



ICAP-CQUIN Support Towards Advancing Integration

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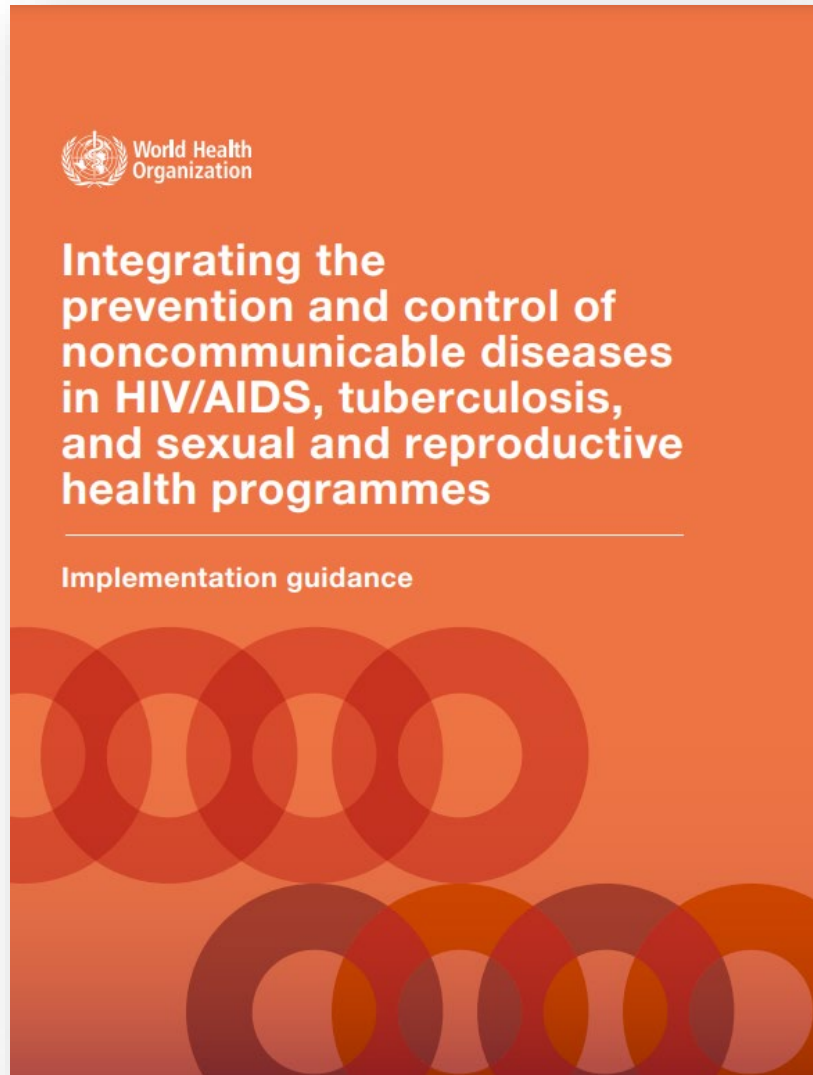
CQUIN 8th Annual Meeting | December 9-13, 2024 – Johannesburg, South Africa

Outline

- **Integration Background**
- **CQUIN's Support for Integration**
- **Planned CQUIN Activities on Integration in 2025**

Integration Background

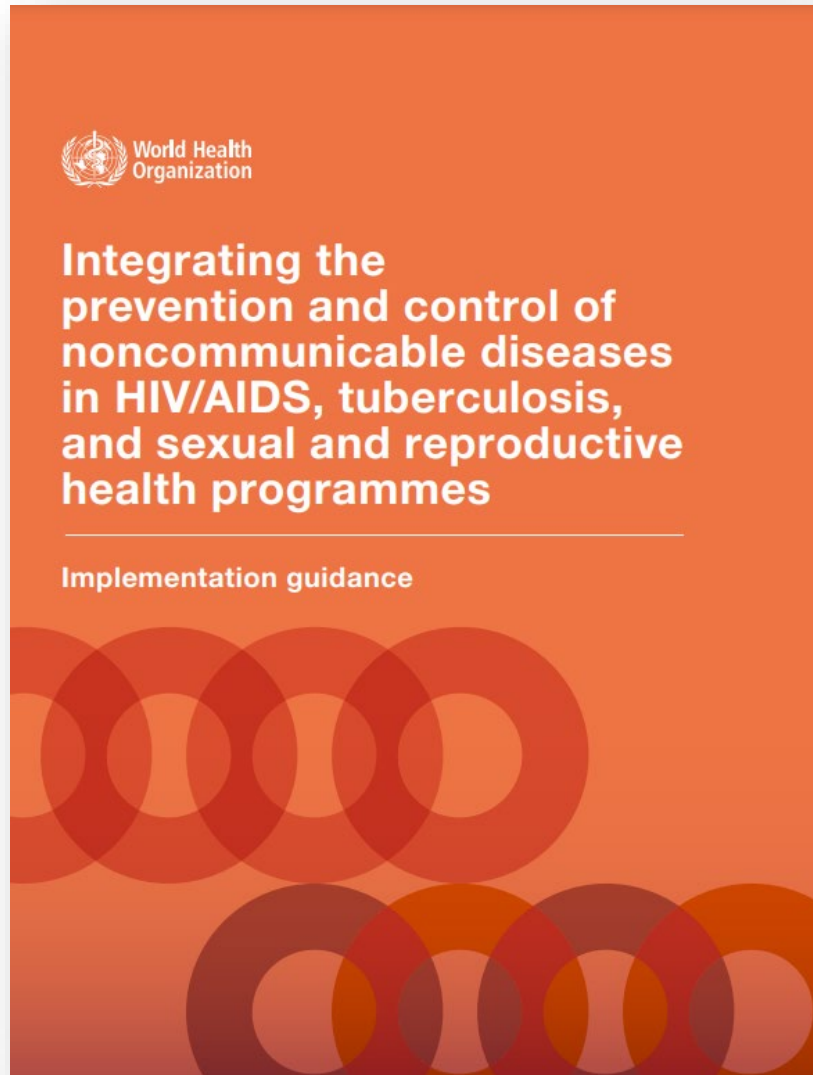
Integration Framework



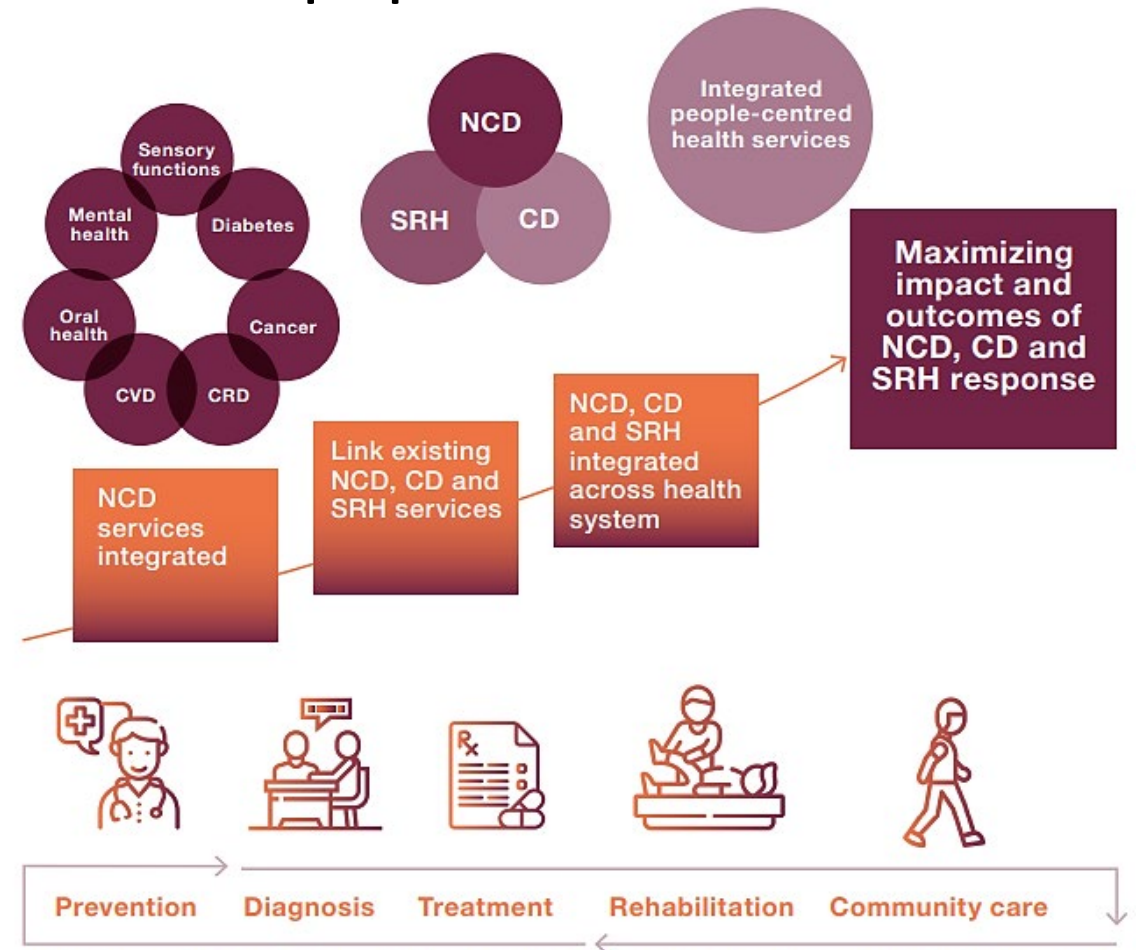
Integrated health services:

Health services that are managed and delivered so that people receive a **continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care services**, coordinated among different levels and sites of care within and beyond the health sector and according to their needs throughout the life-course

Integration Framework



Continuum of integration of noncommunicable diseases into people-centered health services



CD, communicable disease; CRD, chronic respiratory disease; CVD, cardiovascular disease; NCD, noncommunicable diseases; SRH, sexual and reproductive health.

Integrating the prevention and control of noncommunicable diseases in HIV/AIDS, tuberculosis, and sexual and reproductive health programmes: implementation guidance. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO.

Integration Measurement Studies

International Journal of Integrated Care – Vol. 9, 4 February 2009 – ISSN 1568-4156 – <http://www.ijic.org/> 

Research and Theory

Measurement of integrated healthcare delivery: a systematic review of methods and future research directions

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Abstract


Background: Integrated healthcare delivery is a policy goal of healthcare systems. There is no consensus on how to measure the concept, which makes it difficult to monitor progress.

Purpose: To identify the different types of methods used to measure integrated healthcare delivery with emphasis on structural, cultural and process aspects.

Methods: Medline/Pubmed, EMBASE, Web of Science, Cochrane Library, WHOLIS, and conventional internet search engines were systematically searched for methods to measure integrated healthcare delivery (published – April 2008).

Results: Twenty-four published scientific papers and documents met the inclusion criteria. In the 24 references we identified 24 different measurement methods; however, 5 methods shared theoretical framework. The methods can be categorized according to type of data source: a) questionnaire survey data, b) automated register data, or c) mixed data sources. The variety of concepts measured reflects the

2009

 International Journal of Integrated Care

Suter, E, et al. Indicators and Measurement Tools for Health Systems Integration: A Knowledge Synthesis. *International Journal of Integrated Care*, 2017; 17(6): 4, 1–17. DOI: <https://doi.org/10.5334/ijic.3931>

RESEARCH AND THEORY

Indicators and Measurement Tools for Health Systems Integration: A Knowledge Synthesis

Esther Suter^{1*}, Nelly D. Oelke², Maria Alice Dias da Silva Lima³, Michelle Stiphout⁴, Robert Janke¹, Regina Rigatto Witt⁵, Cheryl Van Vliet-Brown¹, Kaela Schill⁶, Mahnouch Rostami⁷, Shelanne Hepp¹, Arden Birney¹, Fatima Al-Roubaia⁸ and Giselda Quintana Marques⁹

Background: Despite far reaching support for integrated care, conceptualizing and measuring integrated care remains challenging. This knowledge synthesis aimed to identify indicator domains and tools to measure progress towards integrated care.

Methods: We used an established framework and a Delphi survey with integration experts to identify relevant measurement domains. For each domain, we searched and reviewed the literature for relevant tools.

Findings: From 7,133 abstracts, we retrieved 114 unique tools. We found many quality tools to measure care coordination, patient engagement and team effectiveness/performance. In contrast, there were few tools in the domains of performance measurement and information systems, alignment of organizational goals and resource allocation. The search yielded 12 tools that measure overall integration or three or more indicator domains.

Discussion: Our findings highlight a continued gap in tools to measure foundational components that support integrated care. In the absence of such targeted tools, “overall integration” tools may be useful for a broad assessment of the overall state of a system.

Conclusions: Continued progress towards integrated care depends on our ability to evaluate the success of

2017

Neill et al. *BMC Public Health* (2023) 23:1876
<https://doi.org/10.1186/s12889-023-16724-2> BMC Public Health

RESEARCH Open Access

Integration measurement and its applications in low- and middle-income country health systems: a scoping review

Rachel Neill^{1*}, Nukhba Zia¹, Lamisa Ashraf², Zainab Khan³, Wesley Pryor² and Abdulgafoor M. Bachani¹

Abstract

Background Despite growing interest in and commitment to integration, or integrated care, the concept is ill-defined and the resulting evidence base fragmented, particularly in low- and middle-income countries (LMICs). Underlying this challenge is a lack of coherent approaches to measure the extent of integration and how this influences desired outcomes. The aim of this scoping review is to identify measurement approaches for integration in LMICs and map them for future use.

Methods Arksey and O'Malley's framework for scoping reviews was followed. We conducted a systematic search of peer-reviewed literature measuring integration in LMICs across three databases and screened identified papers by predetermined inclusion and exclusion criteria. A modified version of the Rainbow Model for Integrated Care guided charting and analysis of the data.

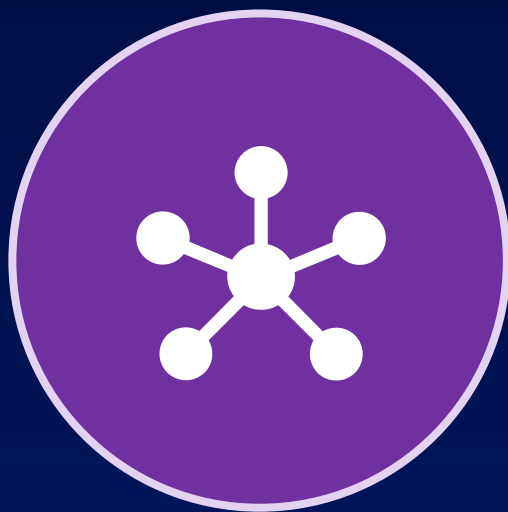
Results We included 99 studies. Studies were concentrated in the Africa region and most frequently focused on the integration of HIV care with other services. A range of definitions and methods were identified, with no single approach for the measurement of integration dominating the literature. Measurement of clinical integration was the most common, with indicators focused on measuring receipt of two or more services provided at a single point of time. Organizational and professional integration indicators were focused on inter- and intra-organizational communication, collaboration, coordination, and continuity of care, while functional integration measured common information systems or patient records. Gaps were identified in measuring systems and normative integration. Few

2023

Recognizing that integration continues to gain prominence as an approach to strengthen health systems towards Universal Health Coverage (UHC)

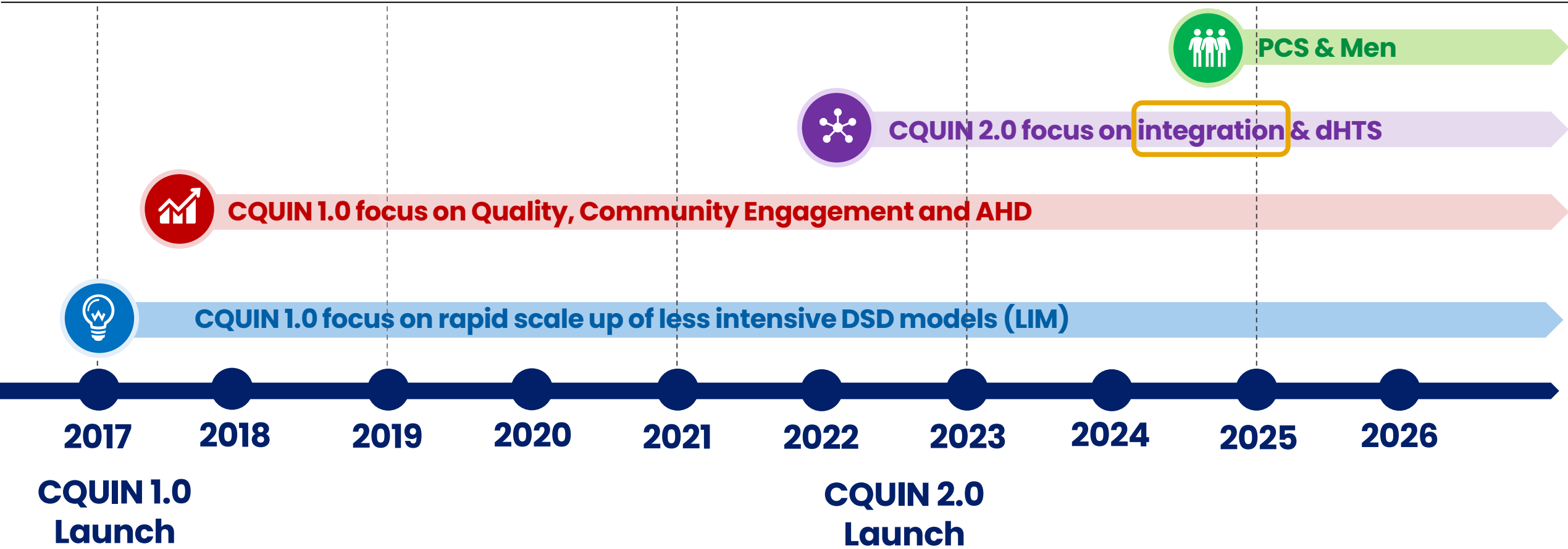
There remains continued challenges with lack of conceptual cohesion and fragmentation which limits how integration is understood in practice.

Neill et al. *BMC Public Health* (2023) 23:1876 <https://doi.org/10.1186/s12889-023-16724-2>

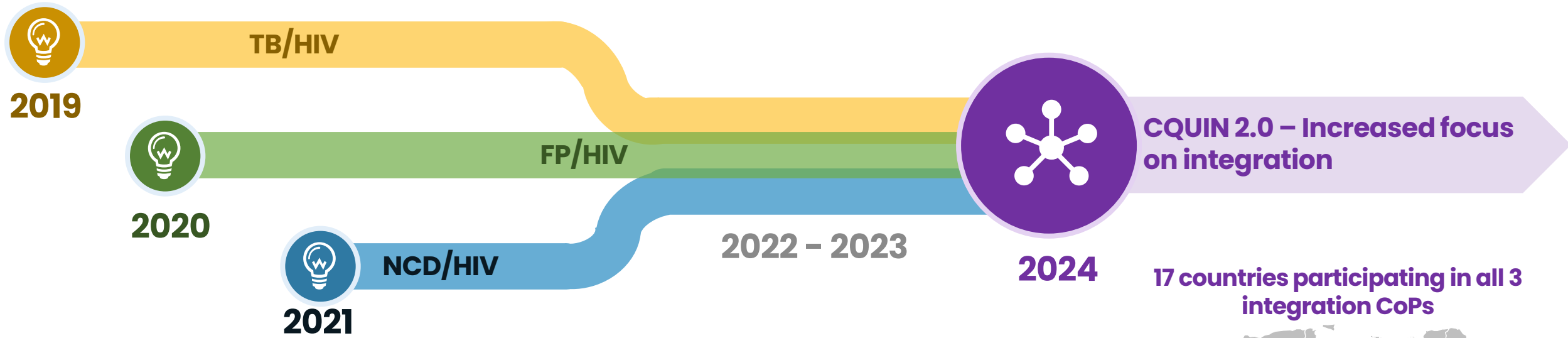


CQUIN's Support for Integration

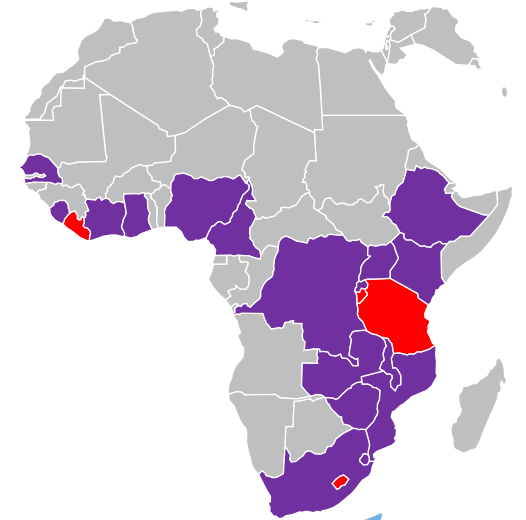
CQUIN Impact Network Timeline



CQUIN CoPs Focused on Integration

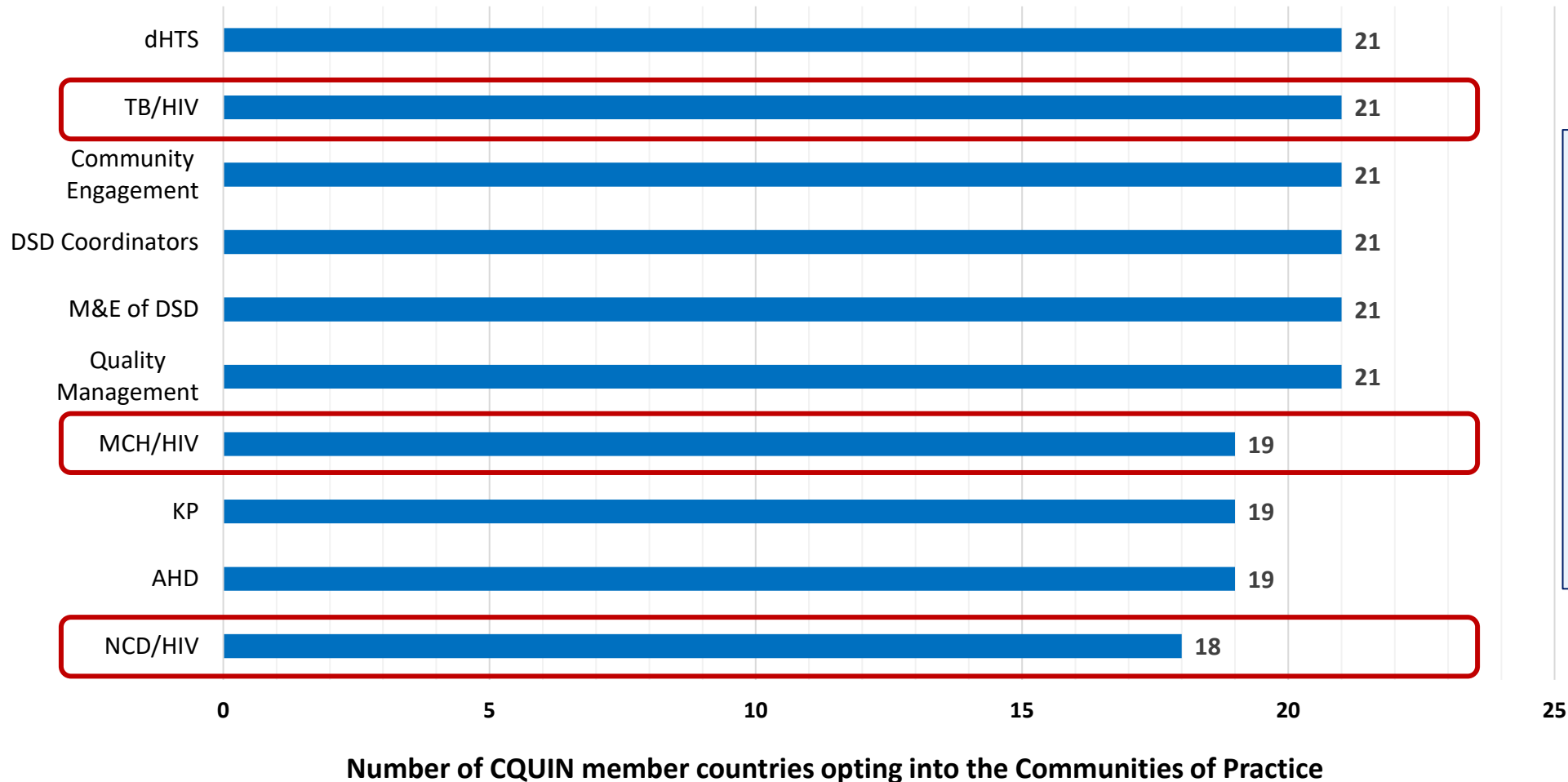


17 countries participating in all 3 integration CoPs



CQUIN’s focus on integration across these three program areas was determined from cross-cutting country priorities identified by CQUIN-member countries over the years

CQUIN Communities of Practice on Integration



CQUIN integration support cuts across three program areas

- TB/HIV
- FP/HIV
- NCD/HIV

Shared themes emerging from the CQUIN integration program areas - 2023

[TB/HIV, FP/HIV and NCD/HIV Integration]

Integrated service delivery

- Limited implementation guidance, SOPs, HCW training, and performance indicators in support of service integration

Data for Decision Making

- Vertical HIV and non-HIV M&E systems
- Lack of integration M&E framework with targets and coverage data

Coordination

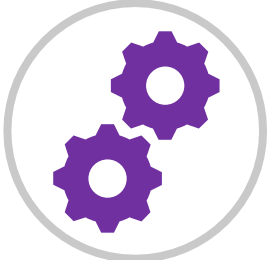
- Limited supportive policies
- Siloed funding and decision-making
- Limited national coordination mechanisms

Recipient of Care Engagement

- Limited awareness of the need and benefits of integrated programs
- Limited inclusion of integration into community-led monitoring programs



CQUIN support for the FP/HIV, TB/HIV & NCD/HIV integration program areas – 2023 & 2024



Integration focused activities
FP/HIV integration situational analysis. Inclusion, revision & staging of **integration domains** in the CQUIN CMM

November 2023 – CQUIN 7th Annual Meeting
Integration sessions at the annual meeting on FP/HIV, NCD/HIV and TB/HIV integration

Strengthening the integration themes
Webinar on integration: March 2024
Quarterly **community of practice** meetings
Targeted TA to member countries

April 2024:
Multi-country **CQUIN integration meeting** in Nairobi, Kenya

Strengthening the integration themes
Webinars on integration: May, June, July 2024
Quarterly **community of practice** meetings
Targeted TA to member countries
CQUIN 8th Annual Meeting

Increasing Country Implementation of Integration Activities

FP/HIV Domain in the CQUIN DART CMM

<p>National policies do not support integration of family planning (FP) services into less-intensive DART models</p>	<p>National policies do support integration of FP services into less-intensive DART models</p> <p>BUT there are no national coverage targets for the number or proportion of eligible women enrolled in DART who receive integrated FP services</p> <p>OR there are targets, but no data with which to assess progress towards targets in the past year</p>	<p>National policies do support integration of FP services into less-intensive DART models</p> <p>AND there are national coverage targets for the number or proportion of eligible women enrolled in DART who receive integrated FP services</p> <p>AND the country has achieved < 50% of its national targets in the past year</p>	<p>National policies do support integration of FP services into less-intensive DART models</p> <p>AND there are national coverage targets for the number or proportion of eligible women enrolled in DART who receive integrated FP services</p> <p>AND the country has achieved 50-75% of its national targets in the past year</p>	<p>National policies do support integration of FP services into less-intensive DART models</p> <p>AND there are national coverage targets for the number or proportion of eligible women enrolled in DART who receive integrated FP services</p> <p>AND the country has achieved over 75% of its national targets in the past year</p>

TB/HIV Domain in the CQUIN DART CMM

National HIV treatment guidelines do not define a minimum package ¹ of TPT services for people living with HIV AND/OR TPT is not integrated within less-intensive differentiated treatment (DART) models ²	National HIV guidelines define a minimum package for TPT for people living with HIV AND TPT is integrated within less-intensive DART models	National HIV guidelines define a minimum package for TPT for people living with HIV AND TPT is integrated within less-intensive DART models AND the country has data from the past year to describe overall TPT coverage amongst people on ART AND Overall TPT coverage among people on ART is < 90%	National HIV guidelines define a minimum package for TPT for people living with HIV AND TPT is integrated within less-intensive DART models AND the country has data from the past year to describe overall TPT coverage amongst people on ART AND Overall TPT coverage among people on ART is $\geq 90\%$	In addition to meeting criteria for the light green stage, the country can disaggregate its data to describe TPT coverage for: 1. People enrolled in more-intensive DART models ³ 2. People enrolled in less-intensive DART models ⁴ AND TPT coverage disaggregated for people enrolled in both less-intensive and more-intensive DART models is > 90%
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^[1]In this context, a “minimum package” of TPT services for PLHIV would include: (1) eligibility criteria for TPT; (2) TPT regimen and dosing guidance; (3) recommendations for adherence monitoring and support; and (4) recommendations for side effect/adverse event monitoring and support

^[2]In this context, TPT integration into less-intensive DART models means that people enrolled in less-intensive models can receive TPT within their existing models. National guidelines / operational manuals describe how TPT eligibility is assessed for people in less-intensive models, how and where eligible clients receive medication, clinical monitoring, and adherence assessment/support, and how TPT initiation and completion are documented.

^[3] In this context, “more-intensive DSD models” means models for people initiating ART and models for people on ART who need more intensive clinical, laboratory and/or psychosocial services, including those with advanced HIV disease, multi-morbidity, adherence challenges, etc.

^[4] In this context, “less-intensive DSD models” means models specifically designed for people established on ART, including facility- and community-based models, group and individual models, and healthcare worker led and peer-led models

NCD/HIV Domain in the CQUIN DART CMM

<p>National policies and/or guidelines do not explicitly support provision of non-communicable disease (NCD) services to people on ART by including all of the following for hypertension (HTN) at a minimum:</p> <ol style="list-style-type: none"> 1. Defining a minimum package of HTN screening, diagnosis, and treatment services that should be integrated into HIV treatment models. 2. Including people in less-intensive DART models in plans for HIV/HTN services. 3. Providing guidance regarding <i>where</i> HTN services should be provided for people on ART (<i>e.g.</i>, at the point of HIV treatment or elsewhere). 4. Providing guidance regarding <i>who</i> should provide HTN services for people on ART (<i>e.g.</i>, the HIV service provider or other). 5. Providing guidance regarding <i>when</i> HTN and HIV appointments, lab testing, and drug pick-ups should be scheduled. 	<p>National policies and/or guidelines do support provision of NCD services for people on ART, and include all of the following for HTN at a minimum:</p> <ol style="list-style-type: none"> 1. Definition of a minimum package of HTN screening, diagnosis, and treatment services that should be provided to people on ART. 2. Inclusion of people in less-intensive DART models in plans for HIV/HTN integration. 3. Guidance regarding <i>where</i> HTN services should be provided to people on ART (<i>e.g.</i>, at the point of HIV treatment or elsewhere). 4. Guidance regarding <i>who</i> should provide HTN services to people on ART (<i>e.g.</i>, the HIV service provider or other). 5. Guidance regarding <i>when</i> HTN and HIV appointments, lab testing, and drug pick-ups should be scheduled. 	<p>In addition to meeting the criteria for the orange stage:</p> <p>National policies and/or guidelines support integration of HIV and NCD services by recommending all of the following for people established on ART (“stable clients”) for HTN at a minimum:</p> <ol style="list-style-type: none"> 1. Routine HTN and HIV treatment services are co-located. 2. Routine HTN and HIV treatment services are co-scheduled (<i>e.g.</i>, provided at the same visit) 3. HTN and HIV medication refills are coordinated to maximize client convenience and minimize visits to health facilities / pharmacies. 	<p>In addition to meeting the criteria for the yellow stage:</p> <p>National M&E systems can report the proportion of people in less-intensive DART models who receive the minimum package of services for hypertension (HTN) at a minimum:</p> <p>AND</p> <p>There are national coverage targets for the proportion of people with HIV and HTN enrolled in DART who receive integrated services.</p> <p>AND</p> <p>The country has data from the past 12 months on the proportion of people in less-intensive DART models who receive the minimum package of services for hypertension (HTN) at a minimum</p> <p>AND</p> <p>Coverage has reached $\geq 50\% < 75\%$ of national targets.</p>	<p>In addition to meeting the criteria for the light green stage:</p> <p>The country has data from the past 12 months on the proportion of people in less-intensive DART models who receive the minimum package of services for hypertension (HTN) at a minimum:</p> <p>AND</p> <p>Coverage has reached $\geq 75\%$ of national targets.</p>

CQUIN CMM Integration Domains: Country Staging and Prioritization

FP/HIV Integration

Country	2023 Score	2024 Projected Score	2024 Score
Burundi	Red	Yellow	Yellow
Cameroon	Orange	Yellow	Orange
Cote d'Ivoire	Red	Yellow	Orange
DR Congo	Orange	Yellow	Green
Eswatini	Orange	Yellow	Orange
Ethiopia	Yellow	Green	Green
Ghana	Orange	Yellow	Orange
Kenya	Orange	Yellow	Orange
Lesotho	Orange	Grey	Orange
Liberia	Orange	Yellow	Orange
Malawi	Orange	Yellow	Orange
Mozambique	Red	Orange	Red
Nigeria	Orange	Orange	Orange
Rwanda	Orange	Green	Orange
Senegal	Orange	Yellow	Red
Sierra Leone	Orange	Grey	Orange
South Africa	Orange	Yellow	Orange
Tanzania	Orange	Grey	Orange
Uganda	Orange	Green	Green
Zambia	Orange	Yellow	Orange
Zimbabwe	Orange	Yellow	Orange

TB/HIV Integration

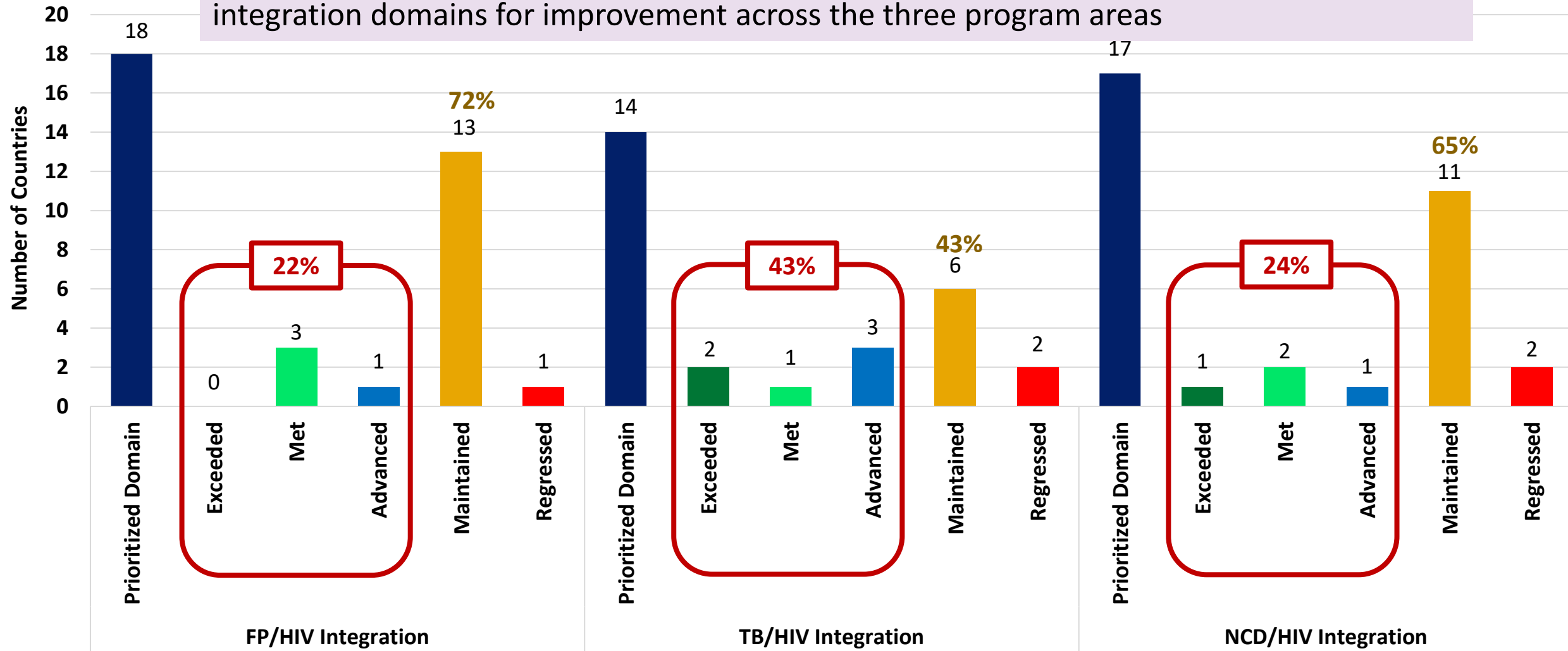
Country	2023 Score	2024 Projected Score	2024 Score
Burundi	Green	Dark Green	Dark Green
Cameroon	Yellow	Green	Orange
Cote d'Ivoire	Yellow	Green	Yellow
DR Congo	Orange	Yellow	Green
Eswatini	Yellow	Grey	Yellow
Ethiopia	Yellow	Yellow	Yellow
Ghana	Red	Grey	Red
Kenya	Yellow	Grey	Green
Lesotho	Green	Grey	Green
Liberia	Red	Orange	Yellow
Malawi	Orange	Green	Yellow
Mozambique	Dark Green	Grey	Yellow
Nigeria	Dark Green	Grey	Green
Rwanda	Yellow	Dark Green	Green
Senegal	Yellow	Yellow	Yellow
Sierra Leone	Yellow	Grey	Yellow
South Africa	Yellow	Green	Yellow
Tanzania	Red	Dark Green	Yellow
Uganda	Yellow	Green	Yellow
Zambia	Green	Dark Green	Yellow
Zimbabwe	Yellow	Green	Yellow

NCD/HIV Integration

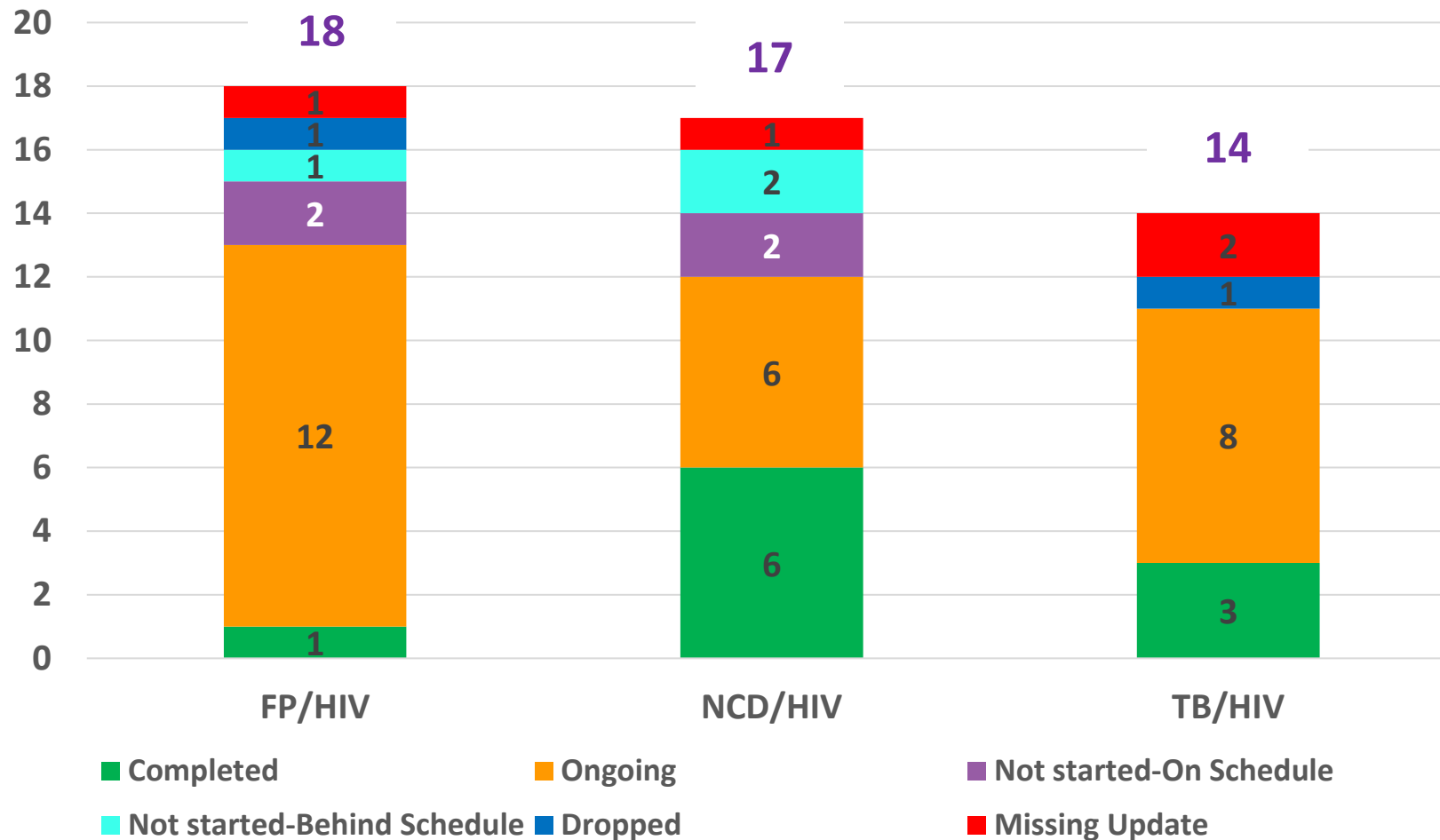
Country	2023 Score	2024 Projected Score	2024 Score
Burundi	Red	Yellow	Red
Cameroon	Yellow	Green	Yellow
Cote d'Ivoire	Red	Orange	Orange
DR Congo	Orange	Yellow	Red
Eswatini	Yellow	Yellow	Yellow
Ethiopia	Yellow	Yellow	Yellow
Ghana	Yellow	Grey	Yellow
Kenya	Yellow	Grey	Yellow
Lesotho	Red	Yellow	Yellow
Liberia	Red	Orange	Yellow
Malawi	Orange	Yellow	Yellow
Mozambique	Red	Orange	Red
Nigeria	Yellow	Yellow	Yellow
Rwanda	Red	Yellow	Red
Senegal	Red	Orange	Red
Sierra Leone	Yellow	Grey	Orange
South Africa	Yellow	Green	Red
Tanzania	Yellow	Green	Yellow
Uganda	Yellow	Green	Yellow
Zambia	Yellow	Green	Yellow
Zimbabwe	Yellow	Grey	Yellow

Country progress on maturity of CQUIN CMM integration domains [2023 vs 2024 projected and actual stage]

Majority of countries maintained their CMM stage (2023 vs 2024) despite prioritizing the integration domains for improvement across the three program areas

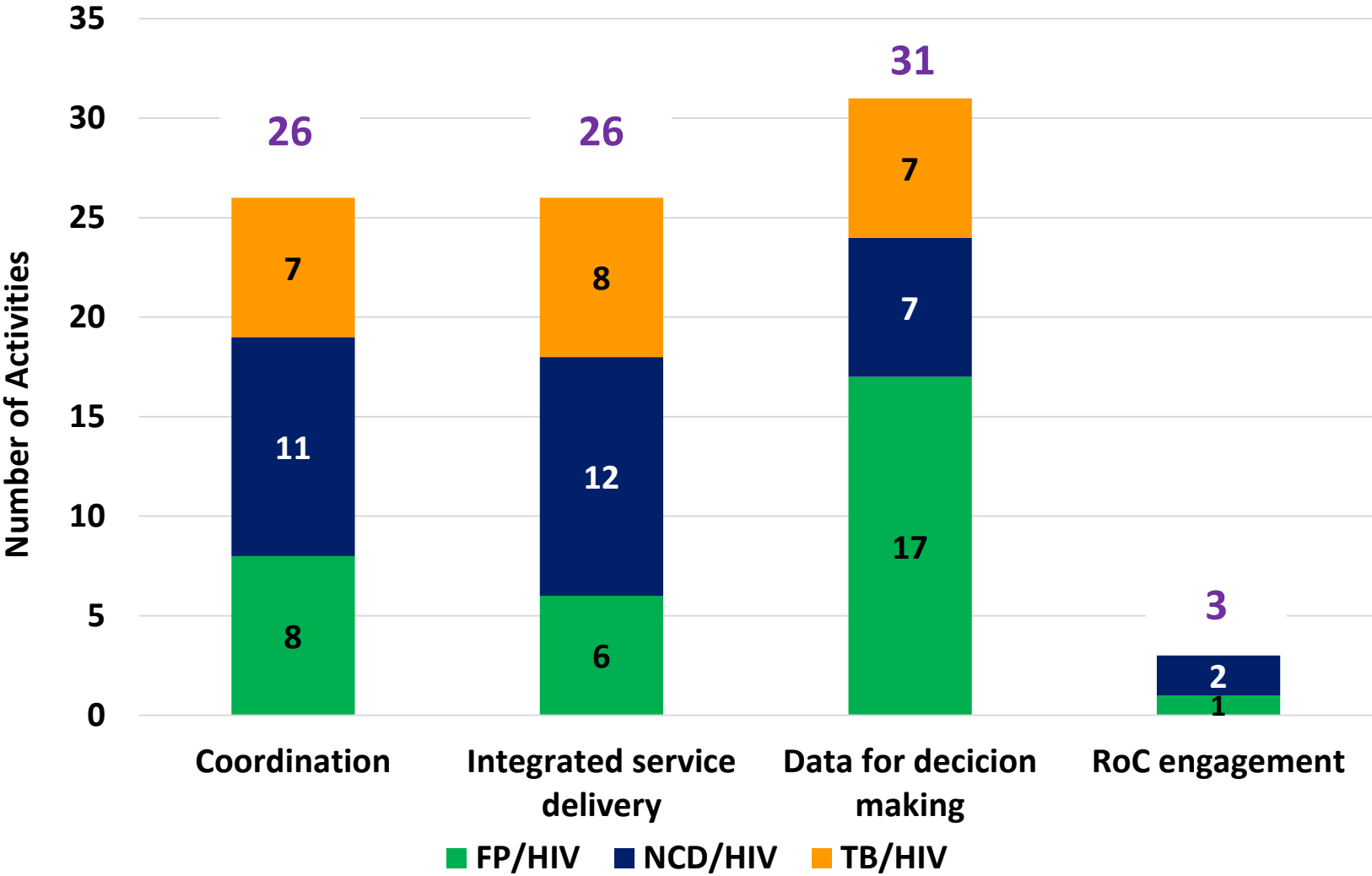


Country progress of implementation of action plan activities aligned to integration domains (Jan – Sept 2024)



- **18, 17 and 14 countries** prioritized the FP, NCD and TB domains for improvement in 2024
- Most countries integration activities for 2024 are **Ongoing** with few being completed
- A few countries are behind schedule on initiating their planned integration activities while others have dropped their planned integration activities

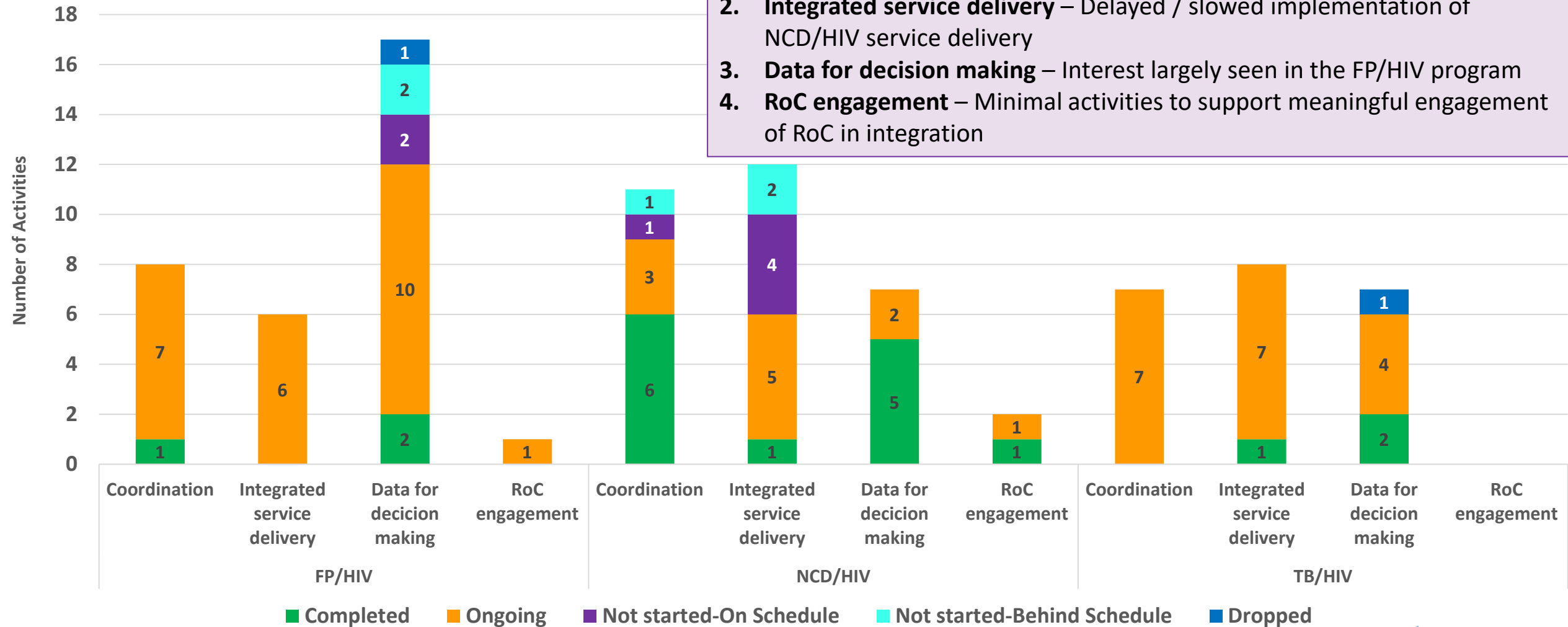
Country Integration Activities by Themes



- Activities associated with ‘**Data for Decision Making**’ are the most common. Include development of integration indicators and target setting, improving integrated data capture and data flow systems, upgrading country EHR/EMR systems with integration metrics and visualizations, evaluating integration programs, among others.
- Few delineated activities in support of recipient of care engagement

Implementation progress on activities in support of integration by thematic area

- 1. Coordination** – Ongoing activities to strengthen coordination across FP and TB programs
- 2. Integrated service delivery** – Delayed / slowed implementation of NCD/HIV service delivery
- 3. Data for decision making** – Interest largely seen in the FP/HIV program
- 4. RoC engagement** – Minimal activities to support meaningful engagement of RoC in integration



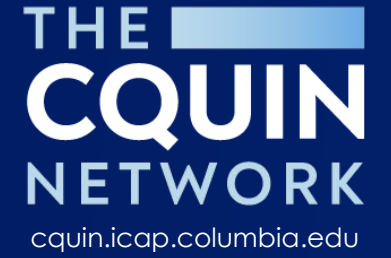
Developing Insights, Issues, and Prospects

- Modest improvement in integration domain maturity with majority of countries maintaining their CMM stage (2023 vs 2024) despite prioritizing the integration domains for improvement across the three program areas
- FP/HIV integration was the most prioritized integration domain (18 countries)
- Delayed/slowed implementation of NCD/HIV integrated service delivery
- Activities associated with strengthening integration metrics are the most common.
- There is a need for ongoing multisectoral engagement – with particular attention paid to recipient of care engagement – in support of integration

Planned CQUIN Activities on Integration in 2025

ICAP-CQUIN Planned 2025 Activities on Integration:

- **Integration CMM**
 - **Enabling domains - Generic**
 - **Outcome domains - Specific to CQUIN Communities of Practice program areas**
- **Co-creation / sharing of resources – examples:**
 - **Coordination Terms of Reference**
 - **Integration assessment**
 - **Integration metrics that are cross cutting as well as specific to the 3 programmatic areas - FP/HIV, NCD/HIV (with a focus on HTN), and TB/HIV program areas.**
- **CQUIN will continue engaging and discussing with the Gates Foundation, global and regional partners, MOH & their stakeholders as well as with the CQUIN Advisory group among others on the best strategies needed to take integration to scale**



Thank You!

