Health and Development Programming Integration Toolkit

Integration is a concept that is often used but seldom achieved. The nature of health and development funding and focus on specialty expertise is often at odds with the need to integrate services and/or interventions at ground level.

PCI, under the auspices of CORE?s HIV/AIDS Working Group, has therefore developed a Health and Development Programming Integration Toolkit designed to pull together in one, user-friendly place, as many resources, tools, ideas and recommendations on integration as possible.

This Health and Development Programming Integration Toolkit is an online publication within a larger set of health and development toolkits produced by the USAID-supported Knowledge for Health (K4Health) Project managed by Johns Hopkins University Center for Communication Programs. The website, www.k4health.org/toolkits, includes many other more specialized toolkits on specific integrations.

This toolkit was created to serve as a compilation of practical information and resources pertaining to integration in the field of international health and development. It provides an overall taxonomy of integration and attempts to be as comprehensive as possible in its approach to tools and resources in support of integrated programming worldwide. Our online resources therefore represents the dynamic collaboration that CORE exemplifies, while supplementing a practical and evolving ?how-to? guide on the broader aspects of integration.

The majority of the information included in this toolkit reflects the research, case studies and tools that have been developed and that represent the ?best practices? of integration known thus far. We believe these materials are applicable to multiple populations, cultures and developing public health infrastructures. However, we encourage everyone to keep in mind that integration techniques are still evolving and that certainly not every model or approach will fit every single community?s individual needs. Obviously the process of integration should be tailored to individual organizations, environments, and needs.

To contribute additional information, suggest new resources, or provide general feedback to the integration toolkit page, please make use of our feedback form. If you are looking for a particular publication, please use the site map or type the title in the search box on the right side of the page. For more details about this Toolkit, please visit the About link.
Developed for program designers, managers, policy makers, service providers, and others who are interested in more integrated approaches, this toolkit focuses on new integration ideas, existing linkages, lessons learned and promising practices. Our hope is that this toolkit will help you design, implement, manage, evaluate and support even greater integrated programming in the communities that you serve.

This toolkit serves as a guide for implementing integrated services and/or interventions into communities. The sections are divided into defining what integration is, integration frameworks, tools to get started, challenges and recommendations for integration, and an extensive list of already existing examples of integration for reference. Simply click on the tabs at the right to see each subsection of the sections and follow the links to the resources.

Please feel free to adapt any of the tools included in this toolkit. We only ask that you credit the source. In addition, please let us know if and how you are using this information and provide us with feedback and/or suggested revisions and additions. We envision this online toolkit as just the start of needed dialogue and sharing of experiences and approaches related to integration and definitely a work in progress.

Toolkit created by Senior Vice President for Programs for Project Concern International, Janine Schooley, MPH along with the help of PCI interns Kristen Kolleda and Samantha Kraft.

What is Integration?

To get started, a working definition of integration is needed. To define integration in a general sense is challenging because integration can hold several different meanings and can be interpreted in so many ways. To some, integration is just a collaboration to achieve unity of efforts. To others, it is improvements by multi-faceted or holistic approaches. It has also been defined as linkages between policies, programs and/or services. All of these definitions are accurate.
Integration is opportunity-oriented and community-driven when addressing global health and development needs. There are many missed opportunities for reaching more beneficiaries, addressing more needs, and maximizing interventions. But with integrated thinking and planning we can overcome many of these missed opportunities and tackle international health and development obstacles with better attention to comprehensiveness and efficiencies.

To provide a constructive definition, we want to define integration in terms of its benefits when implemented in the field of international health. With integration comes an ability to solve common problems and reach expanded audiences. It has shown to increase efficiency and cost-effectiveness—it does so by reducing fragmentation, eliminating redundancy, merging funding, leveraging efforts/resources, and pooling expertise. Most importantly, however, is the ability to improve the overall health status, user satisfaction and convenience for all parties, particularly the participants/beneficiaries/families that are being served. Below are various working definitions of integration.

- In 2011, the W.H.O. Technical Working Group defined integration as the organization, coordination, and management of multiple activities and resources to ensure the delivery of more efficient and coherent services in relation to cost, output, impact, and use...? [1]

- The World Health Organization has a definition of integrated service delivery which is, the management and delivery of health services so that clients receive a continuum of preventative and curative services, according to their needs over time and across different levels of the health system?. [1]

- Integrated approaches deliver a range of interventions that address multiple needs through coordination across a variety of sectors and with participation of all relevant stakeholders to achieve common goals. [1]

- According to Lawrence and Lorsch, 1967, integration is defined as the quality of the state of collaboration that exists among departments that are required to achieve unity of effort by the demands of the environment?. [1]

- Rachel Choy, 2000, defines integration as improvements through a multi-faceted approach; this will involve an integration of the services provided by the government, community groups, churches and non-government organizations?. [1]
Resources:

- **Outcome Mapping for Health System Integration**

  Health systems around the world are implementing integrated care strategies to improve quality, reduce or maintain costs, and improve the patient experience. Yet few practical tools exist to aid leaders and managers in building the prerequisites to integrated care, namely a shared vision, clear roles and responsibilities, and a common understanding of how the vision will be realized. Outcome mapping may facilitate stakeholder alignment on the vision, roles, and processes of integrated care delivery via participative and focused dialogue among diverse stakeholders on desired outcomes and enabling actions. In this paper, we describe an outcome mapping exercise we conducted at a Local Health Integration Network in Ontario, Canada, using consensus development conferences. Our preliminary findings suggest that outcome mapping may help stakeholders make sense of a complex system and foster collaborative capital, a resource that can support information sharing, trust, and coordinated change toward integration across organizational and professional boundaries. Drawing from the theoretical perspectives of complex adaptive systems and collaborative capital, we also outline recommendations for future outcome mapping exercises. In particular, we emphasize the potential for outcome mapping to be used as a tool not only for identifying and linking strategic outcomes and actions, but also for studying the boundaries, gaps, and ties that characterize social networks across the continuum of care.

- **Stories from the Field on Integration**

  A website housing a collection of stories from the field on malaria, polio, and neonatal health from the Core Group.

- **Integration of Health Systems and Targeted Interventions**

  In this paper we present findings of a systematic review that explores a broad range of
evidence on: (i) the extent and nature of integration of targeted health programs that emphasize specific interventions into critical health systems functions (defined in the Methodology Section), (ii) how the integration or non-integration of health programs into critical health systems functions in different contexts have influenced program success, (iii) how contextual factors have affected the extent to which these programs were integrated into critical health systems functions. We use a new conceptual framework to guide the analysis. The review evaluates peer-reviewed studies that focus on health interventions, and which have been introduced on a regional or national scale.

The debate on health interventions has tended to narrowly focus on vertical or integrated descriptors. However, our analysis shows this to be a false dichotomy as few interventions are purely vertical (single-disease oriented) or horizontal (fully integrated into mainstream functions) health system.

As this review shows, in practice the nature of the problem, the interventions to address these and the adoption and assimilation of health interventions in health systems vary greatly in different contexts, as does success. The purpose, nature, speed and the extent of integration also vary in part, dependent on the intervention complexity, the health system characteristics and the contextual factors.

There are few instances where there is full integration of a health intervention or where an intervention is completely non-integrated. Instead, there exists a highly heterogeneous picture both for the nature and also for the extent of integration.

A Systematic Review of the Evidence on Integration of Targeted Health Interventions into Health Systems

In this paper the authors present findings of a systematic review that explores a broad range of evidence on: (i) the extent and nature of the integration of targeted health programmes that emphasize specific interventions into critical health systems functions, (ii) how the integration or non-integration of health programmes into critical health systems functions in different contexts has influenced programme success, (iii) how contextual factors have affected the extent to which these programmes were integrated into critical health systems functions.


This Technical Brief is intended as a practical aid for people involved in discussions about integrated health services?. Integration is not a new topic ? in the past it has been the subject of a rather polarized debate. It is once again topical, largely because of the rise of single-disease funding and in recognition of the fact that the health Millennium Development Goals (MDGs) will not be met without improving health systems.
Integrated Health Systems Strengthening: An Operational Framework

The purpose of this paper is to outline an operational framework for integrated health system strengthening at country level. The purpose is not to prescribe particular systems strategies to countries but, rather, to use existing conceptual work and country experience to propose core strategic actions needed to initiate a health systems strengthening process.

Integrated Care: A Guide for Policymakers

While health policy researchers, practitioners and policymakers are increasingly referring to the need to introduce ?integrated care? into health policies, the term still remains vague for all too many. What is to be integrated when it comes to care and why? What are the advantages of integrated care and what parts of the population benefit in particular? How can health systems change to accommodate integrated care approaches? What must policymakers and practitioners understand if they to try to change the acute care paradigm to one that offers a veritable integration of health and social care services? ?Integrated Care: A Guide for Policymakers? is a useful tool for policymakers interested in gaining an overview of the issues related to integrated care. While the booklet focuses on European countries, it is also useful for a broader global audience of health system managers and innovators. It is hoped that it will stimulate further discussions and action in this growing and important area of concern.

Integrated Care: Meaning, Logic, Applications, and Implications.

Integrated care is a burgeoning field. As is often the case in new areas of inquiry and action, conceptual clarification is demanded. Without such attention, it would be difficult to advance theory and practice in this increasingly important professional arena. In the following discussion paper, the authors explore the intellectual territory of integrated care, and underscore the need for a patientcentric imperative and meaning. They also examine the practical applications and implications arising from their views. The intention is to stimulate fruitful dialogue and debate about what ?integrated care? could and should be.

Purposes of Integration
Integration is not a cure for inadequate resources. Integration is more of an art than science, and not all goals will be suitable for every individual integration plan. Goals should address the specific communities’ needs and reflect the core values of the organization(s) involved with the integration planning. Propose this question: What do you intend your integrated services or programs to achieve? Below are several purposes of integration:

- Address the community’s core needs
- Construct a positive working relationship with community members
- Value and build upon locally available resources while developing and pooling together local expertise
- Foster NGO and government capacity while securing political commitment
- Optimize potential impact of program and/or services
- Strengthen cross-sectoral coordination by forming key strategic partnerships and creating or strengthening communication channels
- Develop cross-training, cross-supervision
- Promote the documentation and sharing of existing strategies
- Empower the community through transfer of knowledge and skills
- Raise awareness of significant issues and change policies
- Increase efficiency by reducing fragmentation and eliminating redundancy
- Merge funding by implementing cost-effective strategies
- Leverage efforts and/or resources
- Reach expanded target audiences
- Promote continuity of care when merging health services

Deciding What Services and/or Interventions Should be Integrated
The selection of interventions to be integrated is done based on programmatic factors including burden of disease, the availability of resources (operational funds, supplies, human resources, etc.), the cost-effectiveness and feasibility of interventions, the presence of partnerships that support the interventions, and the acceptability of interventions by community and political leaders. WHO, Regional Office Africa

When examining what services, programs or interventions should be integrated, it is best to keep in mind that context is key. Globally, populations and cultures have different needs that require different types of resources. Determining if there is added value to integrating, whether the processes and outcomes will be better as a result of integration is an important factor. While integrating services has many advantages, it places new demands on service-delivery systems, such as increasing provider workloads or complicating logistics systems. Similarly, the demand and requirements for providing one service, particularly a curative one, may squeeze out another service, often a preventative one. [i]

Although there has been notable effort to fund integrated programs, additional integration, linkages and coordination between donors is needed. Most countries have parallel departments in their ministries of health that address the various components of health needs. Linkages between these departments are essential to successfully integrate services, but to maximize effectiveness and comprehensiveness of care, it is necessary to take a rights-based approach, rather than one that is simply health-based. Departments outside of the health sector can have significant implications on the delivery of care. It may be useful to build and strengthen linkages between health, policy, law enforcement, schools and other sectors to reduce barriers to care and address a wide variety of patient needs. In addition, integrated services will be more effective with diverse and comprehensive support from a variety of departments within government, as well as the private sector. [i]

Three guiding principles can help program designers and managers decide whether to integrate services: [i]

- All of the interventions and/or services being integrated must be effective in meeting the specific needs of the population.
- The interventions should address the same type of clientele.
- Integrating should create synergies that enhance the impact of all the services being provided.

What Some Experts Have to Say

According to some experts in the field of global public health and integration, building on existing facilities and expertise to improve the continuum of care for communities can be more cost effective, require less staff training and fewer overall additional resources. See what is being said about the already on-going exceptional work happening in many communities around the world
with integration. [i]

**Marieta de Vos**, executive director of Mosaic in South Africa, provides comprehensive services like HIV and reproductive health services for victims of gender-based violence. She says that ?coordination at a local level is critical,? and recommends starting integration at the local level to connect separate but related resources to coordinate focus on shared target populations. [i]

**Drasko Kostovski** of HERA in Macedonia works to improve sexual and reproductive health rights for the people of Macedonia, focusing on young people and the most at-risk populations. Drasko stresses the importance of staying in touch with the specifically stated needs of the target population so that services can maintain focus on meeting them. According to him, integration does not need to be a massive structural change and organizations should ?integrate whatever you have?.[i]

**Elizabeth Castillo** of Profamilia in Colombia reinforces that huge resources are not necessary for integration and that the process can begin on a small scale, using the available resources and services. She also states the importance of broadening the definition of health to include a wider variety of health issues.[i]

### Taxonomy of Integration

> *The problems of the world are interrelated and so, therefore, must the solutions be?*

Already determined, the term ?integration? has many definitions. In order to adequately understand and address the challenges and opportunities associated with integration, it is important to unpack or dissect the various possible meanings of the word so that context-specific solutions can be developed for context-specific situations. This framework on integration is designed to do just that, in order to get program designers, managers and decision makers to think more specifically, but within a broader context, about how best to move towards integration in situations where it applies. Below are important concepts that are inherent in and fundamental for, integrated or systems thinking:

- **Person or Family Centered Care**
  - Not putting a particular disease or specific problem at the center of our attention when thinking of integrating is important. If we put the person or community affected by disease X or with condition Z at the center of our focus, then we will automatically be thinking in integration terms because we will automatically have to address the myriad of influences, needs, gaps, opportunities, etc. that are facing that person or community.

- **Community-based or Community-driven Primary Health Care**
  - This can be defined as ?essential health care based on appropriate, acceptable methods and technology, made universally accessible through community participation?. It is important to remember that the majority of health care (prevention, care, treatment, follow-up) is actually provided in the home, mostly by female caregivers and/or mothers. This links, therefore, to the person or family centered care concept. The failure to realize this
on the part of more disease or treatment oriented medicalized systems of care is a major contributing factor to the lack of access, trust, good care-seeking behaviors, etc. that we find in many solutions.

- **Life Cycle Approach**
  - This can be defined as “the set of states a person or other entity goes through from birth to death”. This is a fundamental to maternal and child health (MCH) for example, where an emphasis is placed on keeping young girls healthy if they are to be healthy women, healthy mothers, with healthy children.

- **Continuum of Care Approach**
  - This can be defined as “the provision of comprehensive care from the hospital to the home, which advocates the pooling together of medical and social services within the community and the creation of linkages between community care initiatives at all levels of the health care system”. This is the idea that prevention, treatment, maintenance/adherence, follow-up, etc. for something like HIV/AIDS are all interconnected and all necessary for good health.

**Resources:**

- **The Multiple Intervention Programming Toolkit**

  This website was developed to address topical and challenging issues of relevance to invited researchers, decision makers, and program planners working in the field of public health and specifically focused on Multiple Intervention Programming.

- **Global Health Initiative Principal Paper on Integration in the Health Sector**

  The purpose of this paper is to share information, experiences, ideas, resources, and challenges with U.S. Government (USG) country teams to help them better apply this principle in their programming across global health accounts and to expand the knowledge base for how this principle can advance a country’s health goals. The paper is intended as a “living document” which will be revised periodically based on emerging research and insights reported by USG field staff on integration successes and challenges in different settings under different circumstances. The paper is not formal guidance, a policy directive, a strategy, a user’s manual, or a blueprint.

- **Integration of Health Systems and Targeted Interventions**

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- **Putting Integration into Perspective: Proven Practices to Strengthen Public Health Supply Chains**

Supply chain integration is the most effective way to both improve customer service and lower costs, because it focuses on better connecting demand with supply.

- **Strengthening Primary Care: Addressing the Disparity between Vertical and Horizontal Investment**

Recently we have seen an unprecedented increase of financial support to improve health care in developing countries estimated at 26% between 1997 and 2002, from $6.4 billion to $8.1 billion. While the magnitude of such an investment is a positive development, the vast majority of aid has been allocated towards disease-specific projects (termed ?vertical programming?) rather than towards more broad-based improvements in population health, such as preventive measures, primary care services, and health workforce development (termed ?horizontal programming?).
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Integrating Vertical Health Programmes into Sector Wide Approaches

The purpose of this study is to assist SDC with its decision on whether to integrate the Tanzania National TB Leprosy Programme into national delivery structures. The paper looks at experiences in three countries (Ghana, Bangladesh and Zambia), which have integrated some vertical programmes into their national systems which are also supported by a SWAp. The main finding is that integration can, and has caused problems of retaining programme performance. This can be attributed to the reorganisation of technical responsibilities, rationalisation of procurement arrangement, shortages of funding, changes in priorities and changes in government and donor relationships. At the same time however a review of other aspects of the SWAps in those countries suggests that the longer term prognosis for programme performance may be positive because there are indications of improvements in planning, financial management and accountability, greater expenditure at district level and resource allocation, swifter programme mobilisation, better linkages outside MoH and wider accountability for programme performance.

Organizational Models

*When thinking about integration, think vertizontal? a hybrid of vertical and horizontal, as both are needed.*

In this section you will find a review of vertical and horizontal models as they relate to health and development. Because integration is a combination of the two models, it is important to understand what each of them are as separates.

The *vertical* model is where all levels of a system are working together to achieve objectives. Vertical programs are effective when rapid responses and time-limited approaches are required for integration of programs into mainstream health services. The eradication of smallpox illustrates the success of a vertical approach. Despite its merits, arguments against a vertical approach to delivery include: a limited chance for sustainability; neglect of some of the underlying
determinants; negative spinoff effects for health systems and non-targeted populations; potential duplication of services; and lack of pooling of funding or resources. [i]

The **horizontal** model means working across sectors, departments or organizations to achieve objectives. Horizontal approaches limitations: discussions remain at the policy level (intersectoral action) or at the service delivery sector without attention to differing levels of jurisdiction.

### Integrated Methods

This section examines the numerous integrated methods when working towards integration with health and development. There are a wide variety of methods or approaches which help increase likelihood of integration. In addition to the obvious such as holistic, fully integrated programs, these include the following:

- **Layering:** This is where separate programs or interventions may be added one at a time over time to serve the same beneficiary populations. For example, one might start with a TB control program, and then add HIV, nutrition, livelihoods, etc. all with separate programming funded by separate donors.

- **Platforms:** This might include something like the use of schools as a platform for reaching children not only with education, but also with good nutrition, health, environmental issues (WASH and restoration), food security (school gardens). In addition, whatever the kids are learning can be shared back at home and in the community, as well as community involvement through Parent-Teacher Associations.

- **Cross-Referral Systems:** For example, TB and HIV services may be going on in a community simultaneously, but each program may work to ensure that their target populations are tested and served for both TB and HIV.
• **Providing Two or More Therapies or Services at Once:** This might include, for example, provision of livelihood support at the same time as health education is provided. An example of this was PCI's Planificando Juntos program where men were involved in the program through WASH activities and women through reproductive health activities but then, once together, the focus was on joint resource management, joint decision making.

• **Combining Similar Activities for Efficiencies:** An example of this would be training on multiple topics together or providing home based care that addresses the need of a chronically ill caretaker as well as the vulnerable children in the household. Important to note that monitoring for performance is necessary, which can be impaired by over-loading.

• **Coordination and Collaboration:** This includes joint planning or joint advocacy with individualized implementation or any number of means of coordination and collaboration across intervention areas or sectors.

### Tools to Get Started

In this section of the toolkit, you will find a variety of 'tools' meant to assist in someone’s knowledge of integration and/or an organization’s process towards integration. These tools were created to provide a starting point for an organization interested in integrating services and/or interventions into a community. Feel free to print out any of the created and/or provided tools to facilitate in your process of working towards a more integrated approach to health care. For example, users can check out a simple integration checklist or a section on creating and maintaining partnerships to further integration.

### Resources:
Integrating Microfinance and Health Strategies: Examining the Evidence to Inform Policy and Practice

Single solutions continue to be inadequate in confronting the prevalent problems of poverty, ill health and insufficient health system capacity worldwide. The poor need access to an integrated set of financial and health services to have income security and better health. Over 3500 microfinance institutions (MFIs) provide microcredit and financial services to more than 155 million households worldwide. Conservative estimates indicate that at least 34 million of these households are very poor by the definition in the Millennium Development Goals, representing around 170 million people, many in remote areas beyond the reach of health agencies, both private and governmental. A small but increasing number of MFIs offer health-related services, such as education, clinical care, community health workers, health-financing and linkages to public and private health providers.

Community-Based Participatory Research Contributions to Intervention Research: The Intersection of Science and Practice to Improve Health Equity

Community-based participatory research (CBPR) has emerged in the last decades as a transformative research paradigm that bridges the gap between science and practice through community engagement and social action to increase health equity. CBPR expands the potential for the translational sciences to develop, implement, and disseminate effective interventions across diverse communities through strategies to redress power imbalances; facilitate mutual benefit among community and academic partners; and promote reciprocal knowledge translation, incorporating community theories into the research. We identify the barriers and challenges within the intervention and implementation sciences, discuss how CBPR can address these challenges, provide an illustrative research example, and discuss next steps to advance the translational science of CBPR.

Monitoring and Evaluation of Family Planning and HIV Integration Programs in Nigeria

Objective was to measure changes in service utilization of a model integrating family planning with HIV counselling and testing (HCT), antiretroviral therapy (ART) and prevention of mother-to-child transmission (PMTCT) in the Nigerian public health facilities. It is a retrospective survey of attendance and family planning commodity uptake in 71 health facilities in Nigeria that analyzes the preintegration and postintegration periods between March 2007 and January 2009. A prepost retrospective comparison of mean attendance at family planning clinics and couple-years of protection (CYP) compared 6 months preintegration with 9
months postintegration period. An analysis of service ratios was conducted, relating completed referrals at family planning clinics to service utilization at the referring HIV clinics.

- **Putting Integration into Perspective: Proven Practices to Strengthen Public Health Supply Chains**

  Supply chain integration is the most effective way to both improve customer service and lower costs, because it focuses on better connecting demand with supply.

- **Integrated Health Promotion Strategies: A Contribution to Tackling Current and Future Health Challenges**

  This paper was presented as a technical background paper at the WHO sixth Global Conference on Health Promotion in Bangkok Thailand, August 2005. It describes what we know about the effectiveness of four of the Ottawa Charter health promotion strategies from eight reviews that have been conducted since 1999. The six lessons are that (i) the investment in building healthy public policy is a key strategy; (ii) supportive environments need to be created at the individual, social and structural levels; (iii) the effectiveness of strengthening community action is unclear and more research and evidence is required; (iv) personal skills development must be combined with other strategies to be effective; (v) interventions employing multiple strategies and actions at multiple levels are most effective; (vi) certain actions are central to effectiveness, such as intersectoral action and interorganizational partnerships at all levels, community engagement and participation in planning and decision making, creating healthy settings (particularly focusing on schools, communities, workplaces and municipalities), political commitment, funding and infrastructure and awareness of the socio-environmental context. In addition, four case studies at the international, national, regional and local levels are described as illustrations of combinations of the key points described earlier. The paper concludes that the four Ottawa Charter strategies have been effective in addressing many of the issues faced in the late 20th century and that these strategies have relevance for the 21st century if they are integrated with one another and with the other actions described in this paper.

- **Gender Issues in Monitoring and Evaluation in Rural Development: A Toolkit**
The Toolkit for Integrating Gender into Monitoring and Evaluation has been developed to assist project task teams, borrowers, and partners to recognize and address gender concerns in designing rural development sector projects and to monitor and evaluate results, outcomes, and impact on achieving overall rural well-being.

Integration of Cost-Effective Early Detection Programs into the Health Services of Developing Countries

The early detection of cancer is based on the concept that treatment is more effective when it is detected at an early clinicopathologic stage, prior to the development of symptoms. However, it involves substantial costs both to health services and individuals, and may result in undesired effects in a proportion of participants. Policy decisions concerning the implementation of early detection procedures for cancer in the health services of developing countries therefore should take into account an array of factors including the public health importance of disease, characteristics of screening tests, evidence for efficacy and cost-effectiveness from randomized intervention trials and other health care settings, costs involved in organization and management, manpower requirements, and the level of development of health services in a given setting.

Integration Checklist

At the bottom of this page there is a file called the 'Integration Checklist' meant to serve as a guide for an organization when begging the process of integrated programming/services. Please feel free to print out the checklist and use on your journey to integration. The checklist encompasses four separate areas of integration; getting started with integration; planning, budgeting, and funding; service delivery; and monitoring and evaluation. This checklist is a general, broad view of integration. Below are other examples of Integration checklists, more tailored to specific services:

Here is a checklist tool for patient-centered integrated behavioral health care.

Here is a checklist tool for integrating HIV and STI prevention.
Scoping Tool

The U.S. Global Health Initiative has developed a tool for integration titled 'The Integration Scoping Tool', which you can find here. This comprehensive guide can be used in any exercise that seeks to better understand the extent of integration efforts in a given country. Tables 1-4 are exploratory as they conquer 5 questions regarding integration.

1. ‘To what extent is a supportive policy environment in place to foster integration?’
2. ‘To what extent are programs being consolidated to achieve better outcomes at lower cost?’
3. ‘To what extent are health system support strategies being managed to support integrated service delivery for health promoting behavior in the home?’
4. ‘To what extent have facility-based services and community-based services been integrated expand access, improve quality, lower costs and respond to clients needs?’
5. ‘To what extent are families adopting healthy behaviors to safeguard their well-being and improve their quality of life?’

Many factors, such as country ownership, benefits and costs, potential for adaptation, feasibility, and operational challenges must be considered when using this as a guide. Also remember that not all elements in the tool are relevant or appropriate for all settings. The tool has three elements to it:

- An overarching question for each of five functional domains (policy, program/organization, system support strategies, services, and health promoting behaviors)
- A series of features or characteristics for each functional domain
- A determination of the extent to which the function is present: fully, partially, or not at all

Stages of Integration

This document displays a scale-like format from 'low-touch' integration to 'high-intensity' integration. It is meant to serve as a guide to see what stage your organization and/or partnership may already be in with integration and/or where to start. See file below:

Example from an HIV Integration Program
Above you will find a diagram showing the process of integration with HIV/AIDS in a clinic setting. This diagram is simply meant for you to view, in a different way, what the process may look like when dealing with a service such as HIV/AIDS treatment and prevention. Also found in this section is an Integration Checklist for usage of a program integrating STI and HIV prevention. Produced by the International Planned Parenthood Federation, you can find that checklist here.

Creating and Maintaining Partnerships for Integration

Creating partnerships and collaboration between organizations or groups, whether they be other NGOs in the community, local clinics and hospitals, or other groups working towards the same cause, is critical for integration to be successful. This section describes the process of creating healthy partnerships by working collectively to identify the issues of greatest concern, according to the community, and developing the shared vision and mission for the partnership in order to achieve maximum integration.

- Invite community stakeholders to meet and share their ideas and concerns for the community and other individuals or organizations in the community that have insight into health conditions, risk factors, and social and/or environmental resources. These stakeholders could be faith-based organizations, local businesses, the local government, other advocacy groups, etc.

- Describe who each organization is and why a partnership is needed to achieve the common goals of integration. Request for all participating stakeholders to meet in a designated meeting space to engage in a discussion on planning an agenda. Together, create a set of ground rules, to ensure the meeting and future meetings run smoothly, however be prepared to deal with some conflict, as it is most likely inevitable.

- As a group, decide if forming the partnership would be beneficial to all involved and the
community by outlining the partnership’s shared vision and mission. In developing this partnership, remember to acknowledge and honor each organizations’ agendas, develop mutual trust and respect, reinforce shared leadership, and encourage upstream thinking and action.

See reference for this section below as well as a document created by PCI called PCI’s 5 Principals of Partnership, useful when developing partnerships for successful integration.

**Successful Meeting Tips to Achieve Greater Program Integration**

**SUCCESSFUL MEETING TIPS TO ACHIEVE GREATER PROGRAM INTEGRATION**

This list is tailored specifically to a meeting with partner organizations or groups.

**Planning the Meeting**

_____ Set up an agenda for the meeting, deciding on the goal of the meeting and how the purpose of integration should be discussed.

_____ Select what community stakeholders and other organizations will be invited and why, keeping the integration goals in mind.

_____ Assemble a planning committee with members from the organizations/community involved and engage them in determining meeting facilitation techniques.

**Running the Meeting**

_____ Be respectful of others’ time and schedule, starting and ending the meeting on the agreed time, allowing for possible social time before or after the meeting to engage networking and building of new relationships to their full potential to assist in the progression of integration.

_____ Focus on the strengths of each organization/group and what each can bring to the integration process.

_____ Rotate meeting facilitators among different organizations to develop new leadership roles and establish early on how collaboration will work to achieve health outcomes liked to program goals.

_____ Encourage equal participation from all and keep the discussion on track, focusing on what populations are the target of the integrated services and/or interventions.

_____ Urge community members to attend meetings, as appropriate, to provide insight and feedback regarding their needs concerning integration.
Following-up after the Meeting

_____Gather feedback from the group, make follow-up contact via email or phone, summarizing the meeting and future goals, and establish regular meeting cycles for the future.

_____Produce a document laying out what each organization will attempt to complete for the development of integration by the next meeting. [i]

Tips for other Types of Meetings:

Program and Staff Meetings

Consider including a standard agenda item on the topic of integration. Key questions to ask are:

- How is it going?
- What are we learning?
- How can we improve?

Meetings with Donors

Consider raising the profile of your integrated programming during meetings with donors. Key questions to ask are:

- What does it look like?
- What are you learning?
- What are the challenges?
- What are the results and outcomes?

Journals on Integration in Healthcare

For further resources, see below for a list of journals dedicated to the field of integration.

- International Journal of Integrated Care
- Topics in Integrated Health Care
Recruitment and Position Description
Language for Integration Human Resources

The following are skills and experiences that could be desirable in staff/partners and could be used as criteria for selecting adequate human resources for integration.

- Partner relationship cultivation and management
- Bring disparate teams together toward common goal
- Capacity in key cross-cutting areas such as gender, capacity strengthening, behavior change, and systems strengthening
- Cross-divisional synergies
- Dependable, consistent, strategic, teamwork
- Cross-issue agency relationships
- Integrated resource projects and initiatives
- Ability to prioritize multiple, competing priorities
- Proposal development, budget, grant writing related to person/family centered care
- Multi-sectoral program design and management

Challenges and Recommendations

CHALLENGES

- Getting all sectors to a common pursuit of public health [reference below]
• Insufficient funding and unequal resource allocation as well as a lack of human resources with relevant skills

• May add an additional strain on existing systems [i]

• Longer development phase; more time need for staff to realize value and best ways to integrate activities and maximize opportunities and a need for attention to measurement

• Lack of coordination between private and public providers [i]

• Avoiding criticism regarding the way funding and incentives are set up for integration

• Barriers created by gender norms and traditional practices that prevent accessing and using integrated services [i]

**RECOMMENDATIONS ON INTEGRATED PROGRAMMING**

• Integration does not necessarily mean that everything must be integrated into one package. It should instead be viewed as a continuum. [i]

• Commit to what works and do not try to use integration for something that simply does not work.

• Community involvement is key to success and sustainability.

• Need to define roles and responsibilities of the various actors, the importance of each partner playing to their skills; sensitizing staff to the perspectives of new partners; harmonizing working conditions for staff between sectors; developing and implementing monitoring and evaluation systems; ensuring excess capacity exists to fill management gaps in the event of illness or absence.

• Integration requires close coordination between individuals, departments and sectors. Resources will need to be pooled, a unity of purpose will need to be established and relationships will need to be based on a give-take foundation.

• Integration is not a solution for inadequate resources. Integrating two programs could provide savings, but would not be able to be sustainable without the system as a whole having adequate resources. [i]

• Consider embedding the monitoring of important processes and the evaluation of outputs and outcomes into programming for integration. Adequately supporting this work with the necessary budget and manpower, perhaps by leveraging funds from other partners with similar interests. [i]
RECOMMENDATIONS ON MOVING INTEGRATION FORWARD

- More research is needed in order to enhance and deepen our understanding of integration (what contributes to good integration, when and when not to integrate, what are the additional benefits of integration, when do the benefits outweigh the costs, what can we learn about the best way to sequence integrated services or program elements, etc.)

- More work is needed to develop and share effective tailored tools and methods for integration measurement, monitoring, learning, and evaluation.

- Donors should provide more resources for integrated, holistic programs and service delivery (less siloed or compartmentalized funding by sector).

- Policy and decision makers should provide practical guidance to program designers and managers for greater excellence in integrated programming and service delivery.

- More focus should be placed on funding and understanding the role of cross-cutting issues and strategies such as behavior change, gender, sustainability, local capacity strengthening, innovation, and systems strengthening.

- Knowledge and skills development (pre-service and in-service training and education) are needed related to integration (integration being the specialty of focus rather than a particular disease or condition).

Along with the scoping tool, found in the 'Tools to get Started' section, The Global Health Initiative has developed a List of Factors that may Promote and Inhibit Service Integration. Click on the attached document and scroll to pages 13-14 for the complete lists.

Resources:

- Global Health Initiative Principal Paper on Integration in the Health Sector

The purpose of this paper is to share information, experiences, ideas, resources, and challenges with U.S. Government (USG) country teams to help them better apply this principle in their programming across global health accounts and to expand the knowledge base for how this principle can advance a country's health goals. The paper is intended as a living document, which will be revised periodically based on emerging research and insights reported by USG field staff on integration successes and challenges in different settings under different circumstances. The paper is not formal guidance, a policy directive, a strategy, a user's manual, or a blueprint.
Integration of Control of Neglected Tropical Diseases into Health Care Systems: Challenges and Opportunities

Although progress has been made in the fight against neglected tropical diseases, current financial resources and global political commitments are insufficient to reach the World Health Assembly’s ambitious goals. Increased efforts are needed to expand global coverage. These efforts will involve national and international harmonisation and coordination of the activities of partnerships devoted to control or elimination of these diseases. Rational planning and integration into regular health systems is essential to scale up these interventions to achieve complete eradication of these diseases. Programmes with similar delivery strategies and interventions—such as those for onchocerciasis, lymphatic filariasis, and soil-transmitted helminthiasis—could be managed on the same platform and together. Furthermore, better-resourced programmes—such as those for malaria, HIV/AIDS, and tuberculosis—could work closely with those for neglected tropical diseases to their mutual benefit and the benefit of the entire health system.

Integrated Health Promotion Strategies: A Contribution to Tackling Current and Future Health Challenges

This paper was presented as a technical background paper at theWHO sixth Global Conference on Health Promotion in Bangkok Thailand, August 2005. It describes what we know about the effectiveness of four of the Ottawa Charter health promotion strategies from eight reviews that have been conducted since 1999. The six lessons are that (i) the investment in building healthy public policy is a key strategy; (ii) supportive environments need to be created at the individual, social and structural levels; (iii) the effectiveness of strengthening community action is unclear and more research and evidence is required; (iv) personal skills development must be combined with other strategies to be effective; (v) interventions employing multiple strategies and actions at multiple levels are most effective; (vi) certain actions are central to effectiveness, such as intersectoral action and interorganizational partnerships at all levels, community engagement and participation in planning and decision making, creating healthy settings (particularly focusing on schools, communities, workplaces and municipalities), political commitment, funding and infrastructure and awareness of the socio-environmental context. In addition, four case studies at the international, national, regional and local levels are described as illustrations of combinations of the key points described earlier. The paper concludes that the four Ottawa Charter strategies have been effective in addressing many of the issues faced in the late 20th century and that these strategies have relevance for the 21st century if they are integrated with one another and with the other actions described in this paper.
Examples of Integration

In this section of the toolkit, you will find health topics that will provide additional resources for program managers, policy makers, advocates, service providers, and others provides who are interested in integration. There are 16 examples of integrated services in the listed areas, including:

- Agriculture
- Community Health
- Disaster Preparedness
- Disease Control
- Environment
- Family Planning and Reproductive Health
- Gender
- HIV/AIDS
- Immunization
- Malaria
- Maternal and Child Health
Agriculture and health are interlinked, as good health requires productive agriculture and in order to have productive agriculture, you need healthy people. Agriculture is constantly being threatened by changes in the environment and globalization. Addressing new health problems in an every integrating world, demands an understanding of the relationship between agriculture and health. First, agriculture produces the staple foods that sustain most of the developing world. Second, agriculture and the environment interact with each other in ways such as irrigation. Irrigation can create favorable conditions for the growth of parasitic vectors, affecting human health. Below are existing examples of how agriculture has been integrated with other services and/or interventions. [i]
Linking Agriculture and Nutritional Health

This case study looks at the work that PATH is doing with linking agriculture to nutrition in low-resource communities in Sub-Saharan Africa. An estimated 43 million children under age five in sub-Saharan Africa are at risk of vitamin A deficiency, which contributes to significant rates of blindness, disease, and premature death. Orange-fleshed sweet potatoes hold promise as a strategy for reducing undernutrition, providing an important source of energy and beta-carotene that the body can convert into vitamin A. PATH and the International Potato Center are working with officials and local agricultural organizations in Western Kenya to improve the health status of pregnant women and the nutritional health of young children through a project linking agriculture and nutrition interventions to health services. Mama SASHA (Sweetpotato Action for Security and Health in Africa) is a key component of the International Potato Center’s ten-year initiative to improve the food security and livelihoods of families in sub-Saharan Africa. Community health workers run clubs for pregnant women at the community level to discuss nutrition and health topics and encourage women to seek antenatal and postnatal care services. Clinic nurses provide nutrition counseling and vouchers for sweet potato vines that women can plant to grow their own sweet potatoes. Community farmers act as vine multipliers, supplying the vines and agronomic advice when women present the vouchers. Home visits are made to assess how the vines were planted and to give management advice.

Integrating Household Nutrition and Food Security Objectives into Proposed Agriculture Projects: Illustrative Guidance

The Infant & Young Child Nutrition (IYCN) Project developed this guidance for agriculture program designers seeking to build food security and nutrition objectives into agricultural interventions. This tool briefly describes how to develop objectives and determine indicators that will maximize nutritional benefits for populations most vulnerable to food insecurity and malnutrition. Ensuring that food security and nutrition objectives are included in the initial planning stages of agriculture projects has a tremendous potential to improve nutrition and build healthy futures for mothers, children, and other vulnerable groups around the world. If food security or nutrition objectives are not included from the outset, at a minimum, agriculture program designers should conduct a nutritional impact assessment to estimate the project’s impacts on the nutritional situation of vulnerable groups and to ensure that no adverse impacts are likely for them.
It is no secret that we are only as healthy as the environment around us. This includes our household, biological environment, the company we keep, and our community. The community can play a large role in the care of the people that reside in that community. Integration is often based off of what the communities needs are and the 'readiness' of the community to have some type of integration of services and/or interventions. Community health often emphasizes the elements of participation, capacity building, sustainability, empowerment and more. In this section, you will find resources that have shown integration involving community health and often community-based health promotion. [i]

Resources:

- **Linking Family Planning and Community Health for Health Equity and Impact**

Based on more than 125 references, the research presented in this paper provides compelling evidence that integration of family planning is a value-added strategy, saving lives, and spurring progress to prevent diseases, protect the environment, advance food security and nutrition, and improve the health of young people. Integrating family planning with existing health interventions at the community level not only broadens access and equity, but improves substantive understanding of the importance of family planning to the health of women, children and the family, and to reducing unintended pregnancies and abortions. With the endorsement of WHO, USAID and other policymaking bodies, integrated services, including family planning, represent the future of community and primary health care.

**Disaster Preparedness**
Disaster preparedness is a huge area in the field of global public health. Recognizing the vulnerability of certain populations to devastating outcomes caused by natural and man-made disasters is imperative when dealing with disaster preparedness integration. Often, disasters adversely affect the livelihoods of poor people by damaging their means of earning by either destroying their place of work, loss of land due to erosion in flooding, or other areas such as the loss of animals on their farm, which is their means of income. Mainstream disaster responses frequently do not focus on rehabilitation of peoples' means of livelihood, after the disaster occurs. Families, who lose their means of livelihood from a disaster, find their recovery from adverse effects become more unlikely and their vulnerability to future disasters is increased. Diversity in the sources of livelihoods is crucial for increasing people's capacity to cope and recover from a disaster. Making an investment on strengthening and diversifying the sources of livelihoods of the people of disaster prone areas can be an effective strategy for disaster risk reduction and integrating this preparedness with other community-based approaches can be quite beneficial. [i]

Resources:

- **Integration of Climate Change and Disaster Risk Reduction into the District Strategic WASH Plan**

  The impacts of climate change are being felt in the WASH sector. With climate change, environmental disasters increase, affecting water and sanitation facilities. Because climate change has adverse impacts on the WASH sector, there is a need to integrate adaptation into climate change. This case study was done on the integration of climate change and disaster risk reduction in the District Strategic WASH Plan of Myagdi district.

- **A Framework to Integrate Social Vulnerability into Catastrophic Natural Disaster Preparedness Planning**
This paper discusses social vulnerability and its use by disaster planners. It provides a conceptual framework to show how social factors along with vulnerability principals and criteria may influence the selection of preparedness actions.

**Disease Control**

When dealing with all forms of disease, communicable, non-communicable, and chronic, what is the best way to integrate disease control programs while strengthening the existing health systems? Integrated health systems that focus on the health needs of communities can offer several advantages in low- and middle-income countries by providing an integrated approach with holistic options centered around the needs of the people in the community, enhancing their self-reliance. Integrated programs within disease control can also develop system effectiveness, particularly in areas with limited human resources. An existing example is working in Cambodia, where the integration of HIV/AIDS, diabetes, and hypertension management has demonstrated some terrific outcomes, thus far. According to the research, when dealing with disease control, two conditions are thought to be essential; first, disease control should be integrated with general health care delivery and second, integration of operational and administrative aspects should happen simultaneously. [i]

**Resources:**

- **HIV and Non-Communicable Deseases Integration in Health Care Delivery in Low-and-Middle Income Countries**

Integrated health systems that focus on the health needs of communities can offer several advantages in low- and middle-income countries. Integrated approaches provide people with holistic options centered on health needs of people and communities and thereby enhance community self-reliance. For example, the integration of HIV/AIDS, diabetes, and
hypertension management in Cambodia has demonstrated high acceptance and good outcomes. Implementation of more integrated programs also helps to develop system effectiveness and cost-effectiveness, particularly in health systems with limited human resources.

- **Integrated Approaches for Non-Communicable Diseases and Tobacco Control**

Here, we look to the mounting challenge of non-communicable disease (NCD) control and the roles that the tobacco control community can play in the burgeoning global NCD movement. Central to this commentary is whether "lessons learnt" from tobacco control can foreshorten the NCD pandemic and whether the global tobacco control community can become a platform for broader global NCD activity. While our experience in tobacco control provides some lessons that extend to NCD control, there are distinct challenges in bringing approaches from the more focused domain of tobacco control to the diffuse and poorly bounded domain of NCD control. Nonetheless, we propose that in many places the tobacco control community needs to engage more broadly in disease prevention and bring its strategies, experience and enthusiastic advocacy to encompass a broader global NCD movement. Such engagement could become a "win" for the tobacco control community and a "win" for NCD control.

- **Integrating Vertical Programs for the Control of Neglected Tropical Diseases in Sub-Saharan Africa**

Combining the delivery of multiple health interventions has the potential to minimize costs and expand intervention coverage. Integration of mass drug administration is therefore being encouraged for delivery of preventive chemotherapy (PCT) to control onchocerciasis, lymphatic filariasis, schistosomiasis, soil-transmitted helminthiasis, and trachoma in sub-Saharan Africa, as there is considerable geographical overlap of these neglected tropical diseases (NTDs). With only a handful of countries having embarked on integrated NTD control, experience on how to develop and implement an efficient integrated programme is limited. Historically, national and global programmes were focused on the control of only one disease, usually through a comprehensive approach that involved several interventions including PCT. Overcoming the resulting disease-specific structures and thinking, and ensuring that the integrated programme is embedded within the existing health structures, pose considerable challenges to policy makers and implementers wishing to embark on integrated NTD control. By sharing experiences from Uganda, Tanzania, Southern Sudan, and Mozambique, this symposium article aims to outlines key challenges and solutions to assist countries in establishing efficient integrated NTD programmes.
Integration of Control of Neglected Tropical Diseases into Health Care Systems: Challenges and Opportunities

Although progress has been made in the fight against neglected tropical diseases, current financial resources and global political commitments are insufficient to reach the World Health Assembly’s ambitious goals. Increased efforts are needed to expand global coverage. These efforts will involve national and international harmonisation and coordination of the activities of partnerships devoted to control or elimination of these diseases. Rational planning and integration into regular health systems is essential to scale up these interventions to achieve complete eradication of these diseases. Programmes with similar delivery strategies and interventions—such as those for onchocerciasis, lymphatic filariasis, and soil-transmitted helminthiasis—could be managed on the same platform and together. Furthermore, better-resourced programmes—such as those for malaria, HIV/AIDS, and tuberculosis—could work closely with those for neglected tropical diseases to their mutual benefit and the benefit of the entire health system.

Pathways to Integrated Action in the Americas

The purpose of this paper is three-fold. First, it focuses on a need for integrated “pro-poor” approaches and policies to be developed in order to more adequately address the multifaceted nature of neglected diseases. This represents a move away from traditional disease-centered approaches to a holistic approach that looks at the overarching causes and mechanisms that influence the health and well-being of communities. The second objective of the paper outlines the need for a specific strategy for addressing these diseases and offers several programmatic entry points in the context of broad public health measures involving multiple sectors. Finally, the paper presents several current Pan American Health Organization and other institutional initiatives that already document the importance of integrated, inter-programmatic, and inter-sectoral approaches. They provide the framework for a renewed effort toward the efficient use of resources and the development of a comprehensive integrated solution to neglected communicable diseases found in the context of poverty, and tailored to the needs of local communities.

Neglected Tropical Diseases Integrated with HIV/AIDS, TB, and Malaria Programs

An increasing body of evidence indicates that the group of neglected tropical diseases may not only threaten the health of the poor as much as HIV/AIDS, tuberculosis, or malaria, but even more importantly, may have effective treatment and prevention strategies that can be delivered for less than US$1 per capita per year. Furthermore, new evidence points to
substantial geographic overlap between the neglected tropical diseases and the big three, with emerging data suggesting that control of the neglected tropical diseases could actually become a powerful tool for combating HIV/AIDS, tuberculosis, and malaria. Therefore, achieving success in the global fight against HIV/AIDS, tuberculosis, and malaria may well require a concurrent attack on the neglected tropical diseases and waging a larger battle against a new 21st century “gang of four.”

- An Integrated Approach to Combining a Measles Campaign with a Bed Net, Vitamin A, and Mebendazole

This case study describes how the American Red Cross (ARC) integrated a 2003 campaign to distribute free, insecticide-treated bed nets (ITNs) and provide vitamin A and mebendazole with a cross-agency. ARC approaches included volunteer social mobilization and community education and intense evaluation. In addition, Red Cross National Societies in both countries worked with partners to develop appropriate community messages and to strengthen social mobilization activities. This case study provides background on how the campaign was implemented in one underserved district in Ghana, followed by a close review of the expanded and integrated campaign in five districts in Zambia, which were underserved and showed low usage of and access to ITNs.

- Integrating Disease Control Programs

This resource is focused on the integration of Disease control programs. It focuses on two conditions in which successful integration is based on. The first, is that disease control needs to be integrated with general health care delivery. Second, that integration of both operational and administrative aspects should take place simultaneously.

Environment
services may have a myriad of benefits to the targeted populations. A program supported by the U.S. Agency for International Development (USAID) and the David and Lucile Packard Foundation in Madagascar found that integrating environmental health with reproductive health and family planning programs encourages men and adolescent boys to be more involved with the programs. Integrating environment into other services and/or interventions may assist in building trust with community members because it often addresses the issues they consider to be very important. Environmental health is one of the biggest issues facing the global health field today. Integrating environment into other services and/or interventions can enable projects to increase their efficiency through economies of scale that allow for pooling expertise from different fields and often, community members save time by participating in integrated programs. [1]

Resources:

- **Integration of Climate Change and Disaster Risk Reduction into the District Strategic WASH Plan**

  The impacts of climate change are being felt in the WASH sector. With climate change, environmental disasters increase, affecting water and sanitation facilities. Because climate change has adverse impacts on the WASH sector, there is a need to integrate adaptation into climate change. This case study was done on the integration of climate change and disaster risk reduction in the District Strategic WASH Plan of Myagdi district.

- **Integrating Environmental Health with Development Plans**

  This joint publication of IIED and Irish Aid is part of a series that aims to clarify the links between the environment, climate change and key development sectors, and provide guidance on strategies available for mainstreaming the environment and climate change into national policies. This briefing focuses on health. Nearly one quarter of the global disease burden can be attributed to the environment. Improving environmental health - raising its profile at national, state and local levels, and integrating environmental health issues into development plans and activities - is critical if we are to reduce poverty and meet the Millennium Development Goals.

- **Do Integrated Population, Health, and Environment Programs Work?**

  This evaluation of a five-year program about the integration of population, health and environment in three environmental corridors and other threatened ecosystems in
Madagascar was designed to test the following working hypothesis and operations research question:

1. Is an integrated approach more effective than a single-sector approach (health or environment alone or no known program other than government services)?

2. What is the most effective model to integrate multi-sector programs that include population, health, and environment (agriculture and natural resource management) interventions?

• Integrating Population, Health, and Environment in Rwanda

An assessment of the overall state of integration was recently undertaken by an interdisciplinary team led by the Centre for Resource Analysis in Kigali to explore in more detail population-health-environment interactions and the opportunities for and challenges of crosssectoral collaboration and integrated programming in Rwanda.

• The Integration Imperative: How to Improve Development Programs by Linking Population, Health, and Environment

As globalization continues to strengthen the interactions among population dynamics, human health, environmental management, economics, politics, and culture, we must refine our development programs to address these complexities. Since the early 1990s, a few small-scale community programs in developing countries have been using integrated approaches that address population-health-environment (PHE) links in ecologically fragile areas, such as biodiversity hotspots, urbanizing regions, and coastal zones. The key objective of these projects has been to increase access to family planning and health services, while simultaneously helping communities manage their natural resources in ways that improve their health and livelihoods, as well as conserve critical ecosystems. This articles provide some observations from the author's decade-long experience with emerging PHE projects around the world, and offers recommendations for future directions in this promising field.

• Scaling up Population, Health, and Environment Programs in the Philippines

Today, integrated PHE programming is gaining momentum in new geographic areas of the country and is being applied to other domains outside the traditional population, health and environment fields such as disaster mitigation and food security. This paper reviews this
early experience of PHE scaling up in the Philippines and looks at constraints and opportunities to further scaling up.

• **Integrating Population, Health, and Environment in Ethiopia**

This article focuses on a development model that integrates population, health, and environmental factors to achieve the goal of breaking the cycle of food insecurity and poverty through sustained economic growth, while preserving the country's unique natural heritage.

• **USAID's Programming Manual for Population, Health, and Environment**

Achieving environmentally-sustainable development in situations of surging population growth, declining biodiversity, and chronic poverty requires strategic planning, multi-disciplinary interventions and crosssector linked approaches that mirror the livelihood strategies of poor households and communities. This manual was designed with such a need in mind using evidence from programs in Madagascar, the Philippines, and other countries where integrated approaches to development have been explored and brought to scale over the past decade.

• **Integrating Population, Health, and Environment Programs in Kenya**

This policy brief is based on the Kenya PHE Assessment coordinated by the National Coordinating Agency for Population and Development (NCAPD) and conducted by the University of Nairobi and the Kenya PHE task force between October 2006 and April 2007. The methods used to conduct the assessment in Kenya included a review of relevant government policies and project documents, key informant interviews, site household surveys, and focus group discussions. The Kenya PHE Assessment was made possible with funding from the U.S. Agency for International Development (USAID).
Family Planning and Reproductive Health

With an ever-growing population in this world comes new challenges to meet the needs of our people. Inequality is highlighted within the context of reproductive health and family planning, with nearly one-third of all women, primarily in rural areas of low- and middle-income countries, lacking access to family planning methods. For these women, family planning options are unavailable, unaffordable, and often prohibited by law. The affects are tremendous with nearly 350,000 deaths related to complications of childbirth or pregnancy and 99% of them occur in these low- and middle-income countries. The research that expanding access to family planning is essential, yet sometimes the draw of dealing with something such as infectious diseases first has lured funding away from reproductive health and family planning. Integrating family planning and reproductive health with other services and/or interventions could potentially benefit many lives. Integration can help organizations maximize their investments in health while allowing providers to treat the health needs of individuals and families more efficiently. This can lead to strengthening a health system within a country. It is a collaborative effort to create policies, build capacity, and allocate resources, but it is a fight worth fighting. [i]

Resources:

- **Family Planning and HIV Services Toolkit**

  This is a toolkit found at k4health.org dedicated to inform health care professionals of the guidelines, current research, materials, etc. on integration between family planning and HIV services.

- **Liberia: Family Planning and Immunization Integration**
Background, Rationale, Integration Model

This toolkit serves as a resource in the form of a presentation from the Liberia endline stakeholder meeting makes the case for integrating family planning and immunization services and shares the integration model that was used in Liberia.

- Linking Family Planning and Community Health for Health Equity and Impact

Based on more than 125 references, the research presented in this paper provides compelling evidence that integration of family planning is a value-added strategy, saving lives, and spurring progress to prevent diseases, protect the environment, advance food security and nutrition, and improve the health of young people. Integrating family planning with existing health interventions at the community level not only broadens access and equity, but improves substantive understanding of the importance of family planning to the health of women, children and the family, and to reducing unintended pregnancies and abortions. With the endorsement of WHO, USAID and other policymaking bodies, integrated services, including family planning, represent the future of community and primary health care.

- Integrating Vertical Programs for the Control of Neglected Tropical Diseases in Sub-Saharan Africa

Combining the delivery of multiple health interventions has the potential to minimize costs and expand intervention coverage. Integration of mass drug administration is therefore being encouraged for delivery of preventive chemotherapy (PCT) to control onchocerciasis, lymphatic filariasis, schistosomiasis, soil-transmitted helminthiasis, and trachoma in sub-Saharan Africa, as there is considerable geographical overlap of these neglected tropical diseases (NTDs). With only a handful of countries having embarked on integrated NTD control, experience on how to develop and implement an efficient integrated programme is limited. Historically, national and global programmes were focused on the control of only one disease, usually through a comprehensive approach that involved several interventions including PCT. Overcoming the resulting disease-specific structures and thinking, and ensuring that the integrated programme is embedded within the existing health structures, pose considerable challenges to policy makers and implementers wishing to embark on integrated NTD control. By sharing experiences from Uganda, Tanzania, Southern Sudan, and Mozambique, this symposium article aims to outlines key challenges and solutions to assist countries in establishing efficient integrated NTD programmes.
Family Planning Integration: Overcoming Barriers to NGO Programming

This survey was designed to identify, document, and share information on the integration of community-based family planning (CBFP) services into maternal and child health (MCH) programs by CORE Group member organizations. The survey objective was to generate a set of recommendations directed to the CORE Safe Motherhood/Reproductive Health (SMRH) Working Group and USAID on information, tools and other publication resources, and guidance that is needed to mobilize and support organizations to integrate CBFP into their community-focused MCH programs. In support of this objective, the survey explored:

- Details of individual organization's CBFP programming;
- Programmatic linkages between CBFP and MCH and possible entry points for integration;
- The real and perceived barriers to CBFP integration; and
- Organizational experiences, including innovations, tools, and lessons learned, with integration of CBFP and MCH.

Integration of Family Planning Referrals into Immunization Clinics in Zambia and Ghana

To address the high unmet need for family planning (FP) among women during the extended postpartum period, research was completed in Ghana and Zambia to determine if integrating FP messages and referrals into early child immunization visits could increase contraceptive use among this group of women.

Monitoring and Evaluation of Family Planning and HIV Integration Programs in Nigeria

Objective was to measure changes in service utilization of a model integrating family planning with HIV counselling and testing (HCT), antiretroviral therapy (ART) and prevention of mother-to-child transmission (PMTCT) in the Nigerian public health facilities. It is a retrospective survey of attendance and family planning commodity uptake in 71 health facilities in Nigeria that analyzes the preintegration and postintegration periods between March 2007 and January 2009. A prepost retrospective comparison of mean attendance at family planning clinics and couple-years of protection (CYP) compared 6 months preintegration with 9
months postintegration period. An analysis of service ratios was conducted, relating completed referrals at family planning clinics to service utilization at the referring HIV clinics.

• **Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages: A Generic Guide**

The importance of linking Sexual Reproductive Health and HIV/AIDS is now widely recognized. The majority of HIV infections are sexually transmitted or are associated with pregnancy, childbirth and breast-feeding. The risk of HIV transmission and acquisition can be further increased due to the presence of certain STIs. Linkages between core HIV services and core Sexual Reproductive Health services in national programs are thought to generate important public health benefits.

• **Integrating Adolescent Sexual and Reproductive Health Programming into Vocational Education and Training in Zanzibar**

In Zanzibar, members of the African Youth Alliance (AYA) have played a crucial role in ensuring that adolescent sexual and reproductive health (ASRH) concerns be included in the government’s national vocational education and training (VET) policy. AYA staff members have also provided ongoing technical and financial support to the country’s government, nongovernmental organisations (NGOs), and its private sector facilitating the pilot integration of a Life Planning Skills (LPS) curriculum into VET centres. In doing so, AYA staff have built local capacity, set the stage for scaling-up and institutionalising youth-focused policy implementation, to ultimately ensure a broad, positive, and sustainable impact on the lives of Zanzibari youth.

Gender
Gender refers to the different roles men and women play in society and to the relative power they wield. Gender is expressed differently in different cultures, however, men and women do not perform equal roles or hold equal portions of power in all cultures. Dealing with gender issues is considered an upstream approach to most health issues. Gender inequality is a crucial constraint to poverty reduction and economic growth. Enhancing women's participation in economic development aims to reduce gender disparities. Gender also affects health outcomes such as reducing unintended pregnancies, transmission of HIV/AIDS, improving maternal health, etc. The third Millennium Development Goal of promoting gender equality and empowering women is being worked towards by many in today's world, though there is still a long road ahead for gender equality. Integrating gender into other health services would be impactful to all. [i]

Resources:

- **Gender Integration Guidelines**

  The purpose of this document is to provide operational guidance to (Millenium Challenge Corporation) MCC's country partners on their role integrating gender in all stages of Compact development and implementation in accordance with MCC's Gender Policy. This reflects MCC's commitment to gender equality as a development objective supporting poverty reduction. It addresses not only country responsibilities but also how the country Core Team will work with the MCC team to ensure effective and timely gender integration.

- **Gender Issues in Monitoring and Evaluation in Rural Development: A Toolkit**

  The Toolkit for Integrating Gender into Monitoring and Evaluation has been developed to assist project task teams, borrowers, and partners to recognize and address gender concerns in designing rural development sector projects and to monitor and evaluate results, outcomes, and impact on achieving overall rural well-being.
Integrating Poverty and Gender into Health Programmes: Module on Nutrition

The set of modules that comprise this Sourcebook are intended for use in pre-service and in-service training of health professionals. It is expected that this publication will also be of use to health policymakers and programme managers, either as a reference document or in conjunction with in-service training.

Integration of Gender Perspectives in WaterAid's Bangladesh Programme

This discussion paper is part of an ongoing process of developing gender sensitive approaches and analysis within WaterAid's Bangladesh Program. WaterAid has been deliberating the importance of gender and social relations issues in it's work since the mid 90's. This paper discusses the dilemmas and challenges WaterAid faces with supporting social justice and equity while integrating sensitive gender policies.

HIV/AIDS

It is estimated that around 34 million people in today's world are living with HIV/AIDS. Over 23 million of those cases are in Sub-Saharan Africa. It is not new news to the world of public health that HIV/AIDS is a serious problem. Promoting linkages between HIV/AIDS treatment and areas like tuberculosis, family planning, reproductive health, malaria, and neglected tropical diseases in low-resource countries are essential to improve diagnosis, treatment, and outcomes for patients affected by these diseases. Successful integration with HIV/AIDS treatment programs is feasible, although programmatic, infrastructural, and staffing challenges can develop. Integration requires commitment, collaboration, and tailoring of interventions in a manner that enables introduction into existing programs that are often overwhelmed with a large number of patients and low resources. The majority of HIV infections are sexually transmitted or associated with the childbirth process. HIV/AIDS shares root causes like poverty and limited access with other health problems, so why not use a shared solution? [i] [i]

Resources:

- Family Planning and HIV Services Toolkit
This is a toolkit found at k4health.org dedicated to inform health care professionals of the guidelines, current research, materials, etc. on integration between family planning and HIV services.

- **Community-Based TB and HIV Integration Good Practice Guide**

  This guide is one in a series of good practice guides produced by the International HIV/AIDS Alliance (the Alliance). This series brings together expertise from our global community-level HIV programming to define and guide good practice in a range of technical areas, including:

  - Human rights and GIPA
  - HIV prevention
  - Sexual and reproductive health and rights and HIV integration
  - TB and HIV integration
  - HIV programming for children
  - HIV and drug use

  Alliance good practice guides are:

  - User-friendly ?how to? guides
  - Targeting HIV programmes working in community settings in developing and transitional countries
  - Helping to define what is good practice for community-level HIV programmes

- **HIV and Non-Communicable Diseases Integration in Health Care Delivery in Low-and-Middle Income Countries**

  Integrated health systems that focus on the health needs of communities can offer several advantages in low- and middle-income countries. Integrated approaches provide people with holistic options centered on health needs of people and communities and thereby enhance
community self-reliance. For example, the integration of HIV/AIDS, diabetes, and hypertension management in Cambodia has demonstrated high acceptance and good outcomes. Implementation of more integrated programs also helps to develop system effectiveness and cost-effectiveness, particularly in health systems with limited human resources.

- **Integration of Tuberculosis and HIV Services in Sub-Saharan Africa: Lessons Learned**

  Promoting linkages between tuberculosis (TB) and human immunodeficiency virus (HIV) treatment and prevention programs in resource-constrained environments where both diseases are prevalent is essential to improve the diagnosis, treatment, and outcomes for patients affected by both diseases. In this article, we share insights based on our experiences supporting integrated TB and HIV service delivery programs, including intensified TB case finding, isoniazid preventive therapy, infection control, and initiation of antiretroviral therapy. Our experience indicates that successful integration of TB and HIV services in resource-constrained environments is feasible, although programmatic, infrastructural, and staffing challenges remain. Successful implementation of TB and HIV collaborative activities requires consideration of the realities that exist on the ground and the importance of tailoring interventions in a manner that enables their seamless introduction into existing programs that are often overwhelmed with large numbers of patients and a paucity of human and other resources.

- **Monitoring and Evaluation of Family Planning and HIV Integration Programs in Nigeria**

  Objective was to measure changes in service utilization of a model integrating family planning with HIV counselling and testing (HCT), antiretroviral therapy (ART) and prevention of mother-to-child transmission (PMTCT) in the Nigerian public health facilities. It is a retrospective survey of attendance and family planning commodity uptake in 71 health facilities in Nigeria that analyzes the preintegration and postintegration periods between March 2007 and January 2009. A prepost retrospective comparison of mean attendance at family planning clinics and couple-years of protection (CYP) compared 6 months preintegration with 9 months postintegration period. An analysis of service ratios was conducted, relating completed referrals at family planning clinics to service utilization at the referring HIV clinics.

The importance of linking Sexual Reproductive Health and HIV/AIDS is now widely recognized. The majority of HIV infections are sexually transmitted or are associated with pregnancy, childbirth and breast-feeding. The risk of HIV transmission and acquisition can be further increased due to the presence of certain STIs. Linkages between core HIV services and core Sexual Reproductive Health services in national programs are thought to generate important public health benefits.

**Integration and Co-location of HIV/AIDS, Tuberculosis and Drug Treatment Services**

Injection drug use (IDU) plays a critical role in the HIV epidemic in several countries throughout the world. In these countries, injection drug users are at significant risk for both HIV and tuberculosis, and active IDU negatively impacts treatment access, adherence and retention. Comprehensive strategies are therefore needed to effectively deliver preventive, diagnostic and curative services to these complex patient populations. We propose that developing co-located integrated care delivery systems should become the focus of national programmes as they continue to scale-up access to antiretroviral medications for drug users. Existing data suggest that such a programme will expand services for each of these diseases; increase detection of tuberculosis (TB) and HIV; improve medication adherence; increase entry into substance use treatment; decrease the likelihood of adverse drug events; and improve the effectiveness of prevention interventions. Key aspects of integration programmes include: co-location of services convenient to the patient; provision of effective substance use treatment, including pharmacotherapies; cross-training of generalist and specialist care providers; and provision of enhanced monitoring of drug-drug interactions and adverse side effects. Central to implementing this agenda will be fostering the political will to fund infrastructure and service delivery, expanding street-level outreach to IDUs, and training community health workers capable of cost effectively delivering these services.

**Neglected Tropical Diseases Integrated with HIV/AIDS, TB, and Malaria Programs**
An increasing body of evidence indicates that the group of neglected tropical diseases may not only threaten the health of the poor as much as HIV/AIDS, tuberculosis, or malaria, but even more importantly, may have effective treatment and prevention strategies that can be delivered for less than US$1 per capita per year. Furthermore, new evidence points to substantial geographic overlap between the neglected tropical diseases and the big three, with emerging data suggesting that control of the neglected tropical diseases could actually become a powerful tool for combating HIV/AIDS, tuberculosis, and malaria. Therefore, achieving success in the global fight against HIV/AIDS, tuberculosis, and malaria may well require a concurrent attack on the neglected tropical diseases and waging a larger battle against a new 21st century gang of four.

Immunization

When developing integration regarding immunization services and/or interventions, program compatibility is a critical component. Matching immunization programs to other appropriate services and/or interventions requires an in depth look at health worker skills, the target populations in mind, immunization and/or treatment options and characteristics, and program objectives. It is also important to provide a high quality of training to staff in order to achieve high coverage with multiple services and/or interventions. All of these characteristics and more are essential to integration with immunization programs because the characteristics build upon each other, often leading to stakeholder support for further integrated programming. Integration with immunization programs can lead to strengthening of immunization services and where immunization coverage is low. [i]

Resources:

- Integration of Vaccine Supply Chains with Other Health Commodity Supply Chains: A Framework for Decision
Making

The goal of this technical report is to provide national immunization program managers, their technical support staff, policymakers in ministries of health, and global agencies involved in vaccine and health product supply chains with a better understanding of the benefits and potential risks of integrating vaccine supply chains with other health commodity supply chains. With input from a variety of experts including those from the World Health Organization, project Optimize, TechNet-21, and the International Association of Public Health Logisticians, this report provides both a vision and a concrete framework for such integration. With a specific focus on those health commodities that are delivered to end-patients in public health facilities, this framework can be used as a decision aid by national immunization programs to determine what activities, if any, within their supply chain can yield benefits if integrated. It can also be used as a resource to guide the alignment and coordination of various international initiatives around supply chain integration. This report incorporates recent case study results on vaccine supply chain integration efforts in Senegal and Tunisia carried out through project Optimize. They demonstrate that it is easier to integrate supply chains for vaccines and other health products at lower levels of the supply chain, such as between the district level facilities and local health clinics. To integrate further upstream could be more problematic, as programs are coordinated by separate agencies and integration requires more buy-in from political stakeholders. These two cases serve as a means for understanding the barriers to integration and also to inform the development of the proposed framework and report recommendations.

• Liberia: Family Planning and Immunization Integration
  Background, Rationale, Integration Model

  This toolkit serves as a resource in the form of a presentation from the Liberia endline stakeholder meeting makes the case for integrating family planning and immunization services and shares the integration model that was used in Liberia.

• Integration of Family Planning Referrals into Immunization Clinics in Zambia and Ghana

  To address the high unmet need for family planning (FP) among women during the extended postpartum period, research was completed in Ghana and Zambia to determine if integrating FP messages and referrals into early child immunization visits could increase contraceptive use among this group of women.
Integration of Immunization Services with Other Health Interventions in the Developing World: What Works and Why? Systematic Literature Review

Literature review using journal databases and grey literature. Papers meeting the inclusion criteria were rated for the quality of methodology and relevant information was systematically abstracted. Integrated services were vitamin A supplementation, bednet distribution, deworming tablet distribution, Intermittent Preventive Therapy for infants and referrals for family planning services. Two key characteristics of success were compatibility between interventions and presence of a strong immunization service prior to integration. Overburdened staff, unequal resource allocation and logistical difficulties were mentioned as risks of integration, whereas rapid uptake of the linked intervention and less competition for resources were listed as two key benefits of integration.

Integration of Hepatitis B Vaccination into Immunisation Programmes

Hepatitis B is a major public health problem even though safe and effective vaccines have been available for over 10 years. Because hepatitis B infection is largely asymptomatic with long term complications occurring after many years it has not received the attention it deserves. Strategies to immunise those at high risk have failed to control the disease. Delegates to the World Health Assembly of the World Health Organisation recommended in May 1992 that all countries should integrate hepatitis B vaccination into their national immunisation programmes by 1997. Some western European countries remain unconvinced that the burden of disease warrants the expense of universal vaccination. However, epidemiological data and economic evaluation show that universal hepatitis B vaccination is cost effective in countries with low endemicity and that it will control hepatitis B, reinforcing the necessity for action.

Malaria
Malaria is one of the most important challenges to global public health, seeing that there are between 300 and 500 million cases of malaria worldwide, and more than 1 million people deaths, most of them in children. Like many other diseases in today’s world, most of the cases are in sub-Saharan Africa. There is no denying that this region of the world houses some of the poorest communities, overrun with widespread poverty, and some of the best breeding grounds for vectors. The emergence of resistance to insecticides has been a major factor in an increasing trend of malaria, one which is aided by a general weakening of health systems and infrastructure. The links between malaria, poverty, HIV/AIDS, tuberculosis are multiple and complex, so an integration approach should be recognized as a possible solution. Poverty sustains the conditions where malaria thrives and malaria tends to continue the cycle of poverty. Linking malaria with community-based health may offer hope. Integration of malaria into any other health services and/or integration would benefit communities immensely, as it is already so interconnected to many other diseases and problems. [i]

Resources:

- **Maternal and Child Health Integrated Program (MCHIP): Capacity to Address Malaria in Pregnancy and Community Case Management**

The Maternal and Child Health Integrated Program (MCHIP), the largest maternal, newborn, and child health procurement in USAID history and is aiming to accelerate the reduction of maternal, newborn, and child mortality in 30 priority countries. MCHIP brings proven leadership and technical experience to help countries address and scale up prevention and treatment of malaria based on our collective work through Access to Maternal, Neonatal, and Women’s Health Services (ACCESS), Basic Support for Institutionalizing Child Survival (BASICS), and Child Survival and Technical Support Plus (CSTS+) Programs. (ACCESS and BASICS ended in September 2009; CSTS+ ended in 2008.) MCHIP will work in close
collaboration with the PMI team at the country and headquarter levels, as well as with Ministries of Health to "scale up for impact" proven malaria interventions.

**Neglected Tropical Diseases Integrated with HIV/AIDS, TB, and Malaria Programs**

An increasing body of evidence indicates that the group of "neglected tropical diseases" may not only threaten the health of the poor as much as HIV/AIDS, tuberculosis, or malaria, but even more importantly, may have effective treatment and prevention strategies that can be delivered for less than US$1 per capita per year. Furthermore, new evidence points to substantial geographic overlap between the neglected tropical diseases and the big three, with emerging data suggesting that control of the neglected tropical diseases could actually become a powerful tool for combating HIV/AIDS, tuberculosis, and malaria. Therefore, achieving success in the global fight against HIV/AIDS, tuberculosis, and malaria may well require a concurrent attack on the neglected tropical diseases and waging a larger battle against a new 21st century "gang of four."

**Maternal and Child Health**

Maternal and child health can be called another 'big issue' in the global health world, along with family planning and reproductive health, gender inequality, etc. One of the best examples of maternal and child health integration comes from the USAID supported 'Maternal and Child Health Integrated Program' (MCHIP), integrated with malaria treatment and prevention. Its goals is to support a reduction in the global burden of malaria morbidity and mortality. The program is attempting to build national and local capacities and strengthen health systems to accelerate scale-up for prevention and treatment programs addressing malaria in pregnancy and community case management in children under five. It is working an angle of providing countries holistic support that addresses malaria across the health continuum of care—from household to community to facility and, finally, at policy level. Integration
allows for cost effective ways to fight more than one health concern within a population and in areas where there is a heavy need for malaria treatment and prevention as well as maternal and child health, integration simply makes sense. This program is a wonderful example of how integration can lead to better health outcomes with proven and effective malaria prevention and treatment measures such as: insecticide-treated mosquito nets, indoor residual spraying, lifesaving antimalarial drugs, and treatment to prevent malaria in pregnant women. [i]

Resources:

- **Family Planning Integration: Overcoming Barriers to NGO Programming**

  This survey was designed to identify, document, and share information on the integration of community-based family planning (CBFP) services into maternal and child health (MCH) programs by CORE Group member organizations. The survey **objective** was to generate a set of recommendations directed to the CORE Safe Motherhood/Reproductive Health (SMRH) Working Group and USAID on information, tools and other publication resources, and guidance that is needed to mobilize and support organizations to integrate CBFP into their community-focused MCH programs. In support of this objective, the survey explored:

  - Details of individual organization’s CBFP programming;
  - Programmatic linkages between CBFP and MCH and possible entry points for integration;
  - The real and perceived barriers to CBFP integration; and
  - Organizational experiences, including innovations, tools, and lessons learned, with integration of CBFP and MCH.

- **Maternal and Child Health Integrated Program (MCHIP): Capacity to Address Malaria in Pregnancy and Community Case Management**

  The Maternal and Child Health Integrated Program (MCHIP), the largest maternal, newborn, and child health procurement in USAID history and is aiming to accelerate the reduction of maternal, newborn, and child mortality in 30 priority countries. MCHIP brings proven leadership and technical experience to help countries address and scale up prevention and treatment of malaria based on our collective work through Access to Maternal, Neonatal, and Women's Health Services (ACCESS), Basic Support for Institutionalizing Child Survival (BASICS), and Child Survival and Technical Support Plus (CSTS+) Programs. (ACCESS and BASICS ended in September 2009; CSTS+ ended in 2008.) MCHIP will work in close
collaboration with the PMI team at the country and headquarter levels, as well as with Ministries of Health to ‘scale up for impact’ proven malaria interventions.

• **Community-Based Integrated Management of Childhood Illness (C-IMCI)**

This document provides an overview of the Community-based Integrated Management of Childhood Illnesses (C-IMCI) framework. The C-IMCI framework consists of three elements and a multi-sectoral platform that focus on specific behaviors and practices of health workers and caregivers of young children. Included in this document: the history of C-IMCI’s development, its elements, benefits, and rational for use.

• **Applying the Community-Based Integrated Management of Childhood Illness Framework in Cameroon**

From 2000-2004, Plan International, an international nongovernmental organization, implemented a community-based project in East Province, Cameroon to reduce child mortality. The project strategy was based on the Community Integrated Management of Childhood Illness (C-IMCI) Framework developed by the CORE Group and partners. The project was implemented over a four-year period and funded through the U.S. Agency for International Development (USAID) Child Survival and Health Grants Program (CSHGP). Plan International developed strategies under each of the framework’s three elements:

- Improving partnerships between health facilities and the communities they serve;
- Increasing appropriate and accessible health care and information from community-based providers; and
- Integrating promotion of key family practices critical for child health and nutrition as well as applying strategies under the framework’s multi-sectoral platform.

• **Promoting Positive Pregnancies through Integrated Nutrition Interventions**
This is a direct link to another toolkit found at k4health.org regarding integrated nutritional programs for pregnant women.

- **Integrating Health Care for Mothers and Children in Refugee Camps and at a District Level**

  Health care for mothers and children is inadequate in most refugee situations and in poorly resourced countries. The authors argue that, as well as providing primary (home based) care for basic health care, there is a need to integrate primary care with adequately functioning hospital based care for a healthcare system to succeed.

- **Integrated Management of Childhood Illness by Outpatient Health Workers: Technical Basis and Overview**

  This article describes the technical basis for the guidelines for the integrated management of childhood illness (IMCI), which are presented in the WHO/UNICEF training course on IMCI for outpatient health workers at first-level health facilities in developing countries.

**Mental Health**
Mental health is often an area of health care overlooked by many organizations, especially in some of the world's most vulnerable populations. For example, refugee and Internally Displaced Persons Camps often have little to no access to mental health treatment. Primary care services have not generally been effective in meeting mental health care needs yet there is evidence that collaboration between primary care and specialist mental health services can improve outcomes. Integration of mental health services into primary care alone would be a step in the right direction to provide a full range of comprehensive health care to those who need it the most. [i]

Resources:

- **Integrating Mental Health and Primary Care**

  This is a website resource center focusing on integrated care of mental health into primary health care settings. Integrated care refers to the practice of incorporating mental health care into primary care settings and primary care into mental health and substance abuse care settings for the purpose of improving the quality of care. Interest in integrated care is growing and many communities have begun to pilot innovative approaches to integration that promise to provide higher quality, comprehensive and coordinated care for youth and their families. It is important to understand what integrated care means, the benefits of integrated care, what it looks like in practice and how it impacts youth and families. This web section provides youth and families, health care providers and other stakeholders with practical information about integrated care so they can become more involved in the integrated care movement.

- **Building Effective Service Linkages in Primary Mental Health Care**

  The findings from this article provide a framework for health planners to develop effective service linkages in primary mental health care. Our expert reference group proposed five areas of strategy for policy makers that address organisational level support, joint clinical
problem solving, local joint care guidelines, staff training and supervision and feedback.

Nutrition and Food Security

Nutrition and food security affects all areas of an individual’s health. The importance of integrating nutrition into other services and/or interventions is great. Integrating nutrition into a strategic planning process, developing nutrition guidelines and policies, integrating essential nutrition actions into areas like maternal, newborn, and child health services are all imperative when dealing with nutrition and food security. Just as essential is applying a systematic behavior change approach in community-based nutrition programs in order to achieve measurable changes in practices. Early nutritional status in young children can have an effect on their entire adult life and integrating nutrition into other health programs can achieve better outcomes for children and their families.

Resources:

- **Linking Agriculture and Nutritional Health**

  This case study looks at the work that PATH is doing with linking agriculture to nutrition in low-resource communities in Sub-Saharan Africa. An estimated 43 million children under age five in sub-Saharan Africa are at risk of vitamin A deficiency, which contributes to significant rates of blindness, disease, and premature death. Orange-fleshed sweet potatoes hold promise as a strategy for reducing undernutrition, providing an important source of energy and beta-carotene that the body can convert into vitamin A. PATH and the International Potato Center are working with officials and local agricultural organizations in Western Kenya to improve the health status of pregnant women and the nutritional health of young children through a project linking agriculture and nutrition interventions to health services. Mama SASHA (Sweetpotato Action for Security and Health in Africa) is a key component of the International Potato Center’s ten-year initiative to improve the food security and livelihoods of families in sub-Saharan Africa. Community health workers run clubs for pregnant women
at the community level to discuss nutrition and health topics and encourage women to seek antenatal and postnatal care services. Clinic nurses provide nutrition counseling and vouchers for sweet potato vines that women can plant to grow their own sweet potatoes. Community farmers act as vine multipliers, supplying the vines and agronomic advice when women present the vouchers. Home visits are made to assess how the vines were planted and to give management advice.

- **Integrating Household Nutrition and Food Security Objectives into Proposed Agriculture Projects: Illustrative Guidance**

The Infant & Young Child Nutrition (IYCN) Project developed this guidance for agriculture program designers seeking to build food security and nutrition objectives into agricultural interventions. This tool briefly describes how to develop objectives and determine indicators that will maximize nutritional benefits for populations most vulnerable to food insecurity and malnutrition. Ensuring that food security and nutrition objectives are included in the initial planning stages of agriculture projects has a tremendous potential to improve nutrition and build healthy futures for mothers, children, and other vulnerable groups around the world. If food security or nutrition objectives are not included from the outset, at a minimum, agriculture program designers should conduct a nutritional impact assessment to estimate the project’s impacts on the nutritional situation of vulnerable groups and to ensure that no adverse impacts are likely for them.

- **Integrate Child Survival Interventions**

Online section of WHO Regional Office for Africa resource focused on integrated child survival interventions. Challenges and achievements.

- **Implementing an Integrated Nutrition Package at Large Scale in Madagascar: The Essential Nutrition Actions Framework**

Madagascar has some of the highest rates of child stunting, maternal malnutrition, and infant mortality in sub-Saharan Africa. To improve infant and young child feeding practices, increase uptake of micronutrient supplements, and improve women’s dietary practices through implementation of a nutrition project based on the Essential Nutrition Actions (ENA) framework.

- **Promoting Positive Pregnancies through Integrated**
Nutrition Interventions

This is a direct link to another toolkit found at k4health.org regarding integrated nutritional programs for pregnant women.

- **Integrating Poverty and Gender into Health Programmes: Module on Nutrition**

The set of modules that comprise this Sourcebook are intended for use in pre-service and in-service training of health professionals. It is expected that this publication will also be of use to health policymakers and programme managers, either as a reference document or in conjunction with in-service training.

- **Design of a Prospective, Randomized Evaluation of an Integrated Nutrition Program in Rural Vietman**

Few prospective studies of child growth and its determinants take place in programmatic contexts. In this article, the authors evaluated the effect of Save the Children’s (SC) community empowerment and nutrition program (CENP) on child growth, care, morbidity, empowerment, and behavioral determinants. This paper describes the research methods of this community-based study.

Tobacco Control

The field of public health has now known that smoking causes cancer for over 60 years. However, on a global scale, tobacco control has shown progress in the past, more so than many other areas of public health. Contributing factors to this are the rise of a
global tobacco control network, leadership by some of the world’s most influential health organizations like the W.H.O., and completion and dissemination of policy relevant economic studies illustrating the cost effectiveness of tobacco control interventions. There is growing concern that in the future, the strategies of multinational tobacco companies will attempt to increase tobacco use in low- and middle-income countries. These countries are already burdened by many other health problems like communicable diseases, lack of food security, and conflict issues. Integration of tobacco prevention services and/or programs could present a positive outcome for the tobacco control community as well as the community within the other service being integrated. [i]

Resources:

* Moving Towards More Equitable and Integrated Approaches for Tobacco Control and Non-Communicable Diseases: Invited Commentary

This short article focuses on discussing how tobacco control advocates should move beyond the stale debate around the cost-effectiveness of individual treatment versus population-based tobacco control measures. There is a clear ethical mandate to do both, and an evidence base that suggests that both are necessary to reduce population burden and immediately help those who cannot quit on their own today.

* Integrated Approaches for Non-Communicable Diseases and Tobacco Control

Here, we look to the mounting challenge of non-communicable disease (NCD) control and the roles that the tobacco control community can play in the burgeoning global NCD movement. Central to this commentary is whether ‘lessons learnt’ from tobacco control can foreshorten the NCD pandemic and whether the global tobacco control community can become a platform for broader global NCD activity. While our experience in tobacco control provides some lessons that extend to NCD control, there are distinct challenges in bringing approaches from the more focused domain of tobacco control to the diffuse and poorly bounded domain of NCD control. Nonetheless, we propose that in many places the tobacco control community needs to engage more broadly in disease prevention and bring its strategies, experience and enthusiastic advocacy to encompass a broader global NCD movement. Such engagement could become a ‘win’ for the tobacco control community and a ‘win’ for NCD control.
Tuberculosis

Over 90% of tuberculosis cases occur in low-resource settings and low-income countries. Many of these countries are also burdened with a high prevalence of other communicable and non-communicable diseases. Integrating tuberculosis with, as an example, other disease treatment and prevention programs, could improve case detection and follow-up care for both conditions. [i]

Resources:

- **Community-Based TB and HIV Integration Good Practice Guide**

  This guide is one in a series of good practice guides produced by the International HIV/AIDS Alliance (the Alliance). This series brings together expertise from our global community-level HIV programming to define and guide good practice in a range of technical areas, including:

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  - TB and HIV integration
  - HIV programming for children
  - HIV and drug use
Alliance good practice guides are:

- User-friendly ‘how to’ guides
- Targeting HIV programmers working in community settings in developing and transitional countries
- Helping to define what is good practice for community-level HIV programmes

* Tackling Tuberculosis and Diabetes

This resource discusses PATH’s (an international nonprofit organization) approach to tackling TB along with Diabetes, given the world faces a rapidly growing population of people with diabetes in low-resource settings. Similarly, 90 percent of TB cases occur in low-resource settings. Addressing these diseases in a joint manner could improve case detection and follow-up care for both conditions.

* Integration of Tuberculosis and HIV Services in Sub-Saharan Africa: Lessons Learned

Promoting linkages between tuberculosis (TB) and human immunodeficiency virus (HIV) treatment and prevention programs in resource-constrained environments where both diseases are prevalent is essential to improve the diagnosis, treatment, and outcomes for patients affected by both diseases. In this article, we share insights based on our experiences supporting integrated TB and HIV service delivery programs, including intensified TB case finding, isoniazid preventive therapy, infection control, and initiation of antiretroviral therapy. Our experience indicates that successful integration of TB and HIV services in resource-constrained environments is feasible, although programmatic, infrastructural, and staffing challenges remain. Successful implementation of TB and HIV collaborative activities requires consideration of the realities that exist on the ground and the importance of tailoring interventions in a manner that enables their seamless introduction into existing programs that are often overwhelmed with large numbers of patients and a paucity of human and other resources.

* Integration and Co-location of HIV/AIDS, Tuberculosis and Drug Treatment Services

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throughout the world. In these countries, injection drug users are at significant risk for both HIV and tuberculosis, and active IDU negatively impacts treatment access, adherence and retention. Comprehensive strategies are therefore needed to effectively deliver preventive, diagnostic and curative services to these complex patient populations. We propose that developing co-located integrated care delivery systems should become the focus of national programmes as they continue to scale-up access to antiretroviral medications for drug users. Existing data suggest that such a programme will expand services for each of these diseases; increase detection of tuberculosis (TB) and HIV; improve medication adherence; increase entry into substance use treatment; decrease the likelihood of adverse drug events; and improve the effectiveness of prevention interventions. Key aspects of integration programmes include: co-location of services convenient to the patient; provision of effective substance use treatment, including pharmacotherapies; cross-training of generalist and specialist care providers; and provision of enhanced monitoring of drug-drug interactions and adverse side effects. Central to implementing this agenda will be fostering the political will to fund infrastructure and service delivery, expanding street-level outreach to IDUs, and training community health workers capable of cost effectively delivering these services.

Neglected Tropical Diseases Integrated with HIV/AIDS, TB, and Malaria Programs

An increasing body of evidence indicates that the group of neglected tropical diseases may not only threaten the health of the poor as much as HIV/AIDS, tuberculosis, or malaria, but even more importantly, may have effective treatment and prevention strategies that can be delivered for less than US$1 per capita per year. Furthermore, new evidence points to substantial geographic overlap between the neglected tropical diseases and the big three, with emerging data suggesting that control of the neglected tropical diseases could actually become a powerful tool for combating HIV/AIDS, tuberculosis, and malaria. Therefore, achieving success in the global fight against HIV/AIDS, tuberculosis, and malaria may well require a concurrent attack on the neglected tropical diseases and waging a larger battle against a new 21st century gang of four.

Water and Sanitation
Improvements of water, sanitation, and hygiene infrastructure and appropriate health-seeking behavior are necessary for achieving sustained control, elimination, or eradication of disease. Collaboration between disease control programs and stakeholders in water and sanitation services is imperative. Key areas of collaboration include advocacy, policy, and communication; capacity building and training; mapping, data collection, and monitoring; and research. [i]

Resources:

Integration of Water, Sanitation, and Hygiene for the Prevention and Control of Neglected Tropical Diseases: A Rationale for Inter-sectoral Collaboration

Improvements of water, sanitation, and hygiene (WASH) infrastructure and appropriate health-seeking behavior are necessary for achieving sustained control, elimination, or eradication of many neglected tropical diseases (NTDs). Indeed, the global strategies to fight NTDs include provision of WASH, but few programs have specific WASH targets and approaches. Collaboration between disease control programs and stakeholders in WASH is a critical next step. A group of stakeholders from the NTD control, child health, and WASH sectors convened in late 2012 to discuss opportunities for, and barriers to, collaboration. The group agreed on a common vision, namely ?Disease-free communities that have adequate and equitable access to water and sanitation, and that practice good hygiene.? Four key
areas of collaboration were identified, including (i) advocacy, policy, and communication; (ii) capacity building and training; (iii) mapping, data collection, and monitoring; and (iv) research. We discuss strategic opportunities and ways forward for enhanced collaboration between the WASH and the NTD sectors.

- Integration of Climate Change and Disaster Risk Reduction into the District Strategic WASH Plan

The impacts of climate change are being felt in the WASH sector. With climate change, environmental disasters increase, affecting water and sanitation facilities. Because climate change has adverse impacts on the WASH sector, there is a need to integrate adaptation into climate change. This case study was done on the integration of climate change and disaster risk reduction in the District Strategic WASH Plan of Myagdi district.

- Integration of Gender Perspectives in WaterAid's Bangladesh Programme

This discussion paper is part of an ongoing process of developing gender sensitive approaches and analysis within WaterAid's Bangladesh Program. WaterAid has been deliberating the importance of gender and social relations issues in its work since the mid 90's. This paper discusses the dilemmas and challenges WaterAid faces with supporting social justice and equity while integrating sensitive gender policies.

Examples of Integration from PCI

Project Concern International has been a leader in the field of health and development integration for many years. In this section you will find examples of integrated works that PCI has been developing, implementing, and calling on others for similar actions. One initiative found here is 'Links for Life', a strategy that aims to promote integrated HIV/AIDS and Food and Nutrition Security programming. In doing so, it helps to address the causes and consequences of HIV/AIDS and food and nutrition insecurity in ways that are far more likely to be effective and sustainable than typical, single-stream efforts. 'Links for Life' has evolved as a direct response to the priorities identified by practitioners from across the globe at the PCI-hosted Africa Forum 2006: The Dual Epidemics of HIV/AIDS and Food Insecurity. The Africa Forum in 2006 brought together 221 public health and development practitioners to share experiences in HIV and Food Security and Nutrition programming. The goal was both to strengthen collective programmatic efforts towards integration, as well as to inform policy
decisions based on "frontline" realities. Similarly, the Africa Forum 2009: Sharing Integrated Solutions to HIV and Food and Nutrition Insecurity was held in Malawi in 2009. The forum was a practitioner-led, non-academic conference on the integration of these issues. Attended by 170 people from 18 sub-Saharan African countries, it was meant as an inter-country sharing experience to improve skills and knowledge in integrated programming and to facilitate the scaling-up of promising interventions. See links below for resources.

Source URL: https://www.k4health.org/toolkits/health-development-programming-integration