

Framing integration within WHO and Global Fund IPC(Q)HS frameworks

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Foreign, Commonwealth and Development Office (FCDO)/BACKUP workshop on Findings of a Cross-Country Study on Integration

5 May 2022

WHO Integrated, People- Centered Health Services

- Integrated People-Centred Health Services (IPCHS) World Health Assembly (WHA) Resolution in 2016
- Implementation supported by:
<https://www.integratedcare4people.org>
- Unclear the extent to which countries have adopted it into practice or what this means for existing health systems, finance and coordination activities
- Unclear monitoring and/or accountability process, or how it relates to other global organisations

FRAMEWORK ON INTEGRATED PEOPLE-CENTRED HEALTH SERVICES: AN OVERVIEW

Vision

"All people have equal access to quality health services that are co-produced in a way that meets their life course needs and respects social preferences, are coordinated across the continuum of care, and are comprehensive, safe, effective, timely, efficient and acceptable; and all carers are motivated, skilled and operate in a supportive environment"

Strategy 1:
Engaging and empowering people & communities

Strategy 2:
Strengthening governance & accountability

Strategy 3:
Reorienting the model of care

Strategy 4:
Coordinating services within and across sectors

Strategy 5:
Creating an enabling environment

Strategic Approaches

- 1.1 Engaging and empowering individuals and families
- 1.2 Engaging and empowering communities
- 1.3 Engaging and empowering informal carers
- 1.4 Reaching the underserved & marginalized

- 2.1 Bolstering participatory governance
- 2.2 Enhancing mutual accountability

- 3.1 Defining service priorities based on life course needs, respecting social preferences
- 3.2 Revaluing promotion, prevention and public health
- 3.3 Building strong primary care-based systems
- 3.4 Shifting towards more outpatient and ambulatory care
- 3.5 Innovating and incorporating new technologies

- 4.1 Coordinating care for individuals
- 4.2 Coordinating health programmes and providers
- 4.3 Coordinating across sectors

- 5.1 Strengthening leadership and management for change
- 5.2 Strengthening information systems and knowledge
- 5.3 Striving for quality improvement and safety
- 5.4 Reorienting the health workforce
- 5.5 Aligning regulatory frameworks
- 5.6 Improving funding and reforming payment systems

Potential policy options and interventions

- Health education
- Shared clinical decision making
- Self-management
- Community delivered care
- Community health workers
- Civil society, user and patient groups
- Social participation in health
- Training for informal carers
- Peer support
- Care for the carers
- Equity goals into health sector objectives
- Outreach programmes and services
- Contracting out
- Expansion of primary care

- Community participation in policy formulation and evaluation
- National health plans promoting integrated people-centred health services
- Donor harmonization and alignment with national health plans
- Decentralization
- Clinical governance
- Health rights and entitlement
- Provider report cards
- Patient satisfaction surveys
- Patient reported outcomes
- Performance evaluation
- Performance based financing and contracting
- Population registration with accountable care providers

- Local health needs assessment
- Comprehensive package of services
- Strategic purchasing
- Gender and cultural sensitivity
- Health technology assessment
- Population risk stratification
- Surveillance, research and control of risks and threats to public health
- Public health regulation and enforcement
- Primary care with family and community-based approach
- Multidisciplinary teams
- Home and nursing care
- Repurposing secondary and tertiary hospitals for acute complex care only
- Outpatient surgery and day hospital
- Shared electronic medical record
- ehealth

- Care pathways
- Referral and counter-referral systems
- Case management
- Care transition
- Team-based care
- Regional/district-based health service delivery networks
- Integration of vertical programmes into national health system
- Incentives for care coordination
- Health in all policies
- Intersectoral partnerships
- Merging of health sector and social services
- Integration of traditional medicine into health services
- Coordinating preparedness and response to health crises

- Transformational and distributed leadership
- Change management strategies
- Information systems
- Systems research and knowledge management
- Quality assurance
- Culture of safety
- Continuous quality improvement
- Workforce training
- Multi-disciplinary teams
- Improvement of working conditions and compensation
- Provider support groups
- Alignment of regulatory framework
- Sufficient health system financing
- Mixed payment models based on capitation
- Bundled payments

Implementation principles

Country-led

Equity-focused

Participatory

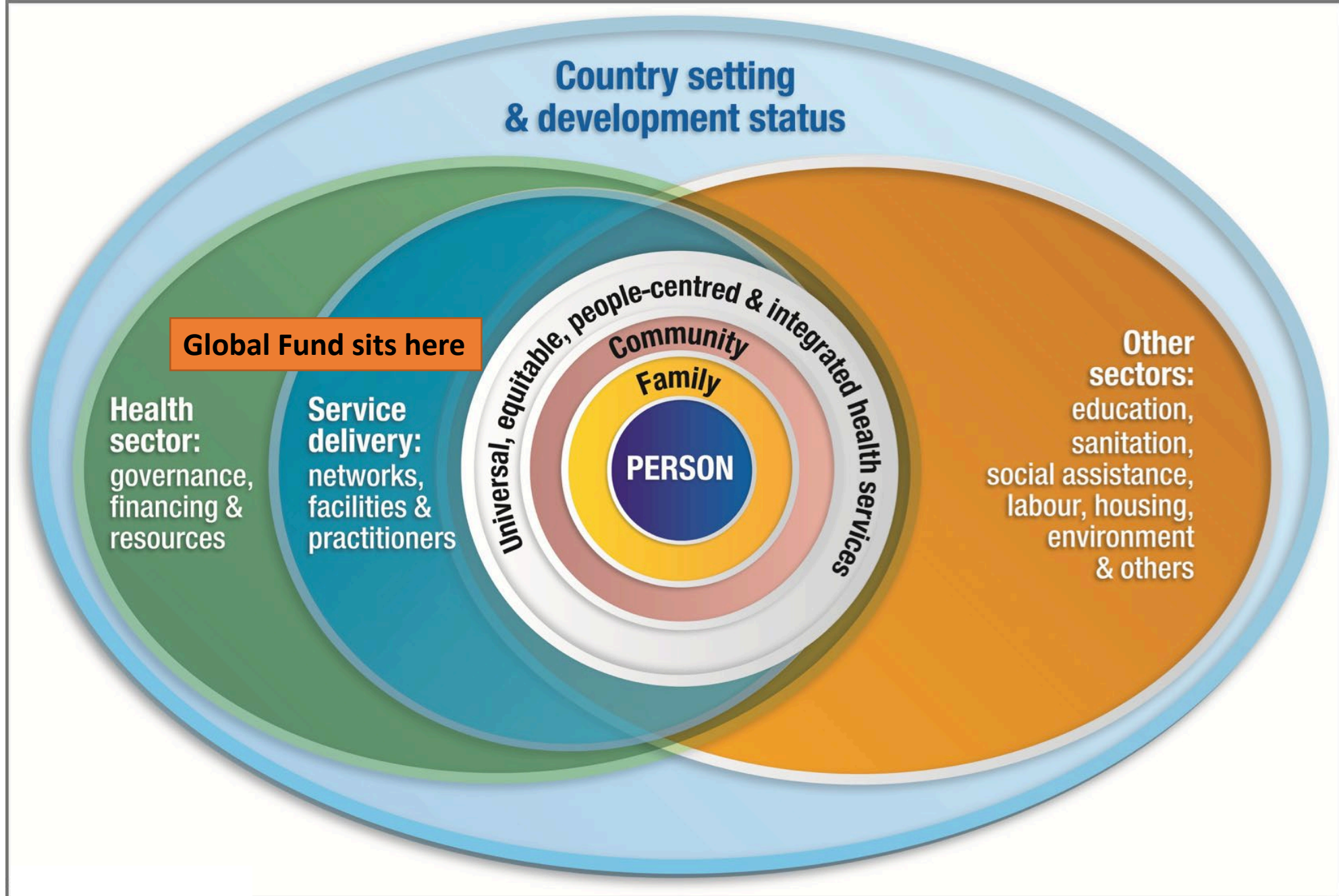
Evidence-based

Systems strengthening

Results-oriented

Ethics-based

Sustainable



Global Fund and RSSH – findings from a 2021 TRP 2021 Advisory

- **COVID-19** - some elements of Global Fund health systems support performed well in COVID-19 but, at times, to the detriment of the human immunodeficiency virus (HIV), tuberculosis (TB) and malaria programmes.
- **4S** - the focus of Global Fund investments continues to be more on “supporting” than “strengthening” health systems.
- **Allocation periods** - Resilient and Sustainable Systems for Health (RSSH) investments require longer-term commitments and investments than three years.
- **RHHS guidance and information notes** - not consistently used by applicants.
- **RSSH indicators** - not being used to measure grant performance or inform course-correction.
- **Fragmentation** - diversity of views on RSSH among Secretariat, country stakeholders and donors leads to siloed implementation and confused messaging. RSSH investments are often sacrificed when cuts must be made.

What is different about this new Strategy?

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

Global Fund IPCQHS

- **Adopted in new 2023-28 Strategy to guide two rounds of grant allocation, 2023-25 and 2026-28:**
 - Funding requests for 2023-25 allocation will take place this year
- **Framed in support of core goals of elimination of the 3 diseases**
- **Builds on and significantly strengthens previous RSSH agenda**
 - Technical Review Panel (TRP) 2021 Advisory on RSSH
 - Earlier frameworks and reviews (Roadmap, 4S, Technical Evaluation Reference Group (TERG) reviews, SR2020, Prospective Country Evaluations (PCE))
 - Identification of gaps between policy/guidance and implementation
- **Adds 'Quality' to WHO definition and defines 7 areas of health system support that are core to Global Fund agenda**

Maximizing People-centred Integrated Systems for Health to Deliver Impact, Resilience and Sustainability

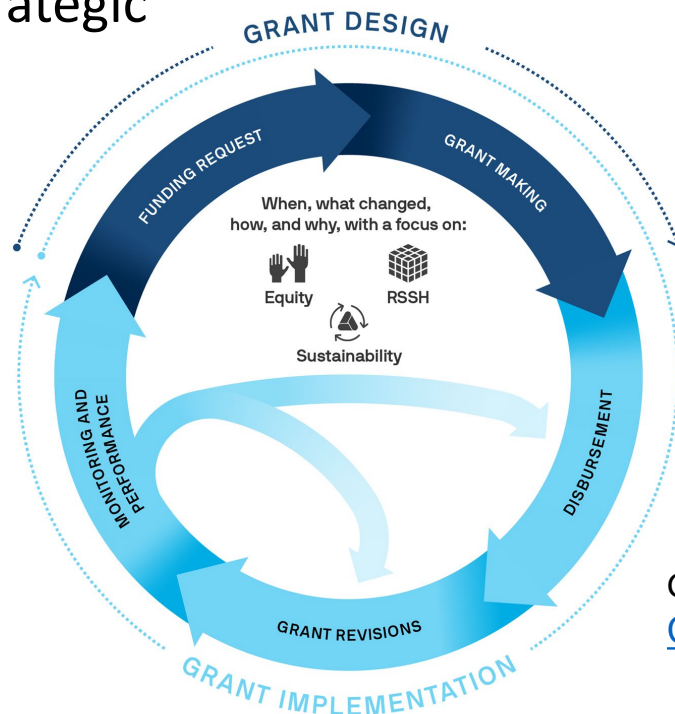
To catalyse sustainable HIV, TB and malaria (HTM) and broader health outcomes and in support of Universal Health Coverage (UHC), the Global Fund will strengthen RSSH by supporting countries and communities to:

1. Deliver **integrated, people-centred quality services**
2. Strengthen and reinforce **community systems** and community-led programming, integrated within national health and social systems
3. Strengthen generation and use of quality, timely, transparent, and disaggregated digital and secure **data** at all levels, aligned with human rights principles
4. Strengthen the ecosystem of **quality supply chains** to improve the end-to-end management of national health products and laboratory services
5. Next Gen market shaping focus on **equitable access to quality health products** through innovation, partnership, and promoting sustainable sourcing and supply chains at global, national and community levels
6. As part of Global Fund efforts to strengthen country oversight of the overall health system, better engage and harness the **private sector** to improve the scale, quality and affordability of services wherever patients seek it
7. Deepen partnerships between governments and non-public sector actors to enhance **sustainability, transition-readiness** and reach of services, including through social contracting

Influencing opportunities at the Global Fund

Country level

- Country Coordinating Mechanism(CCM)
- Principal Recipient (PR) – government and non-government
- Disease programs/National Strategic Plans (NSP)
- Technical partners
 - WHO
 - UNAIDS
 - Funding request consultants
- Other donor partners
 - PEPFAR, PMI
 - Other bilaterals
 - World Bank



Global level – Board and Secretariat

- Board meetings and retreats
- Strategy Committee
- Secretariat senior management
- Secretariat teams:
 - RSSH
 - Health Financing
 - Grant management and country teams
- TRP

Grant cycle (PCE 2021). Source: The Global Fund. [Prospective Country Evaluations \(PCEs\)](#). Shared under [NC 4.0 Licence](#).

Questions for discussion on integration

1. Are the lessons, best practices, tools and initiatives employed in countries transferrable across contexts?
 - How could this sharing of evidence from the 6 countries stimulate investment in Health Systems Strengthening (HSS) initiatives or integrated approaches to healthcare?
2. What is the understanding and buy-in to concepts of integration and people-centred care?
 - Is it an additional burden within current human resources for health (HRH) shortages and COVID-19?
 - Is there evidence of training in these concepts working in practice or are further tools needed?
3. How could existing coordination groups be engaged in promoting IPC(Q)HS and/or integration?
 - CCMs, HRH coordination mechanisms, National Observatories, donor coordination groups

Questions for discussion on Global Fund influencing

1. What are the most important findings from this work in relation to delivering results on HIV, TB and malaria epidemics?
2. What are the top three asks of the Global Fund in relation to integration?
 - What should FCDO and Accelerator teams prioritise at country and global levels?
3. How can CCMs and other country-based partners use these findings to inform their forthcoming funding requests?
4. How can FCDO coordinate its work in this area across country and global influencing opportunities going forward?