

INTEGRATION AND DISTRICT HEALTH SYSTEM

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INTRODUCTION

Integration has been defined in functional terms as a series of operations concerned in essence with the bringing together of otherwise independent administrative structures, function, and mental attitude in such a way as to combine these into a whole. However, the expression "integrated health services" has also been defined in organizational terms as those services necessary for the health protection of a given area and provided under a single administrative unit or under several agencies with provision for their coordination.

Intersectoral collaboration leading to integration is easier at local and district levels than at higher levels. Integration is a way of optimizing the use of scarce resources and responding more effectively to people's needs. By improving efficiency and effectiveness and with the involvement of education and other social services, integration aims to increase consumer satisfaction with the health services.

The integration of health services is defined as the process of bringing together common function within and between organization to solve common problems, developing a commitment to shared vision and goals and using common technologies and resources to achieve these goals. The aim is to promote primary health care services which are fully

integrated under the management to a district health team, led by a district health manager, in order to make the most efficient use of scarce resources.

There is wide agreement that strengthening district health systems is the most appropriate way to promote primary health care. This allows decision making and support to be brought as close as possible to the implementation level and permits analysis of needs and adoption of solutions that can be applied to a defined area and population.

Most decision-makers have accepted a district health system as the unit for implementing primary health care and balancing maximum health benefit. The decision-maker expects to see district plans with clear objectives and target within a national framework. The district plans should be based on systematic, epidemiologically informed assessment of the health needs of local population.

In Nepal, district hospital provides the great bulk of health services. It represents the point of convergence of the planning processes: the "top-down" approach of health service planning, and the bottom-up approach of community participation.

The first step towards the concept of comprehensive health care in such a way that the entire health care delivery system could become more appropriate and accessible to

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the large section of the people is to get rid of apathy and non cooperation between hospital and community health services and ensure proper functioning of an integrated District Health System through effective management structure.

Advantage & disadvantage of integration

It appears from many studies that the success or failure of integration will depend on the attitude of service providers, who will need to pool resources, show unity of purpose and give up some of their territorial rights. It was also emphasized that integration will require close coordination between individuals, departments and sectors.

Advantages

1. Allows delivery of a range of services selected to suit national health policies and local needs.
2. Incorporates inputs from different components of the health system and thus reflects the multidimensional concept of health.
3. Has the capacity to take on new activities and react to disasters.
4. Allows multipurpose use of resources, such as personnel and allows more outputs to be achieved for a given input.
5. Allows planning and management of area health services according to local circumstances with appropriate political, intersectoral and community involvement.
6. Makes it easier to respond to user needs, which saves times and encour-

ages personalized services and continuity of care and thus increases convenience and user satisfaction.

7. Allows a more holistic approach to health, centered on the health needs of individuals and communities.

Disadvantages

1. May fail to set appropriate priorities.
2. May fail to adopt a programming approach, with clearly defined objectives, targets, operational planning and monitoring by outcomes.
3. May fail to achieve the levels of output and impact in day health care areas that could be reached by single-purpose programs.
4. May cause uncertainty and dissatisfaction among health services employees if adequate explanation and reassurances are not given.

In addition to the advantages listed above, the integration of health care delivery may well lead to other benefits for the health care system. For example, the services are more likely to be sustainable in the long term while vertical programmes are often effective for only a limited period. Thus there is potential for improvement in a wide range of health status indicators over many years. Increased community involvement in integrated services is likely to lead to greater overall satisfaction with those services. Furthermore, integration normally reduces differences in the access and utilization of services between geographical and socio-economic groups, leading to greater equity in health care. Such factors will inevitably make it easier to implement health development strategies in the future, since they will take place in a fully integrated service

instead of being talked on to a fragmented set of programmes.

Expected gains of integration are:

1. Improved efficiency and productivity.
2. Improved health status.
3. Improved user satisfaction and convenience.
4. Improved equity.

Model of an integrated district health systems:

The district is the most suitable level for coordinating top-down, bottom-up planning, organizing community involvement in planning and implementation and improving the coordination of government and private health care. It is close enough to communities for problems and constraints at community level to be understood. Many key development sectors are represented at this level, thus facilitating intersectional cooperation and the management of services on a broad front.

WHO global programme committee defined the district health systems as "A health system based on primary health care is a more or less self contained segment of the national health system". It comprises first and foremost of well defined population, living within a clearly delineated administrative and geographical area, whether urban or rural. It includes all institutions and individuals providing health care in the district, whether government, social security, non-governmental, private or traditional. A district health system, therefore, consists of a large variety of interrelated elements that contribute to health in homes, schools, work places, and communities, through the health and other

related sectors. It includes self care and all health care workers and facilities, up to and including the hospital at the first referral level and the appropriate laboratory and other diagnostic and logistic support services. Its component elements need to be well coordinated by an officer assigned to this function in order to draw together all these elements and institution into a fully comprehensive range of promotive, preventive, curative and rehabilitative health activities.

The actual organization of district health system obviously depends on the specific situation in each country and each district, including the administrative structure and personalities involved.

The relationship between the district hospital and the health centers within the district, especially the link with those health centers that refer to the hospital directly, is most important, because the available facilities cannot be left to operate on their own. In addition to the technical and managerial cooperation required, a positive interactive relationship between the hospital and health center management should be fostered. The district health office has a central role to play in achieving this. District health systems, representing the response of health services to local needs, offer an organization and managerial framework for local, community-centered health development. As experiences with district grows, however, the need to invest in and revitalize the community health centers has becomes increasingly evident.

Nevertheless, the general principles for developing such systems are based of the "Declaration of Alma-Ata" and "Global strategy for health for all" and incorporate the following:

1. Equity
2. Accessibility
3. Emphasis on promotion and prevention
4. Inspectoral action
5. Community involvement
6. Decentralization
7. Integration of health programs
8. Coordination of separate health activities.

RECOMMENDATIONS:

Thus, there are many advantages and disadvantages in the integration. These should be weighed against each other in order to reach the optimal decision which, of course, may not be ideal from any single viewpoint.

Therefore, one should examine the cause for failure of the integrated district health system. Now the time has come that the government should appoint a study group which will do a thorough exercise and bring out the various reasons for failure and possible interventions.

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