databoom

Integration: An All-or-Nothing Proposition?

An in-depth look at Ghana and Malawi and the feasibility of integrating family planning services with primary health care

RESULTS FOR DEVELOPMENT

psi

EXECUTIVE SUMMARY

AN IN-DEPTH LOOK AT GHANA AND MALAWI AND THE FEASIBILITY OF INTEGRATING FAMILY PLANNING SERVICES WITH PRIMARY HEALTH CARE

For decades, donor investments in health have been primarily “vertical” with funds earmarked for specific programs. Some donors are now asking if this is the best approach, or if investments could be more impactful if they were “horizontal” and integrated into primary health care. Databoom identified the most important considerations for integrating family planning and primary health care, and examined existing programs in Ghana and Malawi. We created a decision-making tool for donors and policymakers to identify where integration is present in national strategy and how much progress has been made. Policymakers can then determine where integration is desirable and chart progress over time.

SERVICES

Qualitative Research and Analysis

Data Visualization

Strategy and Communications

Team and Stakeholder Engagement

Integration:

An All-or-Nothing Proposition?

Donors have played a significant role in improving health outcomes around the world. For decades, investments have largely been for "vertical" programs that earmark funds for specific areas like family planning (FP), HIV/AIDS, malaria, childhood illnesses, and maternal mortality. Some donors are now asking if this is the best approach, or if investments could be more impactful if they were "horizontal" and integrated into primary health care (PHC).

The Costs and Benefits of Investing in Primary Health Care to Advance 'Vertical' Outcomes project is funded by the Bill and Melinda Gates Foundation and implemented by Results for Development (R4D) in partnership with PSI. The organizations wanted to test the project's technical approach to describe how FP programming was structured in Ghana and Malawi, and to what extent it was integrated with PHC.

That's where

we came in

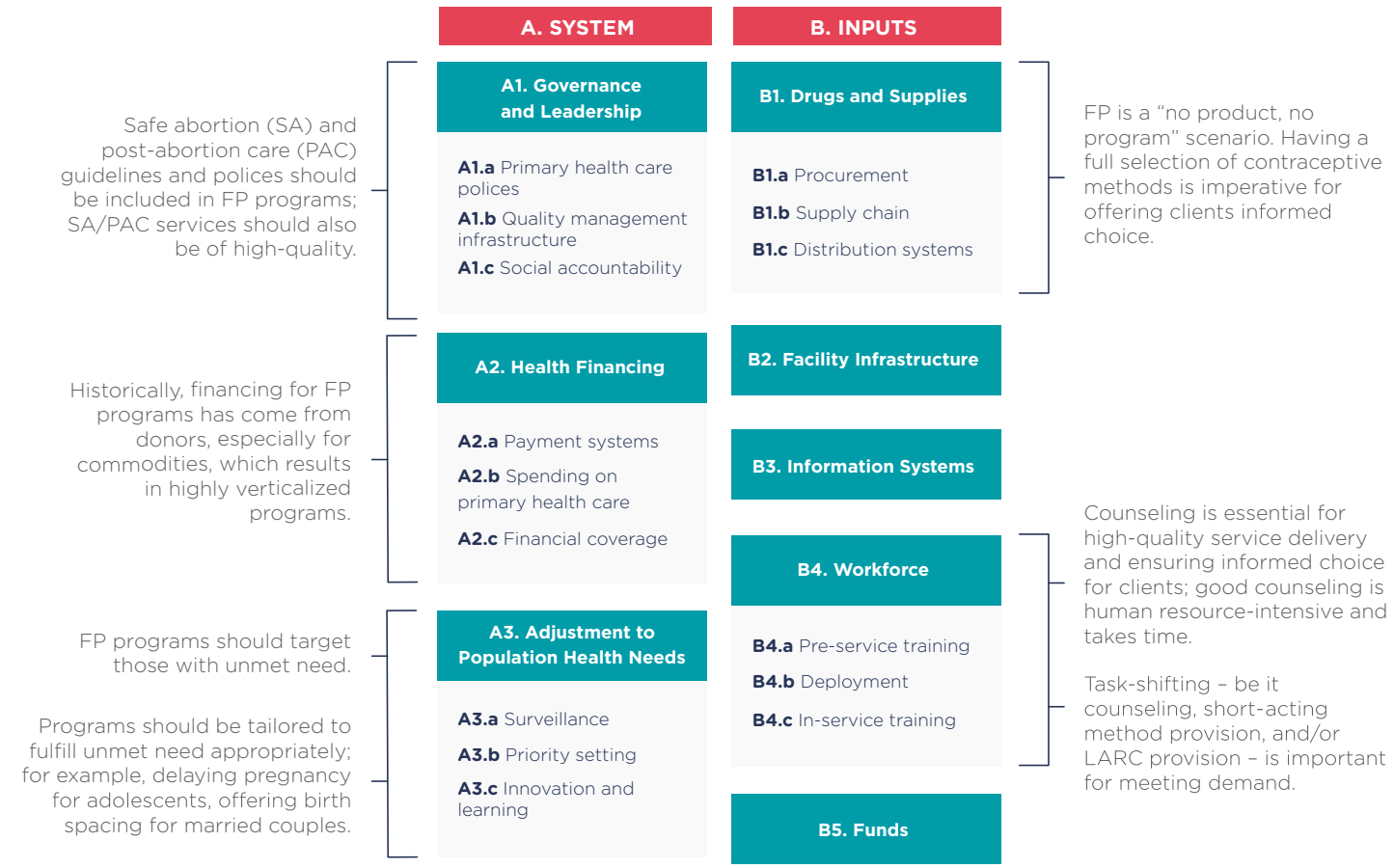
Databoom examined the most important considerations around integrating FP into PHC and outlined the nature of existing programs in Ghana and Malawi. We then created a decision-making tool for donors and policymakers to identify where integration is present and how much progress has been made.

The Primary Health Care Performance Initiative (PHCPI) framework was central to the project's technical approach and provided a detailed catalogue of PHC system components and dimensions. The hypothesis was that the PHCPI framework applies to many—if not all—components and functions of vertical programs, including FP.

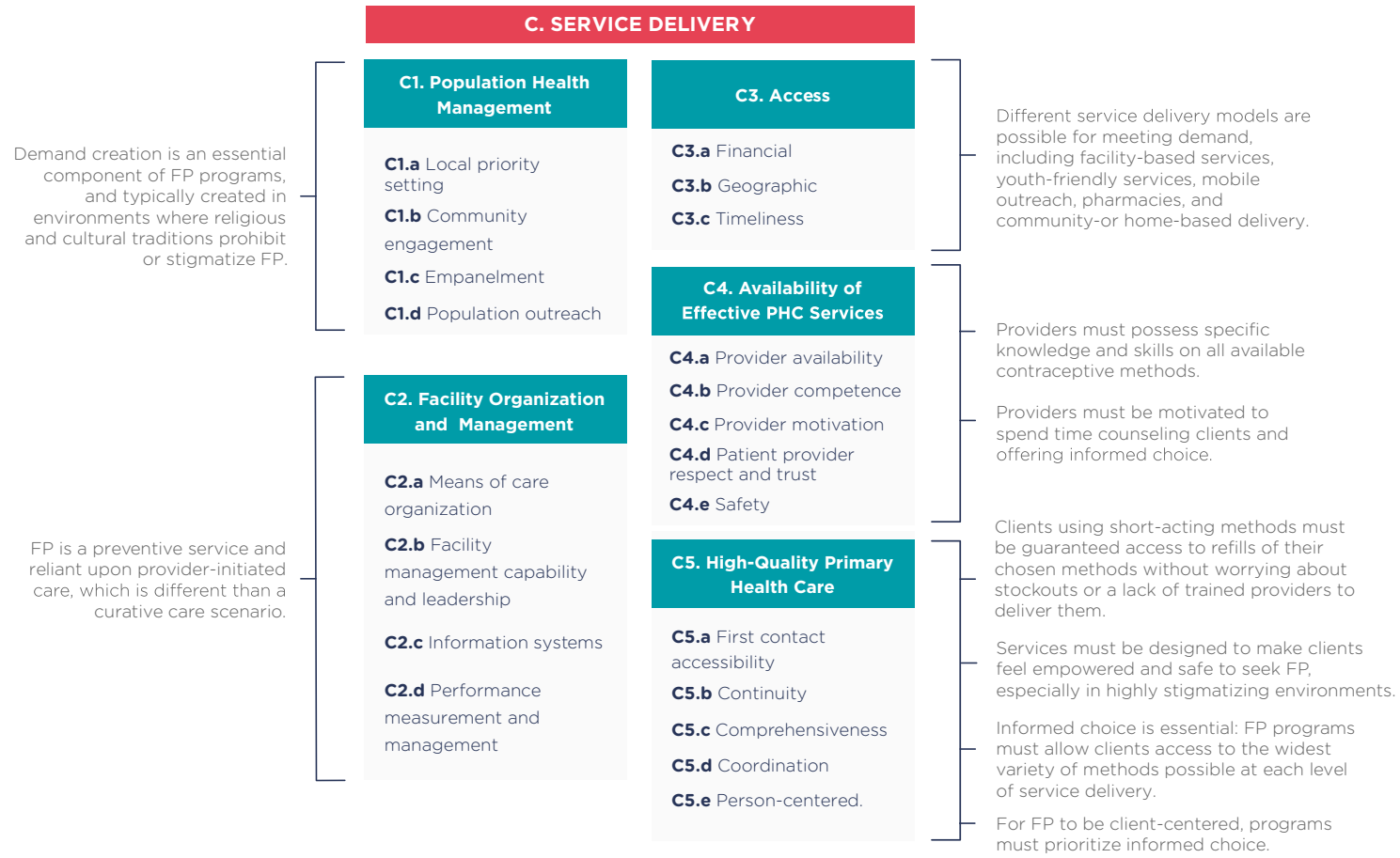
We tested that hypothesis by interviewing country stakeholders and conducting a desk review of key documents. We described how FP had been delivered, the degree to which it was integrated with PHC, the FP actors, and how they worked together. Then we mapped findings against the PHCPI framework to illustrate how the system, inputs, and service delivery link to desired FP outputs and outcomes.

A key insight was that integration happens along a continuum: it is not an all-or-nothing or an all-at-once shift: there is a gradual shift where components of each program are shared. There are also unique aspects of FP that can permit or impede integration. These are illustrated in the figures below.

CRITICAL FP PROGRAMMING COMPONENTS MAPPED TO PHCPI FRAMEWORK (SYSTEM AND INPUTS)



CRITICAL FP PROGRAMMING COMPONENTS MAPPED TO PHCPI FRAMEWORK (SERVICE DELIVERY)



Key enablers for FP/PHC integration included favorable policies, commodity availability, facility access, task shifting, and provider motivation. Key obstacles included poor coordination between agencies, limited benefits packages, out-of-pocket costs, and limited provider capacity.

We then turned this mapping exercise into a concrete decision-making tool for policymakers and created a checklist to identify where key integration considerations were present in national strategy and how much progress had been made. Policymakers could then consider where integration is desirable and chart progress over time. The figure below is the checklist for Ghana.

GHANA'S INTEGRATION PRIORITIES

PHCPI FRAMEWORK LINK		INTEGRATION PATHWAY ITEM (Full ●●● Partial ●●● None ●●●)	Presence in national strategy	Current status
A. SYSTEM	A1. Governance and Leadership	• Alignment between government, donors, and partners on PHC and FP integration priorities	○○○	○○○
		• Guidelines developed and approved for PHC and FP, including counseling and informed choice	●●●	●●●
		• Integrated supportive supervision that assesses service provision and quality for PHC and FP	●●●	○○○
		• Agency structures at national level to coordinate PHC and FP	●●●	○○○
		• Single mechanism at national level to coordinate PHC and FP integration	●●●	●●●
	A2. Health Financing	• Costed implementation plan that includes PHC and FP integration	●●●	○○○
		• Covered benefits package / national insurance scheme that covers PHC and FP	●●●	○○○
	A3. Adjustment to Population Health Needs	• Appropriate targeting to address unmet need	●●●	○○○
B. INPUTS	B1. Drugs and supplies	• Unified supply chain, including appropriate forecasting mechanism	●●●	○○○
	B2. Facility infrastructure	• Private sector facilities in PHC / FP network	●●●	○○○
	B3. Information systems	• Shared registers and reporting system for PHC and FP	○○○	○○○
	B4. Workforce	• Task-shifting to expand network for eligible providers for LARCs	●●●	●●●
C. SERVICE DELIVERY	C3. Access	• Family planning services offered during all service hours	●●●	●●●
	C4. Availability of Effective PHC Services	• Regular training for providers on FP	●●●	○○○
		• Sufficient staffing to provide both PHC and FP, including counseling on informed choice	●●●	○○○
	C5. High-Quality Primary Health Care	• Adequate facility space and equipment to provide integrated services	●●●	○○○
		• Client can receive most appropriate method on-site or through referral	●●●	○○○

Impact

The FP/PHC case studies have been incorporated into R4D and PSI's larger recommendations about integrating vertical health programs into PHC. Those recommendations will inform the Bill and Melinda Gates Foundation's decisions about investments in integration and how the Foundation advises other international donors and governments. Central to our recommendation is that national policymakers should determine when and where integration is most desirable: it is not an all-or-nothing proposition.