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 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.
KEY FINDINGS

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.

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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.
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 baseline 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.

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.

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.
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.”

Concluding remarks from partners