Evaluating Integrated Service Delivery
Adding Other Services to Routine Immunization Visits

The CDC Experience

Presented at the
2009 Global Immunization Meeting
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Presentation Overview

- What do we **THINK** about integration?
- What do we **KNOW** about integration?
- What **DON’T** we **KNOW** about integration?
- Resolving **UNANSWERED QUESTIONS**
What do we THINK about integration?
Integration Can Create Synergy

- Improve efficiency and reduce redundancy/cost
- Improve user satisfaction and convenience
- Benefit to other programs
  - Reach, coverage, and equity of immunizations is often greater than other health programs
  - Reduce stigma
- Benefit to routine immunization program
  - Increase demand for immunization
  - Add resources for general “Health System Strengthening”
What do we **KNOW** about integration?
Literature Review – Key Results

- Years: 1979-2005
- Integration is common
  - Information and referral
  - Services and commodities

Literature Review – Conclusions

- Keys to successful integration
  - Compatibility between interventions
  - Adequate support for additional service
  - Strong immunization program
  → Rapid uptake of linked intervention

- Risks of integrating services
  - Overburdened staff
  - Unequal resource allocation
  - Logistical difficulties

- Lack of rigorous evaluations
  - “The theoretical strengths of integrating other health services with immunization services remain to be rigorously proved in practice.”
  - “The critical question of whether integrated programs use resources more efficiently than vertical programs has yet to be answered.”

Example: Completed evaluation –
EPI and Mosquito Nets in Malawi

- **Goal**
  - Increase net ownership and use
  - Increase immunization coverage

- **Intervention**
  - Give net to children at completion of primary vaccination series by 12 months

- **Evaluation**
  - Intervention and control districts
  - Impact on Outcomes
    - Surveys at baseline and 1 year
    - Vaccination coverage
    - Net coverage and utilization
  - Impact on Process and Users
    - Qualitative assessments
    - Effects on program, health workers
    - User satisfaction – focus groups

Mathanga DP, Luman ET, Campbell CH, Silwimba C, Melenga G. Integration of insecticide-treated net distribution into routine immunization services in Malawi. Submitted to Tropical Medicine and International Health.
Example: Completed evaluation – EPI and Mosquito Nets in Malawi

Estimated percentage of children aged 12-23 months who were fully vaccinated by 12 months and/or slept under an Insecticide-treated net.
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- **Effects on Program**
  - No additional staff
    - But did not measure time required to give net and instructions for use
  - Health worker interviews
    - Reported that they thought the project was effective
    - Noticeable increases in attendance at routine immunization sessions
    - Anecdotal reports of decreased malaria cases
    - Difficulty transporting nets to outreach sessions

- **User Satisfaction – Focus Groups**
  - General satisfaction
  - Good incentive to complete vaccinations on time

*Mathanga DP, Luman ET, Campbell CH, Silwimba C, Melenga G. Integration of insecticide-treated net distribution into routine immunization services in Malawi. Submitted to Tropical Medicine and International Health.*
What DON’T we KNOW about integration?
Will integration create synergy?

- Is the relationship symbiotic or parasitic?
  - Will integration raise coverage of immunizations as well as the linked intervention?

- How can we identify which services are amenable to integration?
  - Is integration *always* better than separate services?
  - What is the effect on workload and waiting times?
  - Will everyone want/accept these new services?

- Under what circumstances can integration be initiated?
  - What level of EPI functioning is required?
Key unanswered questions

- Less expensive than separate services?
- Can workers handle multiple interventions?
  - Do they have time?
  - Will the added workload be acceptable to EPI staff?
  - Will additional staff and support be needed?
  - Will priority messages be diluted?
- What are the advantages/disadvantages
  - To the public
  - To other programs
  - To immunization programs
  - Repercussions if integration stops
Resolving
UNANSWERED QUESTIONS
Suggested Types of Evaluation

- To measure impact on **outcome**
  - Assess coverage
  - Quantitative evaluation
    - Rigorous scientific evaluation (surveys)
    - “Quick and dirty” (administrative data)
    - Compare before/after, other districts/facilities

- To measure impact on the **process & users**
  - Health care workers, community leaders, users
  - Assess demand, acceptability, and user satisfaction
  - Qualitative evaluation
    - Focus groups
    - Interviews
  - Assess training needs and provider concerns

- To Estimate relative **costs**
  - Cost benefit analysis
Next Steps –
Ongoing CDC Studies to Evaluate Integration
Ongoing CDC Studies

- Mosquito Nets (Indonesia)
  - Net given to children at completion of primary vaccination series by 12 months (already given at ANC)

- HIV (Tanzania)
  - Using EPI visits to provide care/referral of HIV-exposed infants

- Safe Water (Kenya)
  - Improving access to safe water/hygiene by providing “hygiene kits” (e.g., water vessel, water treatment solution, soap) at EPI visits

- Family Planning
  - Cross-referral between ANC and EPI to improve access to services, provision of birth control at EPI visits
Ongoing CDC Studies

- **Comprehensive Study (3 Countries in AFR)**
  - **Goal**
    - Help countries/districts determine which services to integrate onto EPI platform
    - Determine additional staff and resources needed
  - **Qualitative Study**
    - Community focus groups and key informant interviews
    - Acceptability and demand for integrating other services with EPI
  - **Quantitative Study**
    - Quantify time, cost, resource needs, target populations, and potential impact of services that could be integrated with EPI
  - **Decision-making Tool**
    - Use qualitative and quantitative parts to develop tool for country/local use to determine which services should be integrated with EPI
Summary

- Integrating other services with routine immunizations
  - Likely to be beneficial
  - Potential risks can not be overlooked
- Evaluation is needed to determine
  - Effect on coverage
  - Appropriate services and settings
  - Cost-benefit
  - Additional staff/resources needed
  - Optimal implementation
Journal Supplement on Integration
Using Immunization Platforms to Provide Other Health Services

- **Purpose**
  - Previously published information scattered
  - Some important information/issues have not been published
  - Compile data and issues
  - Balanced presentation of potential benefits and challenges

- **Target:** Journal of Infectious Diseases

- **Guest Editors**
  - CDC: Beth Luman and Vance Dietz
  - WHO: Balcha Masresha
  - UNICEF: Ahmed Magan

- **Proposed Timeframe**
  - Abstracts/Proposals – March/April 2009
  - Manuscripts – December 2009
  - Publication – 2010

- **For more information or to make suggestions, please contact**
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