Christian Aid Management Response – Health Integration research August 2017

Christian Aid's health programmes are increasingly integrated, both thematically and conceptually. We have moved from an organisation that's health work focused almost solely on HIV implementation and advocacy, to a global health programme that embodies integration. Our definition of integration is broad, encompassing disease integration, integration with broader issues (social determinants of health), integration of the three strands of our Community Health [Framework](#) and integration of multiple levels of contribution and impact (community district, national, global). We recognise that evidence has demonstrated the importance of integration in ensuring delivery of a holistic and inclusive approach to improving health outcomes. As we transition to integrated health programmes, we commissioned a piece of external research to assess the extent to which Christian Aid's health programmes were in line with global debates and priorities on health, and with programmes of similar organisations.

The research positioned Christian Aid's health work well within the global health policy arena and comparatively against other INGOs, highlighting a number of strengths and areas of expertise of CA's work. It detailed recommendations for CA to leverage upon these strengths to access funding and gain more recognition for our work globally. The research provided definitions of the different types of integration into which CA's health work fits, namely integrated within wider development strategies, integration at various levels within a health system (from national to community) and health issue level, i.e. disease integration. This is useful in helping CA to understand the multiple ways in which our programmes are integrated and to utilise this to build our work further.

Recommendations from the research have informed the subsequent development of our Global Health Strategy. In practice, we will focus on four areas:

1)   Christian Aid will continue its commitment to integration by further deepening integration within our health programmes. This will go beyond disease integration and seek to bring in other factors which affect health but typically fall outside of health programmes e.g. access to livelihoods and markets. We will also seek to address inter-connected risks at a community level which impact upon communities' resilience and inhibit their ability to protect and improve their health status.

2)   Christian Aid will commit to improving our evidence collection and dissemination, and channelling this back into our health programmes. This will focus specifically on the areas identified within the research, namely our integrated work on health and resilience and our work with faith leaders and faith systems which challenges behaviours and facilitates social change. We will utilise this evidence base to strengthen partnerships with academic institutions and increase our external profile within the sector.

3)   Christian Aid will be cognisant of emerging trends and shifts within the global health environment and strive to ensure that our programmes are still relevant in the changing context. In particular, we will scope opportunities for integrating non-communicable diseases (NCDs) into our existing health programmes, and will continue to build new focus areas of programming such as Water, Sanitation and Hygiene (WASH), nutrition and sexual and reproductive health (SRH). One approach we will use to facilitate this is to scale up the Nigeria programme's 'fruitbowl' approach. This approach enables us to broaden the scope of our programmes through partnerships with a wide range of partners focusing on different thematic areas.

4)   Christian Aid will take on the recommendation of improving links between our programme and policy work, particularly in the area of fiscal justice within health financing. We will establish a global advocacy project which focuses on lobbying for Universal Health Coverage (UHC), particularly for SRH services. A number of key health programmes will be invited to join the project and their experiences used in a piece of research that becomes practical guidance on making UHC a reality.