

Evidence Update

Health Systems Series

Is patient care improved by integrating different types of primary care service in low- and middle-income countries?

There is not enough evidence to say whether integrating primary healthcare services at the point of delivery improves patient care in low- or middle-income countries.

Inclusion criteria

Studies:

Randomized controlled trials (RCTs), quasi-RCTs, controlled before-and-after studies, and interrupted time series analyses.

Participants:

All types of primary healthcare facilities in low- and middle-income countries.

Intervention:

Any strategy aimed at increasing integration of existing primary healthcare services at the point of delivery.

Outcomes:

Healthcare delivery: coverage, outputs, measures of service quality and efficiency.

Acceptability: user views, provider views.

Health status: nutritional status, morbidity or mortality.

Results

- Five studies met the inclusion criteria: three cluster-RCTs and two controlled before-and-after studies.
- Two studies examined integration of family planning (FP). In one, mothers attending an immunization clinic were encouraged to attend a concurrent FP clinic. This increased the number of referrals and new acceptors at the FP clinic. In the other, stand-alone FP services were compared with services integrated into primary preventive care, and no difference in service uptake was found.
- Two studies compared WHO/UNICEF's Integrated Management of Childhood Illness (IMCI) programme with routine services. Both included extensive staff training (in the IMCI approach) in the intervention, and one included additional substantive contributions to drugs and service organization. In both studies healthcare delivery and health status outcomes were better in the IMCI group.
- One study compared three delivery approaches: standard sexually transmitted disease (STD) services for sex workers (with normal hours); standard integrated services (extended hours); and a special team of visiting clinicians (non-integrated special services). Utilization was highest in the service with extended working hours; cost efficiency and patient satisfaction were highest for the visiting clinicians.



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Authors' conclusions

Implications for practice:

It is not possible to assess from the available evidence whether integration of primary healthcare services at the point of delivery improves service delivery, efficiency, or patient care in the absence of other interventions.

The way to deliver primary healthcare should remain a choice made by governments and non-governmental organizations based on common-sense decisions within budgetary and resource constraints.

Where decisions are made to proceed with integration, mechanisms should be put in place to monitor and evaluate the effect of this change.

Implications for research:

Policymakers considering integration should, where appropriate, use rigorous study designs to allow unbiased comparisons between integrated and stand alone services.