

COMMENTARY

INTEGRATED HEALTH SERVICE DELIVERY: WHY AND HOW?

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ABSTRACT

Integrated service delivery is an approach of combining services of multiple interrelated diseases to increase overall efficiency of the health system and patient convenience. Experiences across the globe have demonstrated benefits from integration of health services. Capacity building, sensitization, ownership, and commitment among stakeholders and up-gradation of health system are keys to success in delivering integrated services. However, integration is challenging and has no one-size-fits-all strategy. Chronic problems of health system related to human resource, infrastructure and supply chain management hinder integration.

Key words: Integration, health services research

INTRODUCTION

The World Health Organization defines integrated service delivery as the “the management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system”.¹ There are many forms of integration: it may refer to a package of preventive and curative health interventions for a particular population group like Integrated Management of Neonatal and Childhood Illnesses (IMNCI); package of services for a group of diseases like WHO-Package of Essential Non-Communicable (PEN) disease interventions; combination of two different disease control programs either because they often coexist like HIV and Tuberculosis, or the clients of one needing services of the other like family planning and HIV/Sexually Transmitted Infections (STI). Integration is best seen as a continuum rather than as two extremes of integrated/not integrated. ¹ The idea of integrated health services is not new; indeed it was the basis for the focus on primary health care in the 1980s, which not only envisaged essential health care under one roof, but also integrating health into other sectors like water and sanitation.

Integrated health care is important in contemporary health system for many reasons. As funding for single-disease or population-group-specific programs, such as HIV/AIDS, TB, malaria and polio eradication might not be sustainable, integrated health service delivery could be an answer to “horizontalization” of vertical single-disease programs. This will increase efficiency of the health system; more so when health services constantly face human resource constraints. Integrated health care service will be convenient to the people as they receive multiple services at one place or continuum

of services through referral. In the current scenario of economic downturn, integration could be an answer to “do more with less”.

Experience from implementing integrated health services in global public health

Integrating HIV treatment with primary care outpatient services: Between 2008 and 2011, the Lusaka District Health Management Team, Zambia piloted and scaled-up a model of integrated HIV and general outpatient department services in primary health care clinics. While resource and allocative efficiencies were associated with the model of integration, a more important finding was the model's demonstrated potential for strengthening organizational culture and staff relationships, in turn facilitating more collaborative and motivated service delivery in chronically under-resourced primary healthcare clinics. However, integration did not solve overarching deficiencies in human resources and infrastructure, demonstrating a key limitation of a ‘ground-level’ only approach to integration.²

Integrated multisector model for achieving the Millennium Development Goals (MDGs): An integrated multisector approach to rural development for addressing the MDGs produced rapid declines in child mortality in rural sub-Saharan Africa. However, health-sector challenges existed including procurement and supply chain management, improving health-worker performance, and establishing community health-worker programmes.³

Integrated Non-Communicable Diseases (NCDs) and HIV services in Kenya: From 2008-2010, FHI 360/Kenya implemented a pilot program integrating cardiovascular disease and diabetes services into existing HIV services in Kenya. Clients accessing HIV services were assessed for behavioral risk factors and biological

risk factors for NCDs. Results from the pilot program were incorporated into national guidelines to ensure that routine screening for cardiovascular disease and diabetes is included in HIV management. The key challenges experienced during implementation were frequent staff turnover, space constraint for additional service, referral linkage and supply chain management.⁴

Integrating delivery of maternal and child health services with childhood immunization programs: a review of integrated activities including interventions like hearing screening, human immunodeficiency virus services, vitamin A supplementation, deworming tablet administration, malaria treatment, bed net distribution, family planning, growth monitoring, and health education revealed that linked intervention coverage increased. Logistical difficulties, time-intensive interventions ill-suited for campaign delivery, concern for harming existing services, inadequate overlap of target age groups, and low immunization coverage were identified as challenges.⁵

Scope for integrated service delivery in national health programs in India

The public health system in India is synonymous with National Rural Health Mission (NRHM), which primarily provides reproductive and child health (RCH) services. For more than two decades the National AIDS Control Organization has been providing HIV/AIDS services till district level below which it is primarily through the NRHM. In the fourth phase of the program (2012-17) there is plan for gradual integration of the two long standing separate programs i.e., National AIDS Control Program and NRHM.

With the increase prevalence of obesity and risk factor for NCDs, it is time to integrate primary health care with NCD, both at facility and community level. There should be integrated patient management, integrated counselling, integrated laboratory investigations and integrated management information system.

Similarly, instead of multiple large scale population based surveys like National Family Health Survey, District Level Household survey, HIV Sentinel Surveillance survey, Integrated Behavioral and Biological Surveillance and Diabetes survey, there could be an integrated health survey to capture Reproductive and Child Health, Communicable and NCD information.

Key to successful integrated service delivery

Any integrated service delivery model should be developed after a formative research conducted with the users, the providers, and the existing physical and functional system for providing the service. It should be planned through a participatory process with involvement of all cadres of stakeholders including senior health officials and bureaucrats at the top to the end users at the bottom. Involvement of all key stakeholders would lead to increased ownership for the model and acceptance of the change. The most effective model of integration should be tried through

intervention research. It should also be assessed for cost-effectiveness for sustainability in the long run.

Training of health manpower on their enhanced job responsibilities and task sharing is an important determinant of the success of integrated health service delivery. The consumers i.e. community should also be made aware of the benefits of the integrated health services available and mobilized for availing the same. The health management information system should also be upgraded to capture integrated information and use it optimally.

The integrated service delivery should be affordable and accessible. It should not be a facility based piecemeal approach rather integrated with services available at the community and also with the higher set-up through multiple well-functioning referral linkages, thus providing a continuum of care for patients. As learned from global experiences, successful integrated health service delivery needs adequate staffing and their retention, inter-sectorial collaboration and a continuous supply chain management.

Integration needs overhaul of health systems and health service infrastructure, which may be a challenge for hospital administrators. Integrated service delivery requires high political commitment, communication and collaboration in terms of ownership and resource mobilization. It calls for going beyond individual disease issue and making adequate investment to make the model successful. A review article on integration in the Americas also found similar lessons learned and highlights that integration processes are difficult, complex and long term.⁶

CONCLUSION

In the current public health scenario when health system strengthening is playing a pivotal role in improvements in access, coverage, quality, and efficiency of services, integrated service delivery has become increasingly important. Integration should encompass all aspect of health system – manpower, services, infrastructure and information system. Involvement of consumers in planning and operation of integration is highly essential. However, there is limited evidence on the best strategies for integration and they are quite variable depending on culture, geography, economy and polity. Integration is not an end in itself but a means to an end. It is one of the many ways of improving and sustaining health care delivery system, but a definite need of the hour, especially for the underdeveloped and developing countries.

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