

nature medicine

Get it together

Global health programs have made great strides in the last ten years, mobilizing billions of dollars to provide life-saving drugs and immunizations to people in resource-poor settings. But these myriad initiatives need to get in step to improve integration of healthcare delivery.

The last decade has seen an explosion in global health spending. Bold measures from nonprofits and government have led to a record number of medications distributed to treat a number of global killers. The World Health Organization has estimated, for example, that the number of people with HIV/AIDS in low- and middle-income countries receiving antiretroviral therapy increased 12-fold from 2003 to reach 5.2 million in 2009. But putting cheap and free medicines in clinics isn't enough, and won't ensure that the products reach sick people. As such, health programs designed to tackle epidemics in developing countries will never fulfill their ultimate missions unless they get smarter about how to coordinate the distribution of drugs and vaccines.

The importance of integrating health services has been voiced by numerous members of the global health community. Jonathan Quick, director of the Massachusetts-based organization Management Sciences for Health, pointed out in a recent blog entry that a pregnant woman with AIDS, a sick child and a sister weakened by tuberculosis should not have to venture to four separate points of care. Meanwhile, a review of HIV and tuberculosis programs last year called for a "fundamental rethink" of how to address these colliding epidemics with more joint planning and joint funding (*BMC Public Health* 10, 394, 2010).

Not only does poor coordination of health programs present obstacles for patients, it can make providers less efficient, thereby wasting resources. A recent report detailed how in 2005, institutions ranging from the World Bank, the China Comprehensive AIDS Response, the UK Department for International Development, the Australian Agency for International Development and the US Global AIDS Program all funded separate projects in the Tianshan District in Urumqi City, located in northwest China. According to the report, this meant local staff spent the bulk of their time dealing with paperwork required by each of the funders rather than helping patients (*Bull. World Health Organ.* 89, 227–233, 2011). The good news is that in the past few years China has made progress in reducing this bureaucracy and in more evenly distributing outreach programs across the country. Among other things, this means that health workers on the ground can spend more time filling prescriptions and less time filling out forms.

Antenatal care represents one area where integration of medical

services has been both feasible for health programs to implement and beneficial to individuals. In 2008, a small, ten-month pilot program in the Philippines integrating child immunizations with family planning saw the number of women agreeing to use birth control increase by 38% and the contraceptive prevalence rate jump from 49% to 55%. More recently, a 13 July report from the Elizabeth Glaser Pediatric AIDS Foundation called the integration of family planning and HIV care that is happening in places like Rwanda an "essential strategy" for the future.

Rwanda, which a decade ago began rebuilding its healthcare system after the end of the country's civil war, has prevented international donors from earmarking their funds for specific health services. The idea is that flowing the funds to a central source will help the nation build an integrated medical system, rather than have a hodgepodge of narrowly-focused health programs. Other countries could gain from adopting this forward-thinking approach, as long as internal redistribution of the funding is free from fraud.

On the donor side, one of the players at the forefront of integrated care has been US president Barack Obama's Global Health Initiative (GHI), launched in 2009 largely to help create more coordinated local treatment programs in more than 80 countries around the globe. But, as reported in page 1028 of this journal, US budget disputes have led lawmakers to propose a 2012 plan that allocates \$7.1 billion for the GHI from the country's Global Health and Child Survival (GHCS) Account—\$1.6 billion less than the administration requested. The GHI's support of healthcare integration will ultimately help the US get more bang for its buck, so these proposed cuts represent a false economy. Congress should think twice about shortchanging the initiative.

When it comes to saving money and lives, HIV and tuberculosis represent two illnesses for which treatment programs should be better coordinated, since the former can increase susceptibility to the latter. Similarly, there are numerous neglected diseases, such as helminth-associated infections, that can also weaken the immune system, creating a fatal synergy with other ailments. New and specific programs continue cropping up, such as those recently launched to fight non-communicable diseases in the developing world. But as multiple programs for multiple ailments materialize, global health agencies should not forget that integration is the wisest calculus for the future.