



# Using a qualitative health policy analysis framework to better understand integration of HIV services with health systems

Dr Johanna Hanefeld, Dr Natasha Palmer

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# The study

This study set out to better understand how the Global Fund, the Global Alliance for Vaccines and Immunisation (GAVI), PEPFAR and the World Bank conceptualise the integration of HIV services with health systems and their strategies to support this at country level.

Three specific aims:

1. How do different GHIs conceptualise integration in health services?
2. Through what strategies do GHIs intend to encourage the integration of PHC and HIV services at the country level?
3. Are indicators proposed to measure progress towards integration and if not how could indicators be developed.



# Methods

- Use a health policy analysis framework
- Qualitative study
- Drawing on elite interviews with policymakers and academics.
- Conduct a thematic analysis of interviews, using a framework developed:



# Our framework for analysis

QuickTime™ and a  
decompressor  
are needed to see this picture.

Atun R, de Jongh T, Secci F, Ohiri K, Adeyi O (2010). *Integration of targeted health interventions into health systems: a conceptual framework for analysis*. Health Policy Plan. 2010 Mar;25(2):104-11. Epub 2009 Nov 16.



# Using the WHO Building Blocks framework to test hypothesis around integration

HS dimension	Vertical HIV service	Integrated
Service delivery	Separate clinic (day, tests etc)	e.g. integrated with antenatal clinic, TB etc
Health workforce	Staff incentives, training , extra staff seconded	Strengthening of health workforce overall greater number of and skilled in more than just Counsellors and HBC doing other diseases too?
Health information system	Specific to HIV	Integrated overall
Medical products, vaccines and technologies	e.g. labs and procurement systems just for HIV drugs improved	Overall systems strengthening, lab equipment etc for everything.
Health systems financing	Specific funding initiatives	Budget support through national health accounts
Governance and leadership	NACAs Ministry of health not integrated into planning cycles Special initiatives.	Fully integrated into planning cycle



# Methods

- 32 interviews with decision makers within these organisations and academic observers in May and June 2010
- 32 different notions of integration of HIV services with health systems.



# Initial results from our analysis

Three groups of 'notions' of integration:

1. **Integration at service delivery level** – three models: TB/HIV, HIV and SRH services, integration of HIV with MCH and
2. **Specific areas of health systems lend themselves to integration:**
  - health management information systems, monitoring and evaluation, health information systems, supply chains and supply-chain management.
  - Two areas in which **integration was considered less desirable** were human resources and donor funding.
3. **Harmonisation - the integration of donor strategies at country level:**

Many cited national health strategies as a potential instrument to ensure greater integration between donors or agencies



## Some initial conclusions

- Many actors emphasised the importance of integrated services.
- The understanding of what constitutes an integrated service varied between actors.
- This suggests, that at country level there will be an array of strategies and initiatives employed.
- Efforts need to focus on ensuring that strategies for ‘integration’ will indeed be integrated.





# Reflection on methods

- Conclusions from application of our framework only part of our findings.
  1. Qualitative analysis revealed that actors' understanding of integration was shaped by the field they were in, their 'interests' in terms of funding and which model they felt may protect these best.
    - Intuitive, but it was only through the qualitative analysis of interview data that these underlying interests emerged.
  2. Perspective and background had shaped our understanding of integration and the framework design.



# Implications

- Qualitative health policy analysis allows a nuanced understanding of policy issues
- Motivations that drives actors, including the ‘politics’.
- Qualitative analysis allows better understanding of *why* certain strategies may be pursued or not - in this example for health systems strenghtening.
- Ultimately, understanding the underlying discourse or the ‘hidden’ politics may help especially when conducting a prospective policy analysis with the aim to understand in advance possible challenges or barriers to policy uptake or implementation.



# Implications

- Particularly meaningful tool to understand concepts of power of actors in shaping a policy agenda and its implementation and their influence throughout the health system.
- Moving beyond understanding building blocks (WHO 2007) or control knobs (Roberts et al 2004) to the 'software of health systems' Gilson (2009).
- Reflection on the role of the researcher is critical to avoid inferring understandings and distorting data.
- Possible lessons from other disciplines? anthropology?



Thank you

[Johanna.Hanefeld@lshtm.ac.uk](mailto:Johanna.Hanefeld@lshtm.ac.uk)