

CASE STUDY:

GHANA MALARIA AND NEGLECTED TROPICAL DISEASES (NTDS) PROGRAM INTEGRATION WORKSHOP

GLOBAL
INSTITUTE FOR
DISEASE
ELIMINATION



 Bridges to
Development



CONTEXT

MALARIA AND NEGLECTED TROPICAL DISEASES (NTDs) HAVE DEVASTATING IMPACTS ON THE COMMUNITIES THEY AFFECT AND ARE ADDRESSED BY DEFINED PROGRAMS WORKING WITHIN MINISTRIES OF HEALTH. INTEGRATION ACROSS PROGRAMS WITHIN THE HEALTH SECTOR OR WITH OTHER SECTORS HAS BEEN IDENTIFIED AS A MEANS TO INCREASE RESOURCE AND OPERATIONAL EFFICIENCY, SUSTAINABILITY, AND COMMUNITY ACCEPTABILITY.



In the Global Technical Strategy for Malaria 2016-2030¹ and NTD Roadmap to 2030², the WHO encourages an increased drive for countries to integrate programs.

Nonetheless, there has been limited integration in practice to date due, for example, to resource

differences between programs, only partial overlap of strategies, and separate management structures. Where it has happened, the catalyst was often donor funding leading to integrated activities ending as project funds were exhausted. This process from Ghana provides an initial case study for a different way of approaching integration.

¹ http://apps.who.int/iris/bitstream/handle/10665/176712/9789241564991_eng.pdf;jsessionid=E95EBC58FB1F32F73C3FAD92735537B6?sequence=1

² <https://www.who.int/publications/i/item/9789240010352>

ORIGINS OF THIS CASE STUDY

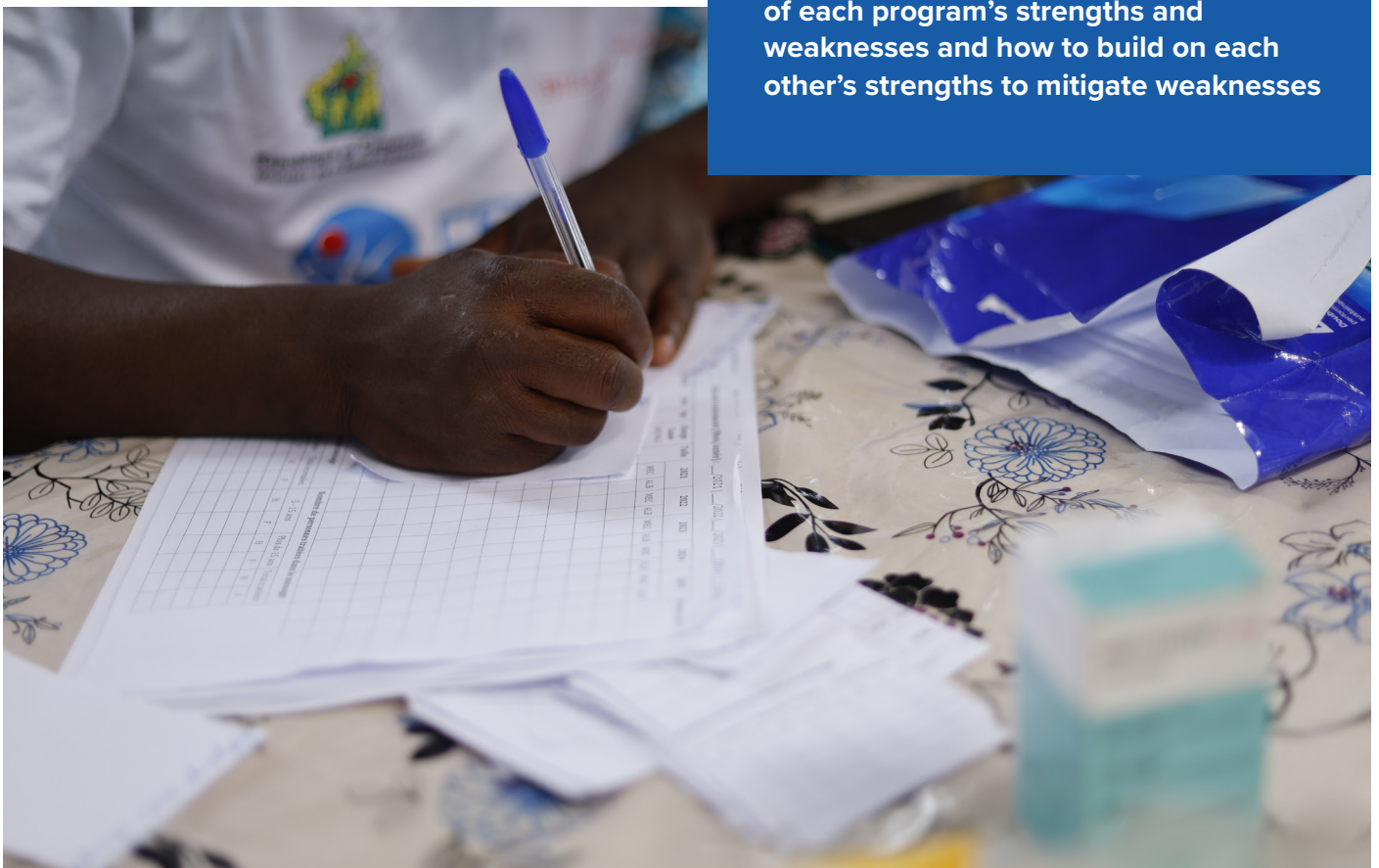
In an effort to support the translation of theories about integration into practice, Bridges to Development (Bridges) and the Global Institute for Disease Elimination (GLIDE) developed a framework and process to support programs to identify impactful and feasible win-win integration opportunities.

Owned and led by the national programs, the framework and process are designed to be shared, facilitating collaboration between programs. The process draws heavily from the experiences of the health workers implementing the programs.

Given the potential for integration between malaria and NTD programs in Ghana, Bridges to Development and GLIDE approached the Ghana Health Service (GHS) with the proposed framework and process. GHS decided to implement the process and workshop in collaboration with Bridges and GLIDE, as summarized in the following sections.

HOW CAN INTEGRATION HELP GHS PROGRAMS REACH ITS GOALS?

- Helps to achieve each program's goals through the efficient use of human and financial resources within the GHS
 - Reduced workload on health workers at the sub-national level
 - Reduced costs of undertaking activities and greater efficiency in the use of resources in the midst of dwindling donor support.
 - e.g. Seasonal malaria chemoprophylaxis and mass drug administration of NTDs make use of the common community platforms
- Improved impact of advocacy, communication, and resource mobilization efforts
- Helps to optimize community platforms for mutual benefit by improving community mobilization and acceptability of the programs by communities
- Establishes a better understanding of each program's strengths and weaknesses and how to build on each other's strengths to mitigate weaknesses



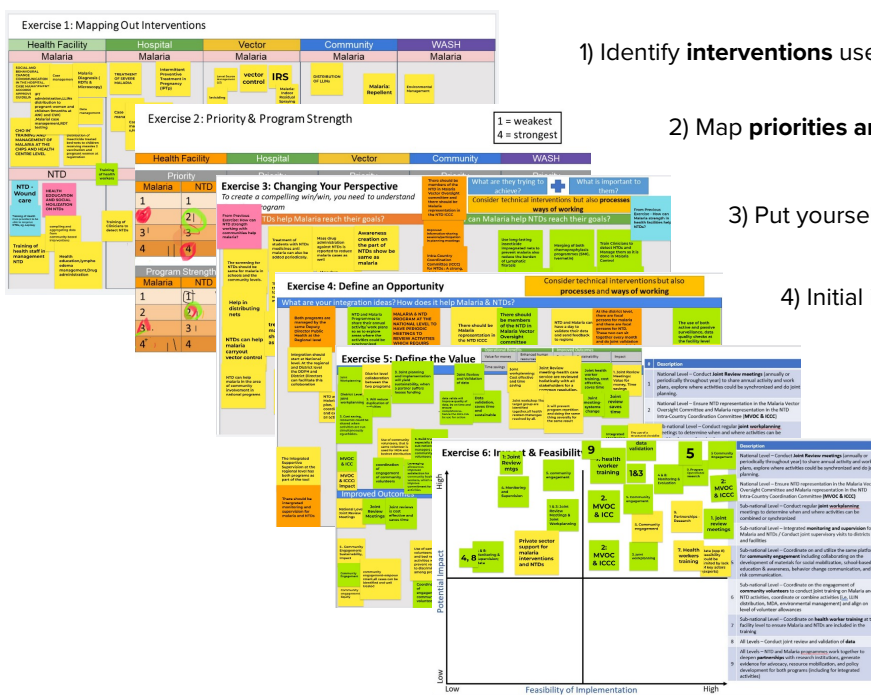
WHAT WAS IMPLEMENTED

A virtual working group comprised of GHS malaria and NTD programs, Bridges and GLIDE team members worked through email and two one-hour Zoom meetings. Collectively, the group refined the framework and guidelines and agreed on a workshop structure to optimize GHS participation. The working group also briefed external partners, including: WHO, the President's Malaria Initiative, FHI360 and Sightsavers, all of whom are extensively engaged in malaria and/or NTD support in Ghana and can play a key role in advancing the identified integration opportunities.

The programs identified approximately 25 MoH participants who worked in areas co-endemic for malaria and NTDs and ensured representation from district, regional, and national levels, as well as equitable geographical representation. Two representatives from each partner organisation were also invited.

The virtual workshop took place in the form of two, three-hour sessions over two consecutive days. The workshop was divided into six sections with each section building on the outcomes of the previous section. The major sections of the discussion were led by the deputy program manager/assignee, and the overall sessions were facilitated by an external moderator.

REAL TIME VIRTUAL WHITEBOARD (JAMBOARD) EXERCISES



WHAT DID GHS HOPE TO ACHIEVE FROM THE WORKSHOP?

- Identify program areas, strategies, and approaches for co-implementation, potential integration, and further mainstreaming of program services into primary health care
- Identify and prioritize concrete actions and select those that:
 - Are most feasible and impactful but can be implemented at little or no costs using existing resources, health systems and structures, are sustainable, and provide win-win situations for both programs
- Collaborate with partners, including research and academic institutions, international and local partners, whose understanding, engagement, and contribution will lead to advancing the identified opportunities
- Develop evidence-based tools for exploring and identifying integration opportunities.
- Understand, document, and share lessons from the process.

1) Identify **interventions** used by malaria & NTDs

2) Map **priorities and strengths** of malaria & NTDs

3) Put yourself in the **position of the other program**

4) Initial identification of 9 **opportunities** for Integration

5) Map the potential **Operational Benefits or Improved Outcomes** from each opportunity

6) Define which opportunities are highest **Impact and Feasibility**

OUTCOMES

Participants prioritized eight points of integration with the highest potential impact and feasibility at the following levels:

NATIONAL LEVEL INTEGRATION OPPORTUNITIES

- Joint review and planning meetings
- Cross representation on Malaria Vector Oversight Committee (MVOC) and the NTD Intra-Country Coordination Committee (ICCC)

SUB-NATIONAL INTEGRATION OPPORTUNITIES

- Joint work planning to identify which activities can be combined or synchronized
- Coordinate/Co-implement monitoring and supervision to districts & facilities
- Harmonized community engagement platform (LLIN distribution, MDA, environmental health, involving communication and social mobilization, community volunteer engagement, alignment on volunteer allowances)
- Coordinate/co-implement health worker trainings for malaria and NTDs

ALL LEVEL INTEGRATION OPPORTUNITIES

- Joint review and validation of data
- Working together to deepen partnerships with research institutions to contribute to knowledge and generate evidence for decision-making

TWENTY-SIX PARTICIPANTS RESPONDED TO A SURVEY ANONYMOUSLY :

- 92% indicated they were very satisfied or satisfied with the workshop
- 92% indicated that the length was appropriate, while approximately 90% strongly agreed or agreed that the tools were easy to use and instructions clear and easy to follow.
- 100% strongly agreed or agreed that the workshop met its objectives to help identify opportunities for cross-program integration, and
- Most strikingly, 69% strongly agreed and 31% agreed that “a similar workshop would be valuable for other countries to conduct.”





FACTORS CONTRIBUTING TO THE OUTCOMES AND WORKSHOP SUCCESS

The preparatory discussions, co-design and co-implementation by malaria and NTDs programs were pivotal to successfully identifying win-win opportunities. The following factors were among the important contributors:

- **Ensuring support from the Director of Public Health overseeing malaria and NTD programs and both management teams for a shared process**
 - The workshop planning and implementation provided a means to gauge the level of agreement/acceptance on integration amongst leadership and staff of the two programs, as well as across all levels of the healthcare system
- **Building from a better understanding of each program's strengths and weaknesses and how we can take advantage of each other's strengths**
- **Engaging 25 staff working at national, regional and district levels, instead of keeping the discussion to national-level teams**
 - Embedding lessons from integration already happening at different levels and building from its success
- **Focusing on concrete, incremental steps towards integration instead of an extensive redesign of existing systems**
- **Ensuring a practical, efficient design to the workshop**
 - Malaria and NTD jointly facilitated a WhatsApp group of participating staff at all levels to prepare for the workshop
 - Timing and duration to minimize disruption to regular work schedules
 - Shorter sessions over two days instead of one longer session to allow reflection and building from one to the next
 - Engaging participants through multiple channels including Zoom, WhatsApp, and a virtual real-time whiteboard (Jamboard) where participants could co-work
- **Leveraging support from partners to help with preparation and documentation**
 - Facilitation led by an organization that specializes in digital peer to peer learning

CHALLENGES TO ANTICIPATE AND MITIGATION APPROACHES

SKEPTICISM BASED ON PREVIOUS, UNSUCCESSFUL INTEGRATION EFFORTS

Mitigation:

- Start from realistic position that integration reflects a continuum from intentionally designed collaboration through to operating as a single program
- Workshop helps country teams build from existing strengths and needs of each program to identify win-win opportunities

PROCESS IDENTIFIES INTEGRATION OPPORTUNITIES WITHOUT SPECIFICALLY BRINGING ADDITIONAL DONOR FUNDING

Mitigation:

- Workshops facilitate malaria and NTD programs to work jointly to identify opportunities that are feasible, such as by building upon existing processes and resources
- Participants include those with national and sub-national roles to focus on context of integration tailored to health system level

TIME COMMITMENT REQUIRED OF TEAMS TO IDENTIFY INTEGRATION OPPORTUNITIES

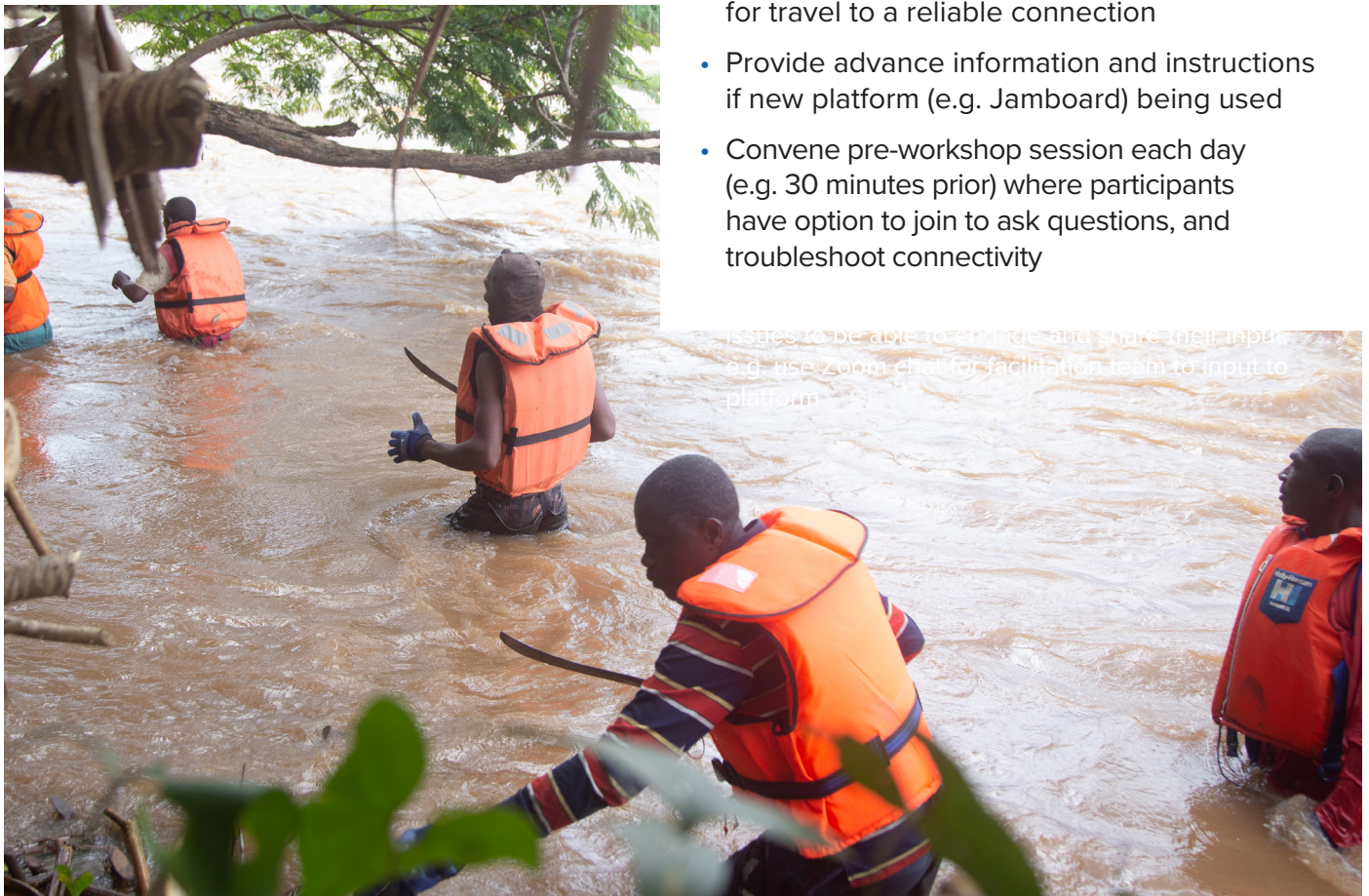
Mitigation:

- Discuss approach with responsible officer above malaria and NTD so that time spent is supported and valued within MoH hierarchy
- If program managers unavailable, deputies or assignee(s) from malaria and NTD to lead process and co-facilitate workshop for continuity
- Focused, limited preparatory meetings building on existing templates where feasible; Workshop timing tailored to be least disruptive to ongoing work commitments of participants

RELIABLE CONNECTIVITY AND FAMILIARITY WITH SOFTWARE PLATFORMS FOR A VIRTUAL MEETING

Mitigation:

- Malaria and NTD programs selected participants from areas with adequate connectivity or gave advance notice to allow for travel to a reliable connection
- Provide advance information and instructions if new platform (e.g. Jamboard) being used
- Convene pre-workshop session each day (e.g. 30 minutes prior) where participants have option to join to ask questions, and troubleshoot connectivity



Issues to be able to provide and share their input, e.g. use Zoom chat for facilitation team to input to platform

FOR MORE INFORMATION:

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