Knowledge, evidence and learning for development

# Integration of HIV, TB and malaria in Africa: A reflection workshop

Kim Ozano
Liverpool School of Tropical Medicine
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## Workshop background and aim

Recognising the importance of integrated health service management and delivery to accelerate Universal Health Care (UHC) and tackle the Human Immunodeficiency Viruses (HIV), tuberculosis (TB), and malaria epidemics, the UK's Foreign, Commonwealth and Development Office (FCDO) commissioned the Knowledge, Evidence and Learning for Development (K4D) Programme to undertake an evidence synthesis exercise of a set of BACKUP Health[1] and K4D Helpdesk reports across six countries: Uganda, the Democratic Republic of Congo (DRC), Tanzania, Mozambique, Nigeria, and Zimbabwe (Ozano, 2022). The K4D reports highlight country-specific epidemiology, disease control programmes, and key interventions for each disease, including those likely to strengthen health systems and promote integration. The BACKUP reports focus more on integration and add country-specific details with recommendations.

Following the synthesis work, FCDO Global Fund Accelerator Health Advisers held a workshop to discuss the main findings. The objectives were to:

- Present an overview of findings from across the K4D and BACKUP reports for the six countries, looking at the health systems building blocks;
- Reflect on findings across the reports; and
- Discuss the implications for FCDO work with the Global Fund.

Although integration is not a new concept, its implementation requires shifts across the health system, with regard to how services are organised and delivered at the facility level, and how they are incorporated into the programming and implementation of national disease programmes. It requires services to be planned so they are less fragmented and easier for users to navigate. The findings from the evidence synthesis and workshop discussions will be used regionally and globally in policy engagement with the Global Fund Board and Secretariat, with other donors, and in-country in national coordination mechanisms for advocacy and influencing.

## Workshop structure and attendees

The workshop was led by Susannah Pritchard, an FCDO Global Fund Accelerator Health Adviser based in Maputo, Mozambique. Dr Louisiana Lush, senior international consultant and project team leader with 30 years' experience in global health, including for government, international, private, and

[1] BACKUP Health is a GIZ programme that works on behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ) and receives co-financing from the Swiss Agency for Development and Cooperation (SDC) and the UK Foreign, Commonwealth & Development Office.

academic organisations, facilitated the session. The evidence synthesis was conducted and presented by Dr Kim Ozano from the Liverpool School of Tropical Medicine.

The discussion was enriched by 25 workshop participants that included FCDO Global Fund Accelerator Health Advisers, regional FCDO Health Advisers, BACKUP Health Country Advisers and colleagues from HQ (BACKUP Health and Global Fund Departments).

# Presentations

## Findings from a cross country study on integration of HIV, TB, and malaria in Uganda, Nigeria, Mozambique, DRC, Zimbabwe, and Tanzania

Dr Ozano presented findings from the evidence synthesis report, which is structured around the WHO health systems building blocks: Governance, planning and finance; Service delivery; Health workforce; Health information systems and data management; and Supply chain management and access to medicines. The presentation also focused on integrated health care for equity and community engagement as well as peer support for integrated care. Finally, she concluded by sharing some additional considerations for integration including conflict, COVID-19 and other disease outbreaks, and innovations and risk management. The presentation can be viewed here.

## Framing integration within WHO and Global Fund People Centred Health Services Frameworks

Dr Lush delivered a short presentation to frame the discussion on findings and their applicability to the Global Fund. This included an overview of:

- The WHO Integrated, People-Centred Health Services (IPCHS) framework;
- Findings from the *Advisory Paper on Resilient and Sustainable Systems for Health* (RSSH): Technical Review Panel 2021;
- Reflections on the Global Fund Strategy 2023–2028; and
- Influencing opportunities at the Global Fund.

The presentation ended with a set of questions to structure the discussion.

# Key points from the discussion

In November 2022, the Global Fund Board approved a new Strategy for 2023–2028 which contains 10 key shifts. These include a shift to integrated and people-centred health care as well as to increase sustainability. However, the core mission of the Global Fund is to end the three epidemics so although integrated people-centred quality services are an ambition, they will be measured by their impact on the diseases and not on health outcomes more broadly.

**What is different about this new Strategy?**

| | |
|---|---|
| 1 | Across all three diseases, **an intensified focus on prevention.** |
| 2 | Greater **emphasis on integrated, people-centered services**. |
| 3 | A more systematic approach to **supporting the development and integration of community systems for health.** |
| 4 | **A stronger role and voice for communities** living with and affected by the diseases. |
| 5 | Intensified action to **address inequities, human rights and gender-related barriers**. |
| 6 | **Greater emphasis on programmatic and financial sustainability.** |
| 7 | Greater focus on **accelerating the equitable deployment of and access to innovations**. |
| 8 | Much greater **emphasis on data-driven decision-making**. |
| 9 | Explicit recognition of the role **the Global Fund partnership** can and should play in **pandemic preparedness and response**. |
| 10 | **Clarity on the roles and accountabilities** of Global Fund partners across every aspect of the Strategy. |

THE GLOBAL FUND 9

Source: The Global Fund. Global Fund Strategy (2023–2028). Strategy Overview Presentation. Shared under NC 4.0 Licence.

## Key reflections on findings

- The findings highlighted common challenges across the six countries that could potentially support measures to promote change across multiple countries as well as influence the integration approach at global level.
- Rapid disbursement (absorption) is a top priority for the Global Fund Board and, as health systems strengthening (HSS) takes longer to deliver measurable results, it is difficult to demonstrate results within tight three-year grant cycles.
- There is significant bureaucracy around integration that hinders implementation.
- How to pay and sustain investment in the health workforce is a key challenge. Health workers do not have time allocated for coordination and are heavily overloaded already.
- UHC roadmaps could potentially be used as leverage for integration but need strong champions and rewards/incentives.
- There is less focus on supply chain management, including human resources, as US funders focus on this element. However, there is a gap in tracking inventories of malaria/TB/HIV drugs at subnational level where FCDO supports health systems.

## Political economy and governance

Political economy analysis (PEA) is needed to understand the barriers to integration from national stakeholders, actors, and influencers; for example, the incentives/disincentives to integrate and collaborate, including potential loss of funding, power, and control. A participant in the workshop commented;

> '…what are [the] incentives to collaborate and potentially lose funding and share power and control… dependent on key actors that influence the system, both in governance and 'street-level bureaucrats' on the front line, motivations, and personalities".

One suggestion proposed in the discussion was to include health sector governance as a key sub-health function within the Global Fund to address some of the political economy issues. This could include training or orientation of Country Coordination Mechanisms (CCM) in advance of grant writing. There was a call for the Global Fund to make funding available to support governance and coordination mechanisms for integration and HSS.

## Implementation of integrated care

Country contexts are different and the question of "how" and what level of integration requires more guidance. It was suggested that the Global Fund should present a minimal structure for integration activities, as every country has its own specific areas which are easier to integrate. One participant commented;

> "… [M]y experience is that most practitioners know the relevance of integration, the ask is 'how' question which translates to either standalone, partially integrated, or fully integrated services. It might also be useful to think around what guidance could be provided to countries, considering that countries are at different epidemiological evolution."

The attendees suggested that guidance and quality standards that are currently being developed by the Global Fund should reflect the strategic objectives around integration.

## Incentives and measurements of success

The impacts of not supporting integration include human resource burnout, the need for refrigerator trucks, incinerators, etc. These outcomes can be hidden in reporting so require more tangible indicators to incentivise coordination and systems strengthening.

Across the countries there were many interventions that support integration, including through Global Fund grant resilient and sustainable systems for health (RSSH) interventions. However, monitoring their impact to show value is challenging and may therefore result in reduced grant funding. A key question for the Global Fund, therefore, is how it plans to measure performance against its integration strategic commitments. Key performance indicators or milestones are needed to incentivise integration and should include process and progress towards RSSH rather than disease outcomes. Reporting systems on health systems/integration should also be aligned with national indicators/HMIS systems.

One of the barriers to monitoring integration and other health system KPIs is that Global Fund cycles are short term and HSS initiatives take time. Furthermore, the precedence accorded to the absorption

of KPIs means that grant interventions that struggle to disburse within the short timeline get deprioritised across the grant cycle. The challenge is related to measuring what success means. The RSSH team are thinking about measurement and a grant performance framework, but the new Strategy KPI framework is not yet clear. Clear incentives, rewards, and delivery architecture across the grant design and implementation cycle are required:

> "… [T]he funding request may be presented as integrated, but if the delivery architecture at country level is still vertical (through disease-specific programmes) will it really be integrated? It's a challenge."

## Funding streams and Global Fund infrastructure

The Global Fund grant allocation process, although demonstrating an increased focus on HSS and integration through the new strategy, could be better adapted to facilitate integration efforts. One participant commented:

> "I can really see the potential value of a shift to integrated funding requests across the 3 diseases and RSSH but know that this has been on the table before. What are the negative implications of Global Fund shifting to this approach? What are the key barriers to moving to this combined, integrated funding proposal approach (at country and global levels)?"

There are opportunities to incentivise integrated funding requests, although more understanding is needed to identify blockages to such requests including who should be members of CCMs and how the Global Fund can make it easy for country teams to put forward funding requests for stronger people-centred health system interventions.

Often grant funds flow through disease programme silos at the national level and this can have a negative impact at subnational level where implementation takes place, especially as in many countries federal coordination is weak.

> "Global Fund separate funding really inhibits integration efforts. Facility level – same person delivering but not integrated in a useful manner – they do not offer other relevant services, but federal level coordination needs to be stronger. This would support HWs [health workers]. Integrated grant applications would be helpful – HIV/TB done together – [in the] same room but different working groups."

Strict restrictions on expenses in disease-specific grants/budgets impede integration. For example, sub-recipients (SRs) and principal recipients (PRs) for different diseases in vertical channels without integration in each province is one part of the architecture of the Global Fund that has constrained integration.

Parallel disease grants are a challenge to integration as it is difficult to attain simple coordination, and integration is a step further. The discussion suggested that there are real opportunities to influence integration at different levels, highlighted by a comment from a participant:

> "I see a lots of space for influencing [the] integration agenda at different levels: (1) At international/regional level, using/sharing integration lessons/good practices /challenges across the six countries. (2) At countries level using the CCMs, health

sector groups, and other relevant decision-making/participation spaces. At all levels, relevant health staff should be identified and take part in the discussions so the buy-in be ensured."

## Key Asks at Global and Country Level

The discussion summarised with four top asks. These will be further explored and unpacked by Global Fund Accelerator Health Advisers as specific advocacy points in the coming quarter.

Asks at global level (Board/Secretariat):

1. Suggest the addition of incentives to grants related to system strengthening and integration. This could include KPIs or milestones towards systems strengthening, KPIs focused on processes that support system strengthening, or KPIs across cycles and integration. Develop a list of suggested KPIs (currently incentives are very short term and input focused, such as burn rate, tangible deliverables (e.g. incinerators, cold chain trucks and systems are less visible),
2. Advocate for a shift to integrated funding requests and integrated delivery architecture in-country across the three/four diseases and RSSH, based on more detailed exploration of the barriers and resistance to doing so (including barriers within the Global Fund and with partners in-country and the potential and perceived negative implications of this shift).
3. Engage and contribute to strengthen points on IPCHS in the RSSH guidance, providing countries with concrete feasible options of quality integration in service delivery, in the service delivery platform and within systems functions. Reflect on potential negative consequences for integration from a focus on subsystem functions and propose suggested mitigation measures to be included in guidance.
4. Advocacy on governance, to be included both as a subsystem function with suggested tools and approaches like PEA, and a focus on CCM. Advocacy on CCM should include both recommendations and highlighted barriers to aligning or integrating CCMs into wider sector coordination mechanisms, as well as current functioning. This includes increased HSS representation in CCM; learning from first phases of evolution work and exploration of unintended consequences; improved CCM governance, with increased scrutiny, oversight, and monitoring of HSS and integration; and approaches and processes that incrementally support systems strengthening.

Asks at country level and in CCMs:

1. In proposal development, support CCMs and partners to develop KPIs and milestones on integration and systems strengthening. Advocate for CCM oversight groups to monitor key indicators on integration and systems in visits and dashboards.
2. Work with CCMs and partners to advocate for standalone HSS and integrated application.
3. Advocate for increased representation in HSS in CCMs. Advocate for join-up with other national coordination mechanisms on HSS, including participation of CCM members in national mechanisms, sharing resources, learning, and aligning with national plans and tools.

# FCDO and expert discussions related to health systems strengthening

The Health Systems Strengthening Learning Journey by K4D has online Learning Sessions which bring experts together with staff from FCDO and other government departments and involve a combination of content delivery with trainee participation and interaction. This Learning Journey is designed for FCDO Health Advisers, other FCDO advisers with an interest in health, and staff working in the health sector, who want to update their knowledge and strengthen their competencies and skills on HSS. Links to more information and resources on the sessions are given below:

Session 1 – Political economy analysis

Session 2 – Improving quality of care

Session 3 – Strengthening accountability to improve health outcomes

Session 4 – Health financing priorities in the time of COVID-19?

Session 5 – Engaging private health providers in the COVID-19 era

Session 6 – Leaving no-one behind in universal health coverage

Session 7 – Complexity of health systems

## Additional reading

Chee, G., Pielemeier, N., Lion, A., & Connor, C. (2013). Why differentiating between health system support and health system strengthening is needed. *International Journal of Health Planning and Management,* 28**,** 85–94.

Chepkorir, J., Agata, N., Kiambia, N., & Nangehe, B. (2021). Institutionalizing leadership management and governance for health system strengthening in emerging economies: Evidence from the Partnership for Health System Strengthening in Africa (PHSSA) Programme. *European Journal of Business and Management Research*, *6*(6), 47–52.

FCDO (2021). *Health systems strengthening for global health security and universal health coverage*. FCDO position paper. London: Foreign, Commonwealth & Development Office.

Sheikh, K., & Abimbola, S. (2021). *Learning health systems: Pathways to progress.* Alliance for Health Policy and Systems Research and World Health Organization.

Witter, S., Palmer, N., Balabanova, D., Mounier-Jack, S., Martineau, T., Klicpera, A., Jensen, C., Pugliese Garcia, M., & Gilson, L. (2021). *Evidence review of what works for health systems strengthening, where and when?*. Prepared by ReBUILD and ReSYST research consortia for FCDO.

Witter, S., & Pavignani, E. (2016) *Review of Global Fund investments in resilient and sustainable systems for health in challenging operating environments.* Geneva: The Global Fund.

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## K4D reports

1. Interventions Aimed at Preventing, Detecting and Treating Malaria, TB and HIV in Nigeria (Ozano 2022)
2. Malaria, HIV and TB in Nigeria: Epidemiology and Disease Control Challenges (Haider, 2022)
3. Malaria, HIV and TB in Mozambique: Epidemiology, Disease Control Challenges and Interventions (Haider, 2022)
4. Malaria, HIV and TB in Tanzania: Epidemiology, Disease Control Challenges and Interventions (Avis, 2022)
5. Malaria, HIV, and TB in Uganda: Epidemiology, Disease Control, and Interventions (Bolton, 2022)
6. Malaria, HIV and TB in the Democratic Republic of the Congo: Epidemiology, Disease Control Challenges and Interventions (Bain and Dobermann, 2022)
7. Malaria, HIV and TB in Zimbabwe: Epidemiology, Disease Control Challenges and Interventions (Haider, 2022)

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