Research summary

Community Health Integration in a global context

February 2017

Introduction

In 2016, Christian Aid commissioned a research report entitled '*Putting Christian Aid's approach to Community Health Integration into a Global Context'.*

The research was funded by the PPA and sought to reflect on Christian Aid's approach to health integration and compare that to global health policy and priorities. The research provides recommendations for Christian Aid to continue to strengthen our integrated health programmes.

This is a summary of the report, which contains the key strategic and programmatic recommendations.Understanding integration and the changing context of health

Background Policy Trends

The concept of integrated health services delivery can be traced back to the 1978 Alma-Ata Declaration and it is premised on two precedent concepts: universal health coverage (UHC**)** and health system strengthening (HSS). Equity underpins the current policy drive to achieve UHC, which calls for increased integration in health provision and stronger health systems, with a focus on primary health care at the community level.

HSS is currently shifting from a focus on public health systems towards a more people-centred model concentrating on community-based health systems.

Emerging concepts of health systems preparedness and resilience are increasingly present in global health programmes, and are particularly relevant to fragile contexts and countries that have experienced external shocks.

Changing global disease burden

Non-communicable diseases (NCDs) and injuries have overtaken communicable diseases as the top causes of death globally. This is not the case in Sub-Saharan Africa but NCDs

Three ways to understand health integration

There is no commonly agreed definition of health services integration, but we can understand integration on three levels:

1. Conceptual level: health integration as part of wider development strategies and as a commitment to equitable, people-centred, bottom-up approaches embedded in local socio-cultural and religious systems. This includes gender-sensitive and pro-poor approaches to setting health priorities.

2. Systems level: A HSS approach emphasises multi-level and multi-sectoral approaches that aims to strengthen existing health systems through harmonised national and community-based strategies.

3. Health issue level: integration is understood as disease integration, where multiple, related health issues are addressed through integrated, practical or epidemiology-informed, approaches.

Using these different levels helps us understand the wide range of different principles and practices which are grouped together as integrated health approaches, and frame Christian Aid's work.

are on the increase and are projected to become the leading cause of death by 2030. This region faces a double disease burden, which will put increasing pressure on its health systems.

New Sustainable Development Goals (SDGs)

The new SDGs agenda has a strong focus on equity or 'leaving no one behind,' which reinforces the need to achieve UHC through a broad and integrated approach to health and wellbeing.

Trends in global health funding

Funding for integrated health appears to be on the increase with existing and emerging donors beginning to align their strategies to the SDGs and supporting emerging trends, including UHC and building resilient health systems from the bottom up.

Faith

Within the context of community-based HSS the role of faith-based organisations, increasingly conceived not only as religious actors but entire belief systems, is an area of growing focus.

Integrated health in practice

Disease integration

There are multiple models of disease integration, but most take the approach of adding a new service to existing provision, such as adding family planning interventions to routine health service. This approach was indicated to increase service use – but does not always improve health outcomes.

Health systems strengthening (HSS)

Most available evidence on programmatic interventions for HSS focusses on community processes and approaches. Country level health sector reform towards integration and HSS is evidenced by case studies and country reports, and shows diverse approaches. Evidence from Ethiopian and Rwandan health sector reforms supports an approach based on strengthening community health systems.

Most available evidence on HSS is at the level of community processes and approaches. Various studies suggest that using community or lay health workers is effective for a range of primary care needs, communicable and non-communicable disease interventions. However, there are also challenges in the approach, including concerns around training, supervision, confidentiality and their relationship with formal health care systems and professionals

Fragile contexts

There is less systematic research on health services integration in conflict or post conflict contexts. Limited studies outline the multiple challenges of post conflict settings, and suggest that HSS, tackling inequalities in health provision and broadening health coverage are essential. Some evidence indicates that where public health systems are weak or non-existent, faith-based organisations and local health providers may play a particularly significant role.

> ***Key finding***
>
> *In fragile and challenging contexts, it may be appropriate to adopt a phased approach to health services integration, bringing in greater integration as the context allows.*

NGOs and civil society organisations (CSO's)

Most NGOs and CSO's engaging in integrated community health are guided by a people-centred, equitable and rights-based model, which is comparable to Christian Aid's approach to community healthcare.

Financing

Countries currently aiming to achieve UHC may use a combination of financing tools at both the national and local level. These are summarised as domestic resource mobilisation (DRM). Both the World Health Organisation and World Bank have recommended DRM policies – including pre-paid mechanisms (e.g. social insurance), tax-based financing, pre-payment mechanisms, and public-private partnerships. The principles of equity and UHC, lead to a reduction in out of pocket expenditure. Reviews of reduction or elimination of user-fees have shown increased service use, and cash-transfer programmes have improved access to preventative services.

> ***Key finding***
>
> *Going forward it will be of paramount importance for Christian Aid to leverage domestic funding streams for integrated health to support national governments in delivering their health strategies.*

Christian Aid's approach

Christian Aid's approach to community health has evolved from a vertical health service delivery model to a broader community health and governance model. It focuses on disease integration and HSS whilst also addressing inequitable social norms, mostly relating to power and gender. This has coincided with a significant increase in funding and growth in beneficiary reach.

> ***Key finding***
>
> *Christian Aid's approach to integrated community health is fully aligned with current debates in the sector and the organisation is strategically positioned to leverage emerging funding trends.*

The community health framework has translated Christian Aid's broader strategic focus on power to health, enabling the organisation to better respond to multiple community health needs in a holistic and sustainable way.

Christian Aid's faith-inspired approach to health, equity and social justice makes it distinctive. Further linking gender and health through faith-inspired approaches would help advance CA's work in integrated health. Better evidencing and

strengthening our faith-inspired approaches to integrated health programming and health advocacy will help define what added value we bring to prospective partners and donors.

A recent 'strengths, weaknesses, opportunities and threats' exercise conducted by Christian Aid showed some capacity gaps, little investment in capacity development, weak evidencing and weak organisational support for health advocacy. Consolidating our capacity, deepening our work in integrated health, and building on best practice models will future-proof Christian Aid's integrated health programmes enabling us to respond to emerging health issues, including non-communicable diseases.

Study Methods

Desk research
Systematic Literature Review
Interviews with 9 CA Staff
Interviews with 8 external key informants

Programmatic recommendations

Consolidate integrated health interventions across all in-country programmes

1. Christian Aid should seek to level disparities between country programmes
2. Conduct a comprehensive donor mapping exercise, to identify potential new donors for Christian Aid's integrated community health programme.

Build on best practice models to better respond to communities' health-related needs

3. Focus on replicating the 'fruit bowl' approach by:
    a. Evidencing the use of the model as an effective community-led approach.
    b. Broadening programme focus to emerging programmatic areas.
    c. Strategically positioning Christian Aid to access new funding streams.

4. Explore the possibility of addressing the prevention and early screening of non-communicable diseases (NCDs) in high burden countries

Strategic Recommendations

Better document and articulate the added value of Christian Aid's faith-inspired work in health

5. Research and evidence Christian Aid's faith-based approaches in health.
6. Disseminate this body of evidence and analysis to inform current health policy debates.

Build evidence and partnerships to inform debates on resilient health systems

7. Document the impact of Christian Aid's work linking health and resilience in PPA priority countries.

8. Evidence the impact of Christian Aid's faith-inspired approach to community health in fragile contexts.
9. Explore partnerships with academic researchers on the emerging areas of health systems resilience.
10. Strengthen organisational links between health and resilience personnel to develop joint research, programming and advocacy.

Contribute to the achievement of universal health coverage

11. Evidence the impact of Christian Aid's work on health equity and governance including social accountability, budget and fiscal tracking mechanisms, participatory governance approaches and health financing.
12. Develop stronger links within Christian Aid between in-country health equity and governance work and advocacy on fiscal policies.
13. Strengthen partnerships with multi-faith religious leaders at the community level, and Anglican, Catholic, Pentecostal and Orthodox Churches to mobilise support for health equity.
14. Leverage these partnerships to mobilise greater political support for UHC comprehensive health financing mechanisms at all levels and greater tax justice.

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