

Integrating CDC in PHC

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OVERVIEW

- Key Questions
- Past Public Health Approaches
- Types of Integration of Services
- Understanding Integration
- Tool for Assessment

Key Questions

- Should CDC be integrated in PHC?
- What Options are there?
- Towards Better Understanding Integration
- How to assess the desirability and feasibility of integrating CDC in PHC?

Past Public Health Approaches

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- Basic Health Services 1950
 - Vertical Programs 1970
 - Comprehensive PHC Almata 1978
 - District Health Systems 1980
 - Selective PHC and MDGs 1985
 - Health Sector Reform 1985
 - Public Private Partnerships 1990
 - Decentralization 1995
 - CDC in local health systems 2000
 - Continuum of care 2005
 - Community Driven Development 2005

Types of Integration: Examples of Integration

The Government of Thailand Integrated the Malaria Program Management and Funding in the District Health System, perhaps linked to decentralization.

In Viet Nam, funding for Tuberculosis control is being integrated within the TB program.

Globally: Strategic Integration of Maternal, Neonatal and Child Health

Kenya: District Health System

Types of Integration: Examples of New Programs

Priority programs such as FP, Polio, HIV/AIDS, AI

Often to give the issue more emphasis, to break cultural barriers, to get more funding.

Often this can be justified in terms of cost benefits

But it also causes problems as it exploits limited capacity in the health system and does not help build the system

Understanding Integration

- We see serious and persistent inefficiencies in the health sector because of lack of integration of health services.
- For example, staff in a community health center may have 50 or more papers to fill up for monitoring
- How can we optimize the design of services, including integrating CDC in health systems, to get maximum and sustainable impact?

Types of Integration of Services

- *Are we clear about integration of services?*
- *“Integration is not about integrating programmes in totality”*
- *“Integration is about integrating or not (some) activities of a programme”.*

Types of Integration of Services

- National level
 - Integrating Policies and Strategies, Planning and Budgeting, Financing, Support Capacity?
- Provincial/District level
 - Integrating Planning and Budgeting, Management, Training, Services, Monitoring
 - Integrating Financing?
- Community level
 - Programs?

Understanding Integration

- There is not one permanent fix. We need to assess what is the best mix
- We often don't do it or do it poorly because:
 - > demand of donors/politicians for quick impact
 - > lack of local capacity and technical expertise
 - > protectionism and turf battles/job security
 - > difficult to change current practices
 - > financial incentives
- Etc.

Understanding Integration

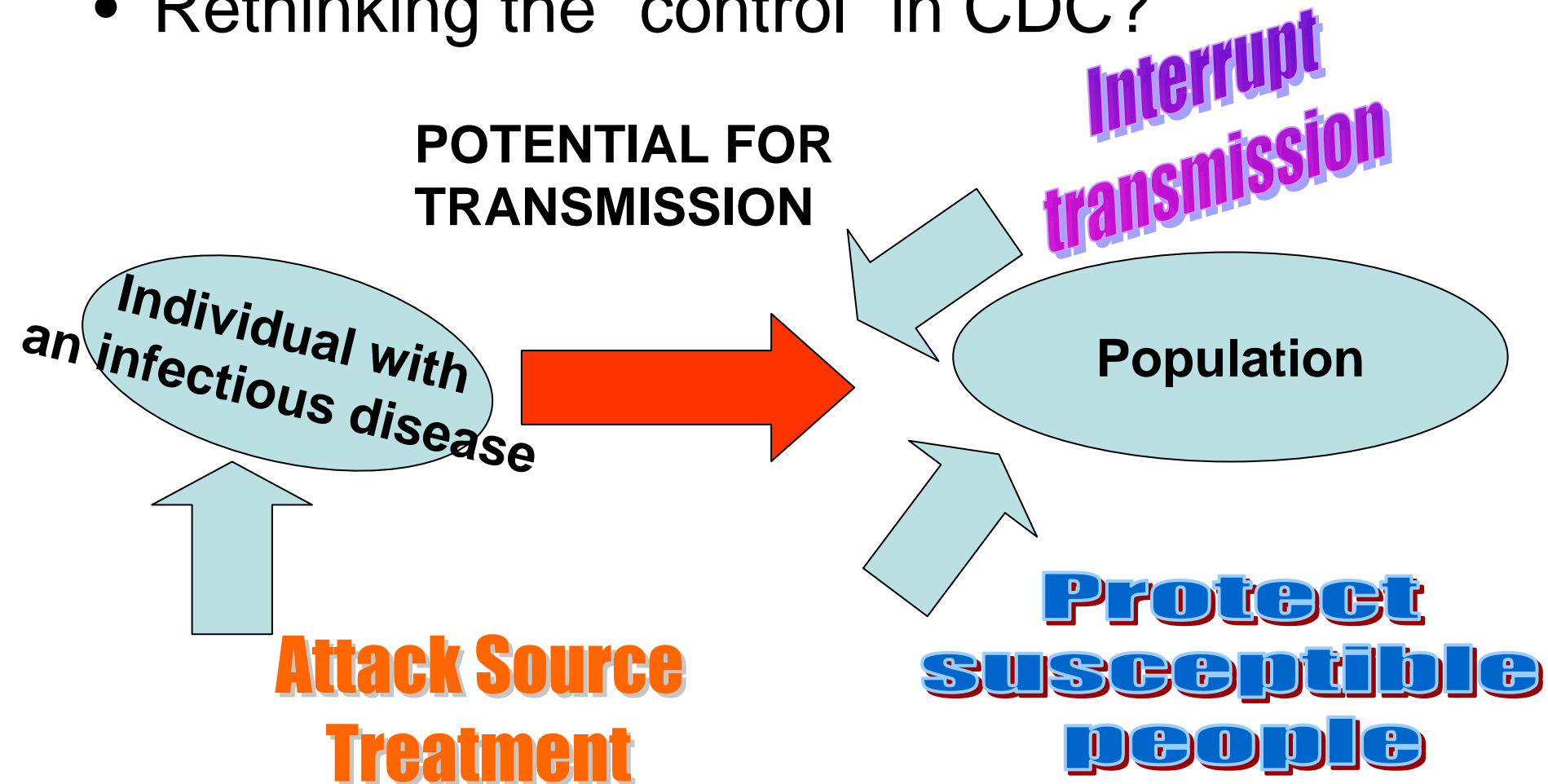
- We need:
- Political will, funding and strong leadership for change
- Recognition of the Setting, e.g., Decentralization
- A rationale approach, including conceptual framework, assessment tool, accurate data and analytical capacity

Understanding Integration

In addition, the traditional thinking of CDC and Health Systems is changing.....

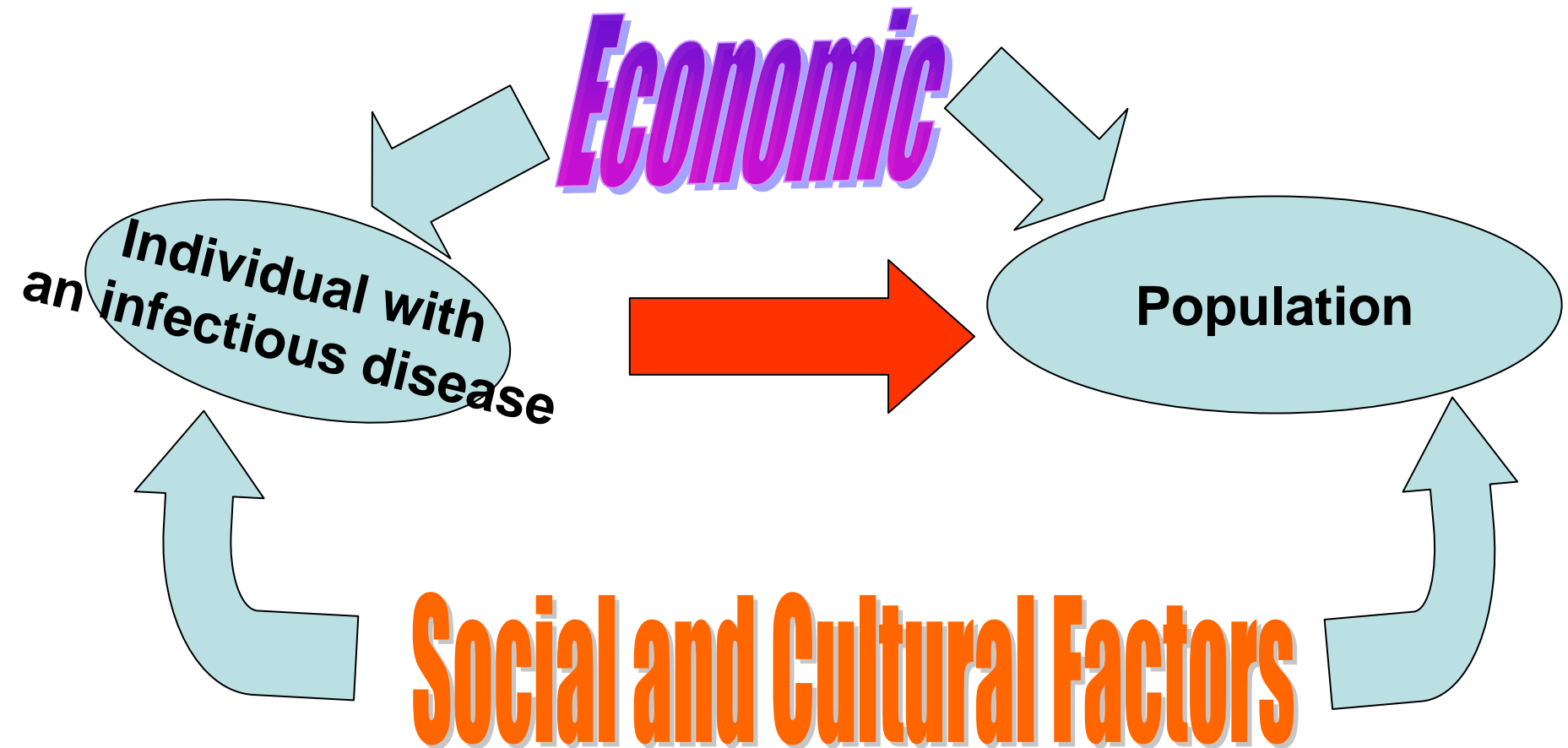
Current CDC model and interventions

- Rethinking the “control” in CDC?



Questions for current CDC model

- How much consideration is given to how these factors interact in the model?



Shifting of the CDC Paradigm

Source: Porter, Ogden and Pronyk: Infectious disease policy: towards the production of health; Health Policy and Planning; 14(4): 322-328.1999.

- Disease specific/
vertically organized
 - Focus on individual risk
 - Emphasis on
products/targets
 - Standard interventions
 - Short-term orientation
 - Limited to health sector
 - Operating without
reference to global
processes
 - Working on behalf of
populations
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- Integrated/ horizontal
linkages
 - Social vulnerability: risk,
context of everyday life
 - Emphasis on process
 - Context specific/Flexible
 - Longer – term view
 - Linking multiple sectors
 - Accepting globalization
as a context and
reference
 - Working in partnership
with communities

Communicable Diseases Control approach & Basic Health Service

- Disease centred
- Population dimension
- Intervention planning based on need
- Epidemiological underpinning – coverage and impact
- Specialists
- Person centred
- Individual dimension
- Treatment in context including preferences
- Assist the patient to carry on with life in an acceptable way
- Versatile health workers

Key Considerations

- Is it desirable to integrate?
 - What is the added value from incorporating a disease control activity into the basic services package
- Is it possible to integrate?
 - Are tasks standardized enough for non-specialists to handle
- Is it opportune to integrate?
 - Can the basic services and local health system cope with increased workload. Are they functioning well enough to handle the new activities.
(are they working at all?)

Tool for Assessing CDC Integration in Health Systems - 1

MODULE	LOCAL HEALTH SYSTEM DETERMINANTS			
CDC Strategy & Interventions (a - z), for Integration	Community	Service Delivery	Human Resources	Support Services
Attack Source (a)..... (b).....				
Protect Susceptible People				
Interrupt Transmission				

Tool for Assessing CDC Integration in Health Systems - 2

MODULE	LOCAL HEALTH SYSTEM DETERMINANTS			
CDC Strategy & Interventions (a - z), for Integration	Finance	Management & HIS	Infrastructure	Policies & Regulation
Attack Source (a)..... (b).....				
Protect Susceptible People				
Interrupt Transmission				

Conclusions

- In general, there is scope for efficiency, equity and effectiveness gains by integrated in CDC programs in local health systems
- Far from past ideology, integration is always partial. Even so, CDC programs can not operate in vacuum
- There are strong forces opposing integration, not at least because it takes time to get impact through building local know-how
- Integration requires political will, leadership and funding; needs to fit in the setting, and needs a rigorous analytical approach.

Thank you