

Aligning vertical programs with health systems

CROSS-CUTTING PROJECT EVALUATIONS





L'INITIATIVE

L'Initiative is a project implemented by Expertise France that complements the Global Fund's work. It provides technical assistance and support for innovation to Global Fund recipient countries to improve the effectiveness of grants and strengthen the health impact of the programs funded. L'Initiative's recent developments amplify its catalytic effect, through building the capacity of health and civil society actors, improving institutional, political and social frameworks, and supporting innovative approaches to respond to pandemics.

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4
projects evaluated

6
countries reached
by the projects

20
implementation
partners

Contents

Introduction	6
Area 1 / Framework to align vertical programs	8
Area 2 / Alignment of vertical programs and health systems strengthening	10
Areas 3 / Successes and lessons learned from aligning vertical programs	13
Conclusion and reflections	16
Acronyms	18

Cross-cutting evaluation of long-term projects

L'Initiative has three calls for proposals each year as part of its Projects Channel mechanism, from which around twenty projects are selected. All funded projects are required to have an external final evaluation.

In order to make the most of this comprehensive exercise, L'Initiative's has put in place a thematic cross-cutting evaluation mechanism for projects. This enables reporting on the use of Ministry of Europe and Foreign Affairs funds, to highlight L'Initiative's interventions, as well as drawing out learning to improve interventions to respond to the three pandemics and to inform future activities.

KEY DATA

from the "Alignment of vertical programs with health systems" evaluation

Total budget for projects:

4,133,472 Euros

PANDEMICS COVERED:

- HIV and AIDS: **2** projects
- Tuberculosis: **1** project
- Cross-cutting: **2** projects

4

projects evaluated

6

countries reached by the projects

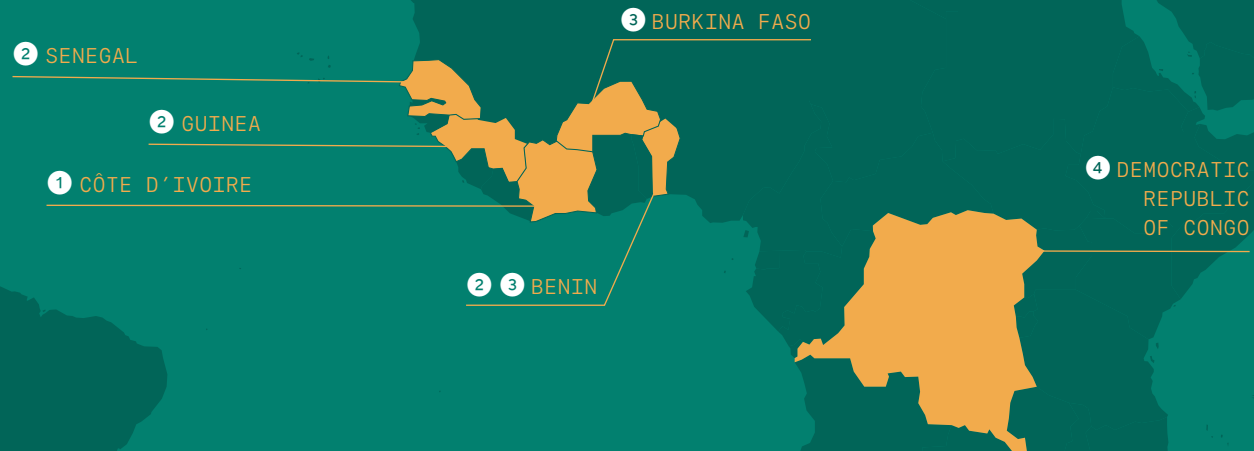
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implementation partners

Contents

Introduction	6
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Evaluated projects



① CÔTE D'IVOIRE (2015 - 2018)

Establishing an information system to implement a routine neonatal HIV-HBV testing and follow-up strategy for mother-child pairs in the continuum of care in Abidjan (DEPISTNEO)

LEAD

PAC-CI PROGRAM

PARTNERS

NATIONAL MEDICAL CARE PROGRAM FOR PEOPLE LIVING WITH HIV, CÔTE D'IVOIRE (PNPEC VIH); CEDRES, ABIDJAN; INSERM U.897 RESEARCH CENTER, VIH-AFRIQUE TEAM, INSTITUTE OF PUBLIC HEALTH, EPIDEMIOLOGY AND DEVELOPMENT (ISPED), UNIVERSITY OF BORDEAUX

② BENIN, SENEGAL, GUINEA (2015 - 2018)

Strengthening national responses for tuberculosis screening and diagnosis among two at-risk population groups: patients living with HIV and patients with diabetes (RAFAScreen)

LEAD

NTCP BENIN

PARTNERS

BENIN: NACP, COTONOU BANK OF INSULIN, CTA CNHU HUBER KOUTOUKOU MAGA **GUINEA:** PNEUMOPHTISIOLOGY DEPARTMENT OF IGNACE DEEN, NATIONAL REFERENCE LABORATORY, NACP, DIABETOLOGY SERVICE AT DONKA HOSPITAL **SENEGAL:** NTCP, NACP, FANN TREATMENT CENTER, MARC-SANKALE DIABETOLOGY DEPARTMENT (DAKAR), SOLTHIS

③ BENIN, BURKINA FASO (2015 - 2017)

Streamlining good practices around procurement and supply management and strengthening the pharmaceutical information system (EstherGAS)

LEAD

GIP ESTHER - EXPERTISE FRANCE

PARTNERS

BENIN: DPMED
BURKINA FASO: DGPML

④ DEMOCRATIC REPUBLIC OF CONGO (2015 - 2017)

Project to strengthen the integration of vertical programs into the health system

LEAD

KINSHASA SCHOOL OF PUBLIC HEALTH (ESP)

PARTNERS

MINISTRY OF PUBLIC HEALTH (NTCP, NACP, NMCP), "FEMME PLUS" FOUNDATION

Introduction

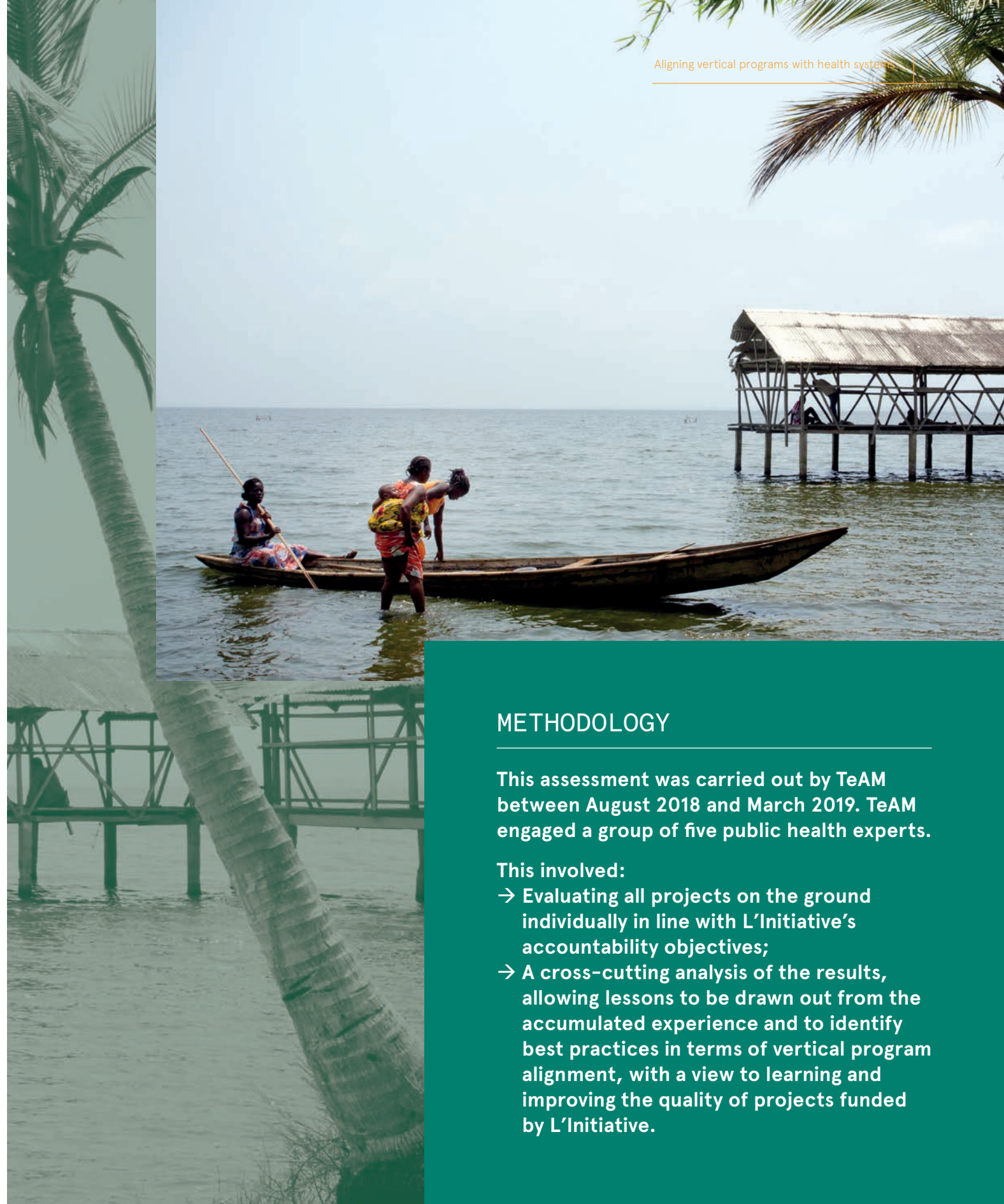
This overview document presents the results of the cross-cutting evaluation of four projects funded by L'Initiative on the theme of vertical program alignment, implemented in six African countries: Benin, Burkina Faso, Côte d'Ivoire, Guinea, Democratic Republic of Congo and Senegal.

With a view to strengthening national health systems and the sustainability of Global Fund investments, L'Initiative launched a call for projects in 2014 to select projects aimed at strengthening the integration of vertical programs (HIV, tuberculosis - TB, malaria) funded by the Global Fund into national health systems.

The objective was to support interventions to strengthen the integration of health information systems, to pool services, to integrate developments in the AIDS response into national systems to protect the rights of patients in general, training curricula for health workers, or to broaden the scope of skills among civil society actors so that certain community services that have to date been linked to a specific disease can be expanded to other diseases.

Glossary

- **Vertical approach:** this is an approach to responding to a disease or a particular health problem, or an approach targeting a specific population group or geographical area, with the justified objective of improving a priority public health issue, which could not have been achieved through an integrated approach.
- **Integrated approach:** as opposed to the vertical approach, an integrated or horizontal approach to health is characterized by a systemic policy that enables the provision of the most comprehensive quality care possible to people, including key populations, in order to improve overall health.



METHODOLOGY

This assessment was carried out by TeAM between August 2018 and March 2019. TeAM engaged a group of five public health experts.

This involved:

- Evaluating all projects on the ground individually in line with L'Initiative's accountability objectives;
- A cross-cutting analysis of the results, allowing lessons to be drawn out from the accumulated experience and to identify best practices in terms of vertical program alignment, with a view to learning and improving the quality of projects funded by L'Initiative.

AREA 1.

Framework for vertical program alignment

“The issue today is no longer about choosing between strengthening vertical or horizontal approaches but rather to assess the interaction between programs and pillars of the health system in a holistic way”

Strengthening the integration of health programs is the process of **collaboration and coordination of vertical and horizontal approaches that improves the provision of general health services**, as well as dedicated services, in positive synergy. Integration also makes it possible to reduce the fragmentation of health systems to improve access to care. At the heart of this debate is the need to position patients at the center of health services, which enables vertical and integrated approaches to be integrated and streamlined.

The debate about the comparative effectiveness of vertical versus integrated approaches dates back to the 1960s, when the World Health Organization (WHO) initiated a global Primary Health Care policy, which led to the Alma-Ata Declaration in 1978. Despite historic shifts between vertical and integrated approaches, which reached a balance in the 2000s, **the framework itself for integrating vertical programs into health systems is not well defined**. Indeed, strengthening integration is neither standardized, nor measured, nor included in response strategies for the three pandemics (AIDS, TB and malaria), in resilient and sustainable systems for health rhetoric, in the Sustainable Development Goals (SDGs) nor in Universal Health Coverage (UHC). WHO also does not provide indicators to measure strengthening of integration and its impact on health in vertical programs or in the six pillars of the health system.¹

According to the evaluators, it is no longer a question of choosing between strengthening vertical or horizontal approaches, but rather assessing the interaction between programs and pillars of the health system in a holistic way (see Area 2). It has therefore been suggested that **the term “integration” be replaced by the term “alignment”**, which is more neutral, to streamline components of the three pandemics’ programs, both with each other and with the six pillars of the health system. Indeed, the 2030 agenda (SDGs and UHC), replaces the notion of integration with the alignment of approaches, which allows collaboration of vertical and horizontal approaches in the spirit of complementarity, rather than competition and ultimately disappearing, programs in a more systemic and patient-centered approach. This is about recognizing the complementarity between these two approaches. One that preserves the technical competence of the programs, and the other aims to pool services and be more efficient.

1. https://www.who.int/healthsystems/strategy/everybodys_business.pdf?ua=1

Framework to align vertical programs

Alignment of vertical programs and health systems strengthening

Successes and lessons learned from aligning vertical programs



The cross-cutting evaluation identified that **projects funded by L’Initiative have enabled interesting lessons to be learned from new initiatives aimed at aligning the activities of the different programs** for a patient-centered service. The key issue was for the projects to get vertical programs (national response programs for HIV, TB, non-communicable diseases, etc.) and/or teams to work together, who previously hadn’t done so. Operationalizing this desire for alignment took place in different ways: collaboration between the TB/HIV and diabetes programs under the RAFAScreen project, collaboration between the three pandemic programs under ESP, coordination between the HIV program and the Expanded Program on Immunization (EPI) under the DEPISTNEO project and streamlining procurement and supply management and dispensing pharmaceutical supplies relating to the three programs under the EstherGAS project. Implementing these projects has also highlighted operational difficulties that alignment strategies bring about.



Recommendation

→ Replace the term «integration» with the term “alignment” to initiate dialogue and streamline components of the three pandemic programs between themselves and with the six pillars of the health system.

AREA 2

Aligning vertical programs and strengthening the health system

“Each evaluated project can be linked - directly or indirectly, and with varying degrees of alignment - to the six pillars of the health system.”

Resilient and sustainable systems for health are essential to end the epidemics of HIV, TB and malaria, but also to achieve results beyond these diseases by providing care in a sustainable, equitable and effective manner. All the evaluated projects can be linked - directly or indirectly, and with varying degrees of alignment - to the six pillars of the health system. In this way, the cross-cutting evaluation analyzed the contribution of each project to strengthening health systems in the countries in question.



Framework to align vertical programs

Alignment of vertical programs and health systems strengthening

Successes and lessons learned from aligning vertical programs



Pillar 1: Leadership and governance

The projects evaluated have, each in their own way, provided added value to governance and leadership in the country of implementation. They were developed according to transparent and participatory processes, involving the health authorities (Ministry of Health or national programs) and political leaders. However, for the ESP and RAFAScreen projects, the respective coordination with the TB and malaria programs and with the non-communicable diseases program was lacking. In the EstherGAS project, although leadership of the drugs directorate was strong in Burkina Faso, there was a lack of involvement in Benin.



Pillar 2: Human resources

According to the cross-cutting evaluation, capacity building was integrated into the four projects and full buy-in by health staff enabled the implementation of better quality interventions. The projects have contributed to a relevant allocation of health personnel in terms of needs, numbers, diversity and skills. Incentives and systems have been put in place to motivate changes in practice.

The projects have also been vigilant in ensuring good collaboration between healthcare teams and community stakeholders. To ensure that there are adequate human resources to meet the need, the DEPISTNEO project mobilized staff from maternity hospitals and the pediatric service to cover HIV testing needs in delivery rooms, to vaccinate infants and monitor mother-child pairs.



Pillar 3: Health Information Systems (HIS)

Aligning the HIS between the different programs is an important issue for measuring the achievement of national results. All the projects set out to improve access to strategic information to enable decision-making. The ESP project aimed to strengthen the integration of the HIS for the three HIV, TB and malaria programs into a single system, and the EstherGAS project aimed to develop and implement a single system for procurement and supply management and dispensing of supplies relating to the three diseases. However, the evaluation found that their contribution to creating a single HIS was limited.



Framework to align vertical programs

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Pillar 4: Health financing

Combining several diseases by engaging staff at fixed cost would logically promote better cost efficiency. However, the projects were not able to demonstrate this, as there was no cost-effectiveness analysis of the interventions (see Area 3). In addition, the lack of funds does not favor the alignment of health financing between disease programs and the health system. Aligning programs requires additional domestic funds, which financial partners recommend to countries.



Pillar 5: Essential medical products and technologies

The EstherGAS project has contributed to strengthening supply management through the development of software for inventory management and dispensing supplies (see pillar 3).



Pillar 6: Service delivery

Introducing new services and integrating them into an existing system was a significant opportunity in all four projects. The DEPISTNEO and RAFAScreen projects integrated a range of new services without creating dedicated services. The RAFAScreen project set out to strengthen TB screening among people with diabetes and people living with HIV. Among people with diabetes, the project has shown that TB diagnosis does not lead to diabetes management, which is left to the patients. Expansion of care in this way was out of the scope of the project and required adequate planning and funding.



Recommendation

- Develop an alignment framework at the national level and establish a technical alignment committee for the three pandemics (and beyond).

AREA 3 Successes and lessons learned from aligning vertical programs

“Implementing integrated testing and care strategies for various diseases was one of the most significant outcomes and demonstrates the feasibility of these integrated approaches.”

Overall, the projects were found to be relevant and consistent with the health policy of the target countries and Global Fund approaches. Most of the projects achieved interesting short-term effects, although more hindsight is needed to assess their impact. **All projects have had a direct impact on health personnel trained to detect and manage diseases other than those they are accustomed to treating.** The ESP and EstherGAS projects also included training for program and central purchasing agency staff, which was invaluable to develop ownership and for the software developed to be used.

Implementing testing strategies and integrated management of several diseases constitutes is one of the most significant outcome areas, and demonstrates the feasibility of these integrated approaches. Collaborative approaches have made it possible to decompartmentalize programs through intersectoral collaboration.



Several lessons have also been learned from these projects:

Developing a robust communications strategy

According to the cross-cutting evaluation, projects were carried out in a relatively confidential manner and did not develop active communications strategies with a view to raising awareness of the issues and the results achieved to the authorities, CCMs and technical and financial partners. The direct beneficiaries of the projects, in general the health personnel of the targeted programs, have been effectively linked with the project, have seen their skills and capacity strengthened and have carried out activities efficiently. However, **patients, indirect beneficiaries, were not well linked with projects, as well as civil society organizations, which could have played an important intermediary role with communities.**

Social sciences focus

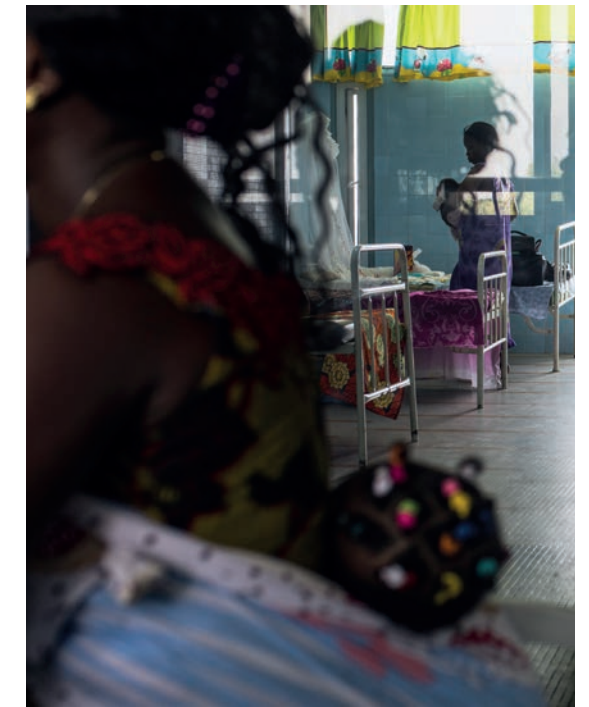
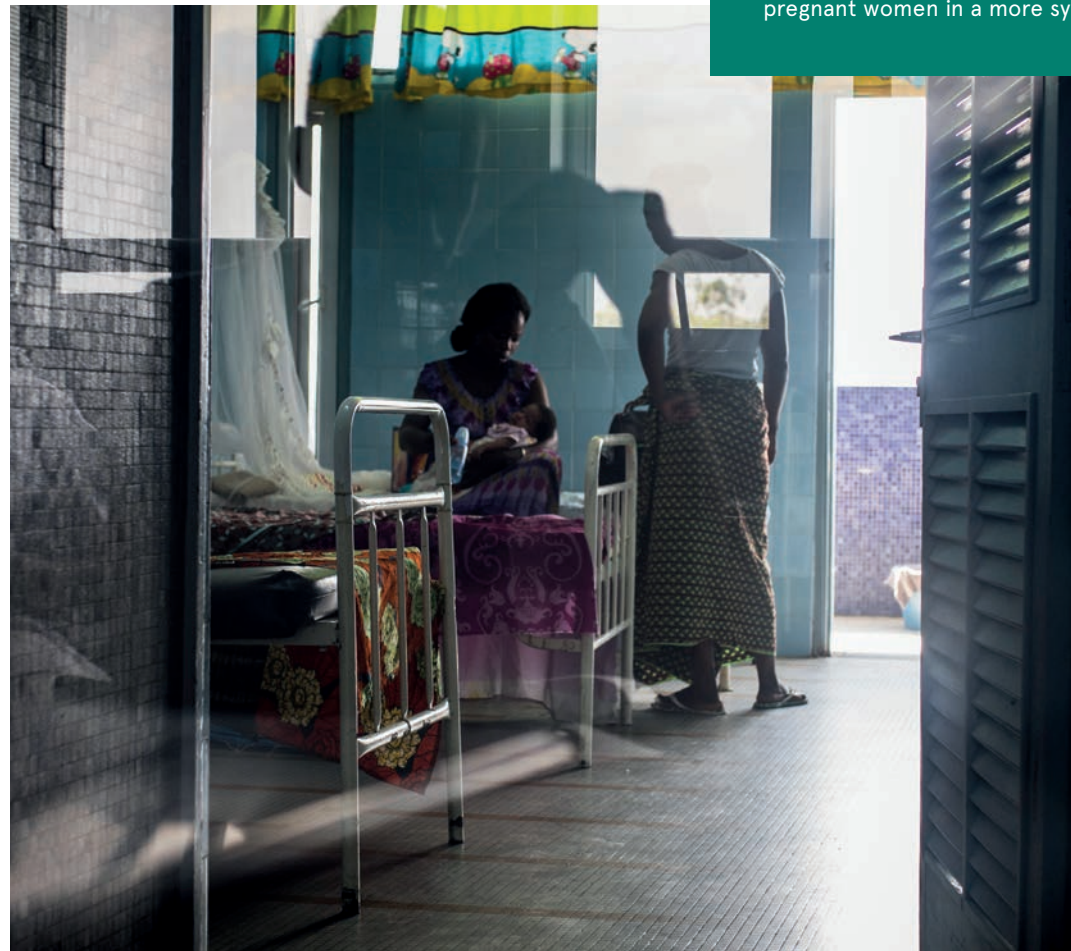
The projects aimed to make significant changes in practice for health workers, who needed to step outside of their professional “comfort zone”. Reference to social sciences, in particular anthropology, makes it possible to identify resistance among health personnel, to understand blockages and to build a shared culture more favorable to changes in practice. This approach can also provide solutions for patients, for whom alignment is also new. Of the four projects evaluated, **only the DEPISTNEO project looked at anthropological considerations, which identified the range of collaborations between services, technical and logistical obstacles and patient care channels.**

Prioritizing economic analysis

Integrating services and decompartmentalizing programs is far from easy. The financial argument relating to the efficiency of these procedures is therefore crucial. **Economic analysis is a decision-making tool that synthesizes information that decision-makers should take into account when identifying priorities and allocating resources in the health sector.** Without this type of analysis (cost-effectiveness, cost-benefit, cost-utility analysis, cost minimization study), it is not possible to be sure that integrated project interventions are economically profitable for scaling up.

PARTNERSHIPS AND SYNERGIES IN CÔTE D’IVOIRE

The DEPISTNEO project in Côte d’Ivoire has demonstrated that the delivery room is a relevant place to develop policies related to prevention and testing mother-child pairs, to cover subjects other than midwifery. At Cocody University Hospital, several collaborations have proven to be relevant between the HIV and HBV programs as well as between the pediatric, gyneco-obstetrics and gastroenterology departments. However, links could have been created with the maternal, neonatal and child health program, and the expanded immunization program. Their involvement would have made it possible to measure the overall improvement in the state of health of pregnant women in a more systemic way.



Framework to align vertical programs

Alignment of vertical programs and health systems strengthening

Successes and lessons learned from aligning vertical programs

Recommendations

- Systematically integrate civil society actors into the project to support and provide care to vulnerable populations.
- Include an anthropological focus from project design through to implementation.
- Conduct economic analysis to produce evidence on the efficiency of interventions and health financing in low-resource countries.
- Ensure systematic dissemination of results and good practices. Innovative approaches should be included in Global Fund funding requests for scale-up.

Conclusion

The cross-cutting evaluation concludes that the four projects funded by L'Initiative have achieved positive results, which demonstrate the feasibility of vertical program alignment. They have been innovative in fostering partnerships between programs that are usually compartmentalized, and have enabled the dissemination of shared knowledge on the diseases treated and the coordination mechanisms implemented. This evaluation also shows the complexity of setting up projects of this kind, and the challenges encountered in integrating programs.

The evaluators made some recommendations to L'Initiative, to guide its work and promote its contribution to strengthening health systems.



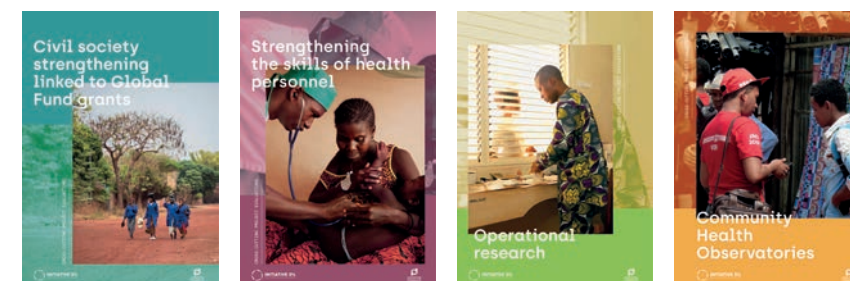
REFLECTIONS

Aligning pandemic control programs remains a strong focus for L'Initiative. As part of its 2021 call for projects, L'Initiative aimed to finance projects that meet the third pillar of the Global Fund's strategy (2017–2022): "to build resilient and sustainable systems for health". In order to do this, L'Initiative focused in particular on projects that aligned HIV, tuberculosis and malaria response programs with sexual and reproductive health and maternal, child and adolescent health, and alignment with platforms for integrated service delivery at all levels of the health system, including communities.

ACRONYMS AND ABBREVIATIONS

CCM	Country Coordinating Mechanism (Global Fund national coordination body)
UHC	Universal Health Coverage
SDGs	Sustainable Development Goals
WHO	World Health Organization
PMTCT	Prevention of Mother-to-Child Transmission
NACP	National AIDS Control Program
NTCP	National Tuberculosis Control Program
HIS	Health Information System
HBV	Hepatitis B virus
HIV	Human Immunodeficiency Virus

This publication is part of a collection presenting the results from cross-cutting evaluations produced by L'Initiative. The following issues have already appeared and are available on our website, in the "documentary resources" section, in both French and English:



This cross-cutting evaluation was carried out by Dr. Kemal CHERABI, Jacques NDAWINZ, Dr. Pierre-Yves NORVAL, Dr. Nuccia SALERI, Dr. Patricia VASSEUR, from TeAM, between August 2018 and March 2019.

It was coordinated at Expertise France by Elsa Goujon, Monitoring and Evaluation Officer in the Health Department.

The analysis and conclusions presented in this document are the responsibility of the authors. They do not necessarily reflect the official point of view of Expertise France or of the organizations and projects evaluated.



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