

The Role of Service Integration in Strengthening Health Systems

Integration requires not simply a change in service content, but rather more comprehensive changes to the health system.

In many settings, service integration is a logical approach for addressing fragmented service provision and meeting the diverse yet interrelated health needs of clients, and is often cited as a strategy for strengthening health systems. However, service integration itself can meet significant challenges where health systems are performing poorly or are under-resourced. The purpose of this brief is to address the synergies between service integration and health systems strengthening by presenting examples of FHI 360's work, the state of the evidence and the way forward for developing further our capacity to design and implement successful integration plans.

Recent Examples of FHI 360's Work in Service Integration

- Over the past decade, FHI 360 has been instrumental in integrating family planning (FP) and HIV services in sub-Saharan Africa to address the problems of HIV and unintended pregnancies.¹⁻⁵ With the Zambia Prevention, Care and Treatment Partnership (ZPCT) II, FHI 360 uses a referral-based model of FP/HIV integration to improve access to family planning services for clients receiving counseling and testing (CT), prevention of mother-to-child transmission of HIV (PMTCT), and anti-retroviral therapy (ART) services. In addition to providing referrals to an on-site family planning provider for women who desire a contraceptive method, ZPCT II incorporates family planning messages and content into core project activities — training of providers, supportive supervision and mentorship, quality assurance/quality improvement, community mobilization and routine measurement and evaluation. To help overcome the issue of human resource deficiencies, the project has developed a focused task-shifting approach that involves community volunteers providing group education on family planning to all clients before they are seen by providers. As a result, the number of HIV service clients being referred for family planning services as well as the number of family planning clients being tested for HIV and enrolled into care increased significantly. During the 18 months prior to the FP/HIV intervention, 75 counseling and testing (CT) clients and zero antiretroviral therapy (ART) clients were referred for family planning services at 16 project-supported sites. Recent program data indicates that the average number of clients referred from ZPCT II-supported CT and ART services to family planning each month is 2,500 and 250, respectively.⁶
- Through the Global HIV/AIDS Initiative Nigeria (GHAIN) project, FHI 360 has supported integration of tuberculosis (TB) and HIV services to improve TB case findings among people living with HIV/AIDS, and vice versa, throughout Nigeria. While a national TB-HIV working group was established and functional in Nigeria prior to the start of GHAIN's TB-HIV integration efforts in 2007, very little collaboration existed between HIV and TB programs at the state and local government area (LGA) levels and at the operational levels within health facilities. GHAIN implemented a model designed to strengthen referral links

in co-located TB and HIV clinics by establishing referral forms and registers, a referral directory, and appointing a facility-based referral focal person to coordinate referral activities. Additionally, over 900 health care workers were trained in TB-HIV collaborative activities. In 2007, 79% of HIV positive individuals at all TB-HIV intervention sites were screened for active TB. By using HIV counseling and testing as a primary entry point, all HIV positive individuals were screened for active TB by trained providers using a set of standardized diagnostic criteria by 2011. To make the integration of TB and HIV services sustainable, GHAIN built the capacity of its major stakeholders at the facility, local, state and national level through the development and dissemination of national policy documents, job aids and tools, SOPs and training manuals.⁷

- The emerging global threat of non-communicable diseases (NCDs), including cardiovascular disease (CVD), diabetes, cancers and chronic lung disease, and the growing evidence of a biological link between living with HIV and CVD have made NCD risk factor detection and HIV service integration a logical strategy. In 2009, with the support of the Kenyan Ministry of Health and Kenya Cardiac Society (KCS), FHI 360 piloted a program integrating NCD services into existing HIV services at five sites in Kenya. Pilot sites were equipped with necessary NCD screening equipment based on site assessments and service providers took part in two-day training on NCD screening methods. From September 2009 to September 2010, 4,074 clients were screened for a number of NCD risk factors, including body mass index, blood pressure, cholesterol and blood sugar levels, as well as other behavioral and therapeutic factors. In addition to demonstrating the feasibility of NCD/HIV integration, the pilot was successful in identifying specific systems-related challenges that need to be addressed to improve NCD screening services and ultimately scale up the project. These include high staff turnover, weak patient monitoring, weak linkages within health facilities and limited access to NCD-related drugs.⁸

The Evidence on Service Integration

Recent studies show inconsistent findings on the effects of service integration on the quality of services and health outcomes. A 2011 Cochrane systematic review evaluated the effectiveness of interventions in nine service integration studies; five studies assessed the effectiveness of adding an additional component onto an existing service, while four studies compared integrated interventions to vertical programs. The studies involved three main areas of service delivery: family planning; nutrition and infectious disease control; and STI treatment, HIV/AIDS prevention and control, and TB treatment. The review concluded that adding services probably improves utilization of services, in particular family planning and HIV counseling and testing. None of the studies included in the review indicated improvements in health status outcomes and no data were available to report client

satisfaction. Studies of integration (defined in the review as “delivering a bundle of cost-effective strategies together through the existing primary healthcare system”) versus vertical programs showed few benefits, whether it be to efficiency of delivery, access to care or client health outcomes.

Two other literature reviews reported contrasting results. A 2009 WHO review of 58 HIV and sexual and reproductive health (SRH) linkage studies reported improvements in access to and uptake of services (including HIV testing), health and behavioral outcomes condom use, HIV and sexually transmitted infections (STI) knowledge, and overall quality of service.¹ Additionally, the results suggest that linking SRH and HIV was generally regarded as beneficial and feasible, especially in FP services, HIV counseling and testing centers, and HIV care and treatment services. These linkages may also result in net savings according to several cost-effectiveness analysis studies. Another 2010 literature review focused on integration of family planning with other health services. Seven out of nine studies included in the review reported improvements in behavioral or reproductive health outcomes related to family planning. However, significances of these improvements were not reported for all studies.¹¹

Mixed results from these reviews reinforce the notion that integration is context-specific and factors affecting its success must be evaluated before and during implementation, including: the local or national burden of the particular health condition(s) to be addressed, potential demand for services, availability of financial resources, and the availability, strength and organization of existing service to address the issue(s).^{12,1} Adding tasks and responsibilities to an already overworked healthcare staff, for example, might lead to stress, dissatisfaction, and burn out among providers, and longer wait times for patients. The quality of care may also be affected negatively by integration, so having a system that effectively monitors service quality as changes are introduced is essential.

Relevance of Service Integration to Strengthening Health Systems

While not a new concept, the integration of health services at the delivery level has recently received attention as a component of comprehensive health systems strengthening strategies in resource-poor settings. This can be attributed to a number of factors. First, funding for single-disease or population-group-specific ‘vertical’ programs (e.g., HIV/AIDS, immunizations, tuberculosis and malaria) has increased over the past decade. This has led to fragmentation of services and raised concerns about potentially negative effects on other health services and priorities that do not receive earmarked funding, or receive proportionately less than their burden on population health. Second, integration of services can be seen as a way to achieve greater impact at lower cost in resource-poor settings by decreasing missed

TABLE 1: KEY HSS ACTIVITIES TO INTEGRATE FP AND HIV SERVICES ON A LARGE SCALE

Leadership and Governance	<ul style="list-style-type: none"> • Engage RH and HIV leadership of MOH • Revise relevant policies and guidelines
Service Delivery	<ul style="list-style-type: none"> • Clarify service procedures • Strengthen referral systems • Ensure non-discriminatory services in stigma-free settings
Health Workforce	<ul style="list-style-type: none"> • Build technical capacity of providers • Address provider bias • Engage managers who set performance expectations
Medical Products	<ul style="list-style-type: none"> • Ensure availability of contraceptive commodities and HIV test kits
Information	<ul style="list-style-type: none"> • Track performance • Modify data collection and reporting systems
Financing	<ul style="list-style-type: none"> • Include FP for PMTCT in national HIV program budget • Incorporate FP/HIV into proposals to donors
Community	<ul style="list-style-type: none"> • Engage organizations of people living with HIV • Promote greater involvement of men

opportunities to address several health issues during the same encounter with a patient. Finally, achieving the health-related Millennium Development Goals (MGDs) requires addressing health systems issues that affect all services and, because of this, many argue that meeting the MGDs is not possible without service integration.¹⁴

There is also growing recognition that the benefits of integration efforts are dependent on the unique characteristics of both health systems and the broader context.¹⁵ As priority health services are not simply disseminated, but gradually adopted, integration requires not simply a change in service content, but rather more comprehensive changes to the health system. Central to these changes is the involvement of multiple stakeholders who have the ability to influence policy, regulations, finance, resource allocation, provider payment systems, service delivery approaches and monitoring and evaluation mechanisms.¹⁶

Additionally, to bring an integration effort past the pilot phase and implement at scale, certain key health systems strengthening activities must take place, some of which will be unique to the health issues of interest. Table 1 presents examples of such activities for FP/HIV service integration, organized under the 6 building blocks of a health system.¹⁷

FHI 360's Expertise in Service Integration

FHI 360's experts have significant experience to support service integration efforts.

- Developing and communicating service integration-specific materials for advocacy, sensitization, training, and educational purposes to policymakers, donors and leaders

- Designing and conducting research projects to test the feasibility, acceptability and effectiveness of integrating services
- Designing and pilot testing integration plans
- Designing and costing the scale up of integrating services
- Providing technical support to address quality improvement and health systems strengthening issues
- Developing indicators to monitor and evaluate integrated services
- Targeted technical support to Ministries of Health to facilitate a strategic and coordinated national approach to service integration

Lessons, Challenges, and the Way Forward

Positive synergies between service integration and HSS provide an excellent opportunity to improve the effective coverage of a population with needed services, while addressing systems issues at the same time.

However, integration is context- and service-specific. While integration can be an effective way to increase uptake of discrete services and improve health outcomes, more research is needed to understand the optimal circumstances and best practices for effectively integrating services. The research should focus on the expected health benefits and cost effectiveness of the new “integrated” model of service delivery, the effects on service utilization, service quality, population coverage and patient satisfaction, and the impact of integrated services on other services and the broader health system.



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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 and technology — creating a unique mix of capabilities to address today's interrelated development challenges. FHI 360 serves more than 60 countries, all 50 U.S. states and all U.S. territories.