The demand for evidence-based human development solutions is growing. At the same time, experts are considering whether and when integrated and multi-sector approaches work best to achieve some of the broader global development goals. Accordingly, FHI 360 is committed to designing and delivering effective integrated human development solutions. We conducted a literature review to synthesize the current evidence base for integrated development interventions.



Why focus on evidence-based integrated development?

How do we know whether our efforts to improve global health and well-being have substantial impact? Unfortunately, to date, a surprising proportion of development interventions across all sectors appear to have been influenced more by hopeful intuition rather than credible evidence of effectiveness. Some experts point to signs that many indicators for development success (e.g., standards of living and quality of life) have demonstrably improved in recent decades. Yet amidst the acknowledgement that *in general* things are improving, many economists, funders, researchers, and program staff remain frustrated by the lack of clarity around the impact and contributions of *specific* development aid efforts. Public and private funders want to see clear returns on investments. Recipient countries are demanding that programs implemented for their benefit result in actual progress toward stated goals. Development practitioners and researchers want to be assured that their work is making a difference.

To address this growing demand for evidence-based development solutions, evaluation methodologies continue to evolve, with emphasis moving from standard process and outcome evaluations toward the use of more rigorous impact evaluations. Unlike the former (descriptive) evaluation approaches, the latter requires comparison groups to reveal important information about cause-and-effect relationships, and allows for more credible attribution of project impact.

Simultaneously, important questions emerge about which types of development programs best meet the often complex and multi-faceted needs of the people they are intended to serve. The concept of 'integrated development' is not new; at a minimum, it dates back to strategies for rural integrated development programs popular in the 1970s and 1980s. Yet particularly within the evolving discussions about the post-2015 development agenda, integrated or multi-disciplinary strategies have experienced a renewed vigor from funders and implementers alike. In some instances a strong case can be made for single sector programs as being the most efficient and effective to improve global health (e.g., the smallpox eradication campaign). Likewise, multi-faceted programs within a single development sector like health can effectively address closely related needs (e.g., integrated HIV and family planning). At the same time, experts are considering whether and when integrated multi-sectoral approaches may be better to achieve some of the broader development goals.

What do we know about why or how well integrated programs work? The underlying rationale for cross-sector approaches is supported by extensive data which demonstrate strong linkages between fundamental determinants of well-being (e.g., better education can lead to better health outcomes and vice versa). Much less clear, however, is how to achieve improved outcomes through strategically integrated programs, deliberately designed to leverage those connections. **FHI 360 conducted a literature review to synthesize the current evidence base for interventions which integrate global health and other key human development sectors. From our findings, we offer recommendations for future multi-sector development policies, programs, and research.**

Review methodology and scope

We conducted a hybrid of conventional systematic and narrative reviews to produce a summary of the literature. Given the rising priority of rigorous research designs for development and the ambiguity of results from less robust studies, we agreed to set a high bar for what we considered adequate evidence for promising integrated interventions. Studies were eligible for the review only if they used comparison groups to evaluate program impact, or if their conclusions were based on rigorous research syntheses. We employed database and manual searches to identify relevant evidence from both peer-reviewed and grey literature published in the English language. We focused on articles that evaluated interventions in low- or middle-income countries, published during the years 2000-2012.¹

Due to the ambitious nature of identifying evidence across all development sectors and in every combination, we prioritized the following specific sectors and sector combinations:

- Health & Education
- Health & Economic Development
- Health, Education, & Economic Development
- Health & Nutrition
- Health & Environment

Sub-topic areas of focus within those sectors are:

- Health = HIV, TB, MNCH, SRH, malaria, NCD, immunization/vaccine
- Nutrition = micronutrients, food fortification, malnutrition, feeding programs
- Education = early education, primary and secondary school
- Economic Development = income, livelihood, cash transfers, microfinance
- Environment = WASH, environmental management, conservation, climate change

Which development interventions are considered 'integrated' will vary depending on who is asked and which context is operative. For this review, we categorized development interventions as integrated if they:

- Delivered a single-sector activity to intentionally achieve outcomes in more than one sector (e.g., *offering de-worming to children to improve both health and education outcomes*);
- Delivered multi-sector activities to achieve single-sector outcomes (e.g., *integrating family planning and microfinance projects to improve reproductive health indicators*); or
- Delivered multi-sector activities to intentionally achieve outcomes in more than one sector (e.g., *supporting joint health and water projects to improve health behaviors and water supply or quality*)

Results

Over 8,000 resources were identified aggregately from both the database and manual searches. The database searches returned 3,166 results. Though we cannot quantify the precise number searched in the manual process (as no denominator exists for the total number of resources and publications posted on organization websites or online repositories), we project over 5,000 resources at a minimum. After a three-step screening and review process, 59 articles were included for critical analysis. The majority of excluded articles were screened out for four main reasons: topic irrelevance, lack of comparison group, incomplete research, or duplication. Forty-seven of the 59 were individual articles, and 12 were research syntheses. Within the 12 research syntheses, an aggregate of 256 articles were reviewed. Therefore our review of 59 articles reflects evidence from a total of 303 articles.

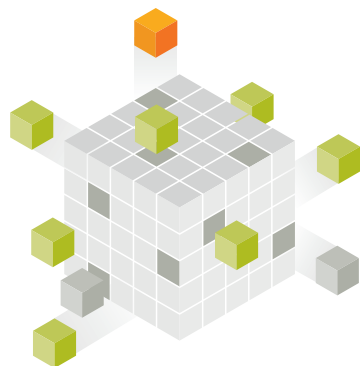
Given the diversity of program models evaluated, we assigned the studies to a sector combination (e.g., health and education) and an intervention type within that combination (e.g., sexual and reproductive health in school). The results represent 25 distinct intervention types across the five sector combinations. Though important distinctions occur between interventions in each category with regard to program design or location, within each group the interventions are similar enough to warrant this general categorization. **Of the 25 program types, 13 produced mostly positive findings; 9 produced mostly mixed findings; and 3 suggest a neutral or unknown effect.**

¹ One limitation with this methodology is that our bundling of such diverse studies belies the important differences in their sample sizes, statistical power, contexts, strengths, and weaknesses. The conclusions drawn from a review of multi-sectoral interventions spanning dozens of distinct outcomes should not be considered on par with an extensive systematic review targeting only one intervention type.

Summary of findings per intervention type

■ Includes findings from a research synthesis
 ■ Findings from 3+ studies
 ■ Findings from 1-2 studies

INTERVENTION TYPE	MOSTLY POSITIVE FINDINGS	MOSTLY MIXED FINDINGS	MOSTLY NEUTRAL OR UNKNOWN FINDINGS
Health and Education			
School feeding and nutrition			
School deworming			
School feeding, nutrition, and deworming			
SRH in school			
Integrated early childhood development			
Vision support in school			
Obesity interventions in school			
Malaria prevention and treatment in school			
Improved sanitary and menstruation provisions for girls in school			
Health and Economic Development			
Cash transfers and health			
Microfinance and health integration			
Livelihood and health skills-building for vulnerable youth			
Health, Economic Development, and Education			
Cash transfers for health and education			
Non-cash transfer economic subsidy, health, and education			
Health and Nutrition			
TB and micronutrients			
Maternal and child health and nutrition			
Maternal and child health, nutrition, and IMCI			
Maternal and child health, nutrition, and psychosocial support			
HIV and food assistance			
HIV and micronutrients			
HIV and child nutrition			
Health and Environment			
WASH and diarrhea			
WASH and maternal and child health			
Improved cookstoves and health			
Reproductive health and environmental management			



A full report on the results, including a detailed description of the findings per intervention type and a citation table of all eligible studies, is available.

What the evidence on integrated development tells us

In this evidence review we identify, synthesize, and analyze existing evidence on interventions that link health with several other development sectors. Our findings suggest integrated approaches can have positive impact in certain circumstances. We also found a lack of convincing evidence around some programs largely assumed in the development community to be effective.

Our analysis of the available evidence base produced three major recommendations for future integrated multi-sector development efforts:

- **Systematic Evaluation Design:** The review revealed that although many integrated development programs are being designed and deployed globally, the vast majority are implemented without adequate evaluation of impact. Though not unique to integrated development interventions, program 'impact' is usually assessed by using data from process evaluations or pre- or post-intervention outcome measures. This type of information is not sufficient to draw sound conclusions about an intervention's effectiveness, and hinders attribution of any changes directly to the program. Experimenting with innovative approaches is a crucial part of advancing global development. Yet innovation without rigorous evaluation limits the return on investment, and today the potential benefit of integrated designs still remains an unproven hypothesis. To properly assess the impact of multi-sector models, a strong evaluation blueprint needs to be nested into the entire intervention design. Adequate resources need to be included to assure the protocol is followed and the evaluation is interpretable.
- **Nuanced Outcome Measurement:** The lack of effectiveness or impact suggested by some of the research findings raises important questions about the potential inadequacy of measuring conventional or sector-focused outcomes when examining integrated development interventions. Multi-sector interventions are complex and the pathways to causality even more so. Simply combining standardized indicators typically used for evaluation in each relevant sector may not be sufficient. These complex, multi-layered models for development may require more nuanced and sophisticated measurement tools than have been relied on in the past.
- **Better Comparison Groups:** Most experimental evaluations of complex interventions have used comparison groups who receive no intervention at all, rather than groups benefiting from traditional single-sector approaches. This methodology makes it impossible to determine if similar results could be achieved by simultaneously deploying standard single-sector programs, or if any observed effect is truly attributable specifically to the integrated or multi-sectoral nature of a program.

The global scientific, political, and funding climate has created a paradigm shift toward more holistic approaches for global development. A strong theoretical basis exists for more comprehensive, integrated multi-sectoral approaches to development. However, decisions about the post-2015 global development agenda need to be driven by the evidence for what works rather than by assumptions about the amplified results of 'doing more'. To date, high quality evidence on key integrated multi-sector development interventions is inadequate. In the future, funders, researchers, policymakers, and implementers should commit to rigorously evaluating the impact of these promising development approaches to identify what strategies work well when combined, which do not, and which are most cost-effective.



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About FHI 360: FHI 360 is a nonprofit human development organization dedicated to improving lives in lasting ways by advancing integrated, locally driven solutions. Our staff includes experts in health, education, nutrition, environment, economic development, civil society, gender, youth, research, technology, communication and social marketing — creating a unique mix of capabilities to address today's interrelated development challenges. FHI 360 serves more than 70 countries and all U.S. states and territories.

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