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Making sense of complexity

Key findings from the Integra Initiative



At the culmination of a five-year pioneering operational research initiative on integrating SRH and HIV services, the findings of the Integra Initiative are now available. The goal of this research was to better understand the benefits and costs of a range of models for delivering integrated HIV and SRH services in

Kenya, Malawi and Swaziland. It is the largest ever evaluation of different models of HIV and SRH integration and used a 'programme science' approach by embedding the research within the day-to-day activities of the 42 health facilities being studied.

The challenges faced when implementing the Integra Initiative research in a 'real world' setting has led to some innovative approaches and useful tools being developed. The *Integra Index of Integration* is one such example. The Integra Initiative was designed as an intervention-comparison study, but maintaining comparison sites was difficult in the context of on-going policy changes, actions by facility managers and external donors. The *Integra Index* was developed to address this problem by providing an independent measure of integration at each facility over time. Use of the *Integra Index* shows that while integrated physical structures and trained staff are important for integration, they do not automatically lead to integrated delivery of care to the client. For example, motivated staff who are supported by the health system to deliver integrated care are a critical – yet often missing – link.

The research findings demonstrate that there are benefits to using integrated models of service delivery but these cannot be assumed. For example, there is evidence to support integration of HIV counselling and testing into mainstream family planning and maternal health services and that integration has the potential to increase quality of care. However, the findings also show that integrating SRH and HIV services does not necessarily lead on its own to a reduction in unintended pregnancies, cost or stigma as there are wider systems and community factors



HOLD ON EVERYONE! A BIT OF INVESTMENT SHOULD STEADY THE SHIP.

that need to be taken into account. The qualitative data shows that consumer choice remains important; for example, some women living with HIV value specialized services while others prefer fully integrated services.

The Integra Initiative findings highlight that integration is extremely complex. To overcome this complexity and reap the full benefits of integrating SRH and HIV services, the Integra Initiative demonstrates that SRH and HIV integration requires serious long term investment and needs to be scaled up across the health system.

Six key findings from the Integra Initiative

1

Integration is complex and difficult to evaluate, requiring an independent measure of 'integration' to ascertain causal impact: To date the definition, measurement and impact assessment of service integration has been weak. Integra developed an innovative and unique index to measure the precise degree of structural integration and integrated delivery of care to allow the most robust analysis to date of the impact of service integration on a range of service and health outcomes. The *Integra Index* was able to show that structural integration (the sole focus of much existing analysis) does not necessarily lead to integrated delivery of care, and future assessments must include measures of whether clients actually receive integrated care.



2

Integration can improve health outcomes: Integrating HIV services into family planning and postnatal care services has improved the uptake of HIV counselling and testing at these facilities. Over a two year period, people with greater exposure to integrated facilities had better rates of using HIV counselling and testing services. Extensive analysis has shown that service integration has no effect on unintended pregnancies.



3

Integration can improve service delivery: The research countered arguments that integrating services could reduce quality of care due to over-burden and non-specialist service providers. Integrating HIV services into family planning and postnatal care services was not found to decrease service quality and actually increased the quality of family planning and postnatal care provided in some areas of service provision. Further research is needed, to ascertain whether the quality of HIV counselling and testing is compromised during integrated delivery of services.



4

Integration has the potential to lead to efficiencies: The economics research showed that there is potential for integrated delivery of services to improve efficiencies but this is often unrealized at facility level. There are some economies of scope when delivering provider-initiated counselling and testing within family planning and postnatal care compared to stand-alone voluntary counselling testing (VCT), but possibly at the expense of quality.



5

Integration supports individual choice, particularly for women living with HIV: Choice is important. Clients preferred fully integrated services to save time and money. Many women living with HIV preferred SRH services, such as family planning, to be integrated into specialist HIV units as they trusted the providers at these facilities, enjoyed continuity of care from them, had a reduced fear of stigma once within specialist sites, and benefitted from the collegiality received from other clients living with HIV.



6

Integration requires sustained investment and scale up: The Integra Initiative was the largest research project of its kind, but the integration intervention was small compared to size and complexity of the national health systems. The research recommends the need to scale-up integration throughout the health system whilst ensuring adequate support for staff delivering integrated care. Achieving integrated delivery of services needs substantial and sustained investment if the full benefits of service integration are to be realized.



KEEP UP TO DATE

www.integrainitiative.org

The Integra website showcases research findings, project reports and innovations, and interactive discussions about current questions, debates and good practice in linking SRH and HIV.



Integra

A FOCUS ON COST AND EFFICIENCY

There's a global policy interest in improving the efficiency of HIV services but before the Integra Initiative there was scarce evidence on the costs and potential efficiency gains of integrated service provision. The largest ever costing study of integrated services used a base-line and end-line cost-efficiency study of 41 study clinics. This cost study investigated whether integration resulted in a more optimal utilization of existing infrastructure and human resources (technical efficiency); measured the costs of integrated HIV and/or SRH services; and investigated whether these costs vary by type of integration.

Is there a potential for integration to improve efficiency?

Yes. The substantial variations in unit costs and workload at baseline suggested potential for efficiency gains through integration. Also data on the costs of providing VCT suggest that stand alone services may be less efficient than integrated ones. However, there is no clear evidence from the data that more integrated health facilities automatically operate more efficiently.

How is staff workload impacted by integration?

More integrated facilities may experience higher workload, though this association was weak due to multiple drivers of costs. In some cases the time it took to provide integrated provider-initiated testing and counselling and family planning services was lower than providing the services separately.

The results revealed that there is clear scope to integrate services. The research found some limited indications of efficiency gains through economies of scope and scale, however these were highly setting-specific. In order to avoid overworking providers or reducing of service quality, readiness assessments to determine resourcing should precede integration. Quality indicators also need to be put in place to ensure service quality does not suffer and resources continue to be used efficiently.

A FOCUS ON CLIENT PERSPECTIVES

Integrated care is assumed to be preferred by clients over more separate or stand-alone models of care due to reduced need for referrals and clinic visits. Integrated care is also assumed to be less stigmatizing to people living with HIV who may fear being labelled as they walk through the door of an HIV-only clinic. Data from the cohort study and the qualitative study were analysed to understand the clients' preferences for integrated care and whether integrating SRH and HIV services reduces stigma.

The results reveal that fully integrated or fully stand-alone clinics had lower levels of perceived stigma than the partially integrated clinics. This was primarily due to systematic factors which lead to increased fears of accidental disclosure of HIV status at partially integrated facilities such as room labelling and client records of those living with HIV being a different colour.

Therefore whilst integration can reduce stigma, this will not necessarily happen without considering some important system-level factors such as room numbering instead of labelling; ensuring that client HIV records are unidentifiable and confidential; and dispensing antiretroviral drugs either in private or without easy identification.

Is stigma reduced by integrated care?

Integrated clinics have the capacity to reduce HIV-related stigma, but need to ensure the correct systems are in place to protect client confidentiality.

What are the clients' preferences for integrated care?



Clients in general expressed a preference for having integrated services as it saved both time and reduced transportation costs. However, many people living with HIV preferred to receive family planning and other services in an 'HIV-only' environment, valuing the continuity of service provision and the collegiality gained from other users. This shows the importance of bi-directional integration – i.e. integrating SRH services into existing stand-alone HIV services as well as vice versa.

Concluding remarks from partners



**DR CHARLOTTE WARREN,
POPULATION COUNCIL**

“ Through this project, we learned that integration is not a one-size-fits-all approach – it will look and feel differently at diverse facilities. And, while this is not a simple process for

health providers or systems, integration can provide significant benefits. These findings are encouraging and will help inform future efforts. Thanks to Integra, we now have a roadmap for health systems looking to improve the care they provide.”

**DR SUSANNAH MAYHEW, LONDON
SCHOOL OF HYGIENE AND
TROPICAL MEDICINE (LSHTM)**

“ One of our key findings of the Integra Initiative is that you can have the infrastructure, the commodities, the supplies, and the trained staff in place, but while necessary these are not sufficient to actually deliver integrated care. To do that

you need to have providers who are motivated and supported. Where that has been achieved we do see that uptake of HIV counselling and testing improves and unmet need for HIV prevention declines and that’s a really important contribution.”



JONATHAN HOPKINS, INTERNATIONAL PLANNED PARENTHOOD FEDERATION (IPPF)

“ The Integra Initiative has shone a light on what is possible as well as what is required in order to effectively integrate SRH and HIV services. The research has highlighted the many potential benefits of integration, but for these to be fully realized, investment in SRH and HIV integration is now needed to enable scale-up across the health system.”

EVENTS

PAST EVENTS

Launch of Integra findings at UK Houses of Parliament, London, 20 March 2013

National Dissemination Meeting of Integra Initiative Research Findings, Malawi, 7 May 2013

National Dissemination Meeting of Integra Initiative Research Findings, Kenya, 24 June 2013

National Dissemination Meeting of Integra Initiative Research Findings, Swaziland, 4 July 2013

Integra Initiative Research Dissemination Meeting, London School of Hygiene and Tropical Medicine LSHTM, London, 22 July 2013

UPCOMING EVENTS

AIDS Impact Conference
Barcelona, Spain
30 September–2 October

The International Family Planning Conference
Addis Ababa, Ethiopia
12–15 November 2013: Integra satellite event

The International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA)
Cape Town, South Africa
7–11 December 2013



Presentations from the Integra dissemination meetings as well as all published articles to date are available on the Integra website.



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Integra is managed by the International Planned Parenthood Federation (IPPF), in collaboration with the London School of Hygiene and Tropical Medicine (LSHTM) and Population Council, and is supported by the Bill & Melinda Gates Foundation.



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