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Improving the Health of Women, Girls, and Families around the World

Will Greater Integration Get Us There? Considerations for the New Administration and Congress

CSIS Task Force on Women's and Family Health

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Introduction

The new administration and Congress face a unique opportunity to help improve the health outcomes for women and families—especially adolescent girls and young women—through smart, multisectoral integration. While there are many challenges to integration, there are clear benefits to moving forward at this time, given evidence that integration not only helps to achieve better health outcomes through a more comprehensive approach, but it helps to create more resilient, sustainable, and stronger health systems.

The CSIS Task Force on Women's and Family Health, formed in December 2015, is seeking to provide input to the Trump administration and Congress on how to further improve the health of women, girls, and families around the world.[2] While U.S. investments have already resulted in significant health gains, several challenges persist. [3,4,5,6] For example, Millennium Development Goal (MDG) 5, focused on improving maternal health through increased access to pre- and postnatal care, skilled birth attendants, and family planning, was the least successful of the eight MDGs, falling far short of its goal.[7] In addition, although child mortality

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[1] This paper is based on interviews conducted with global health experts, a roundtable discussion convened with a range of stakeholders, and a review of the literature. The CSIS Global Health Policy Center would like to thank Jennifer Kates, vice president and director of global health & HIV policy at the Kaiser Family Foundation, and Janet Fleischman, senior associate at the CSIS Global Health Policy Center, for their assistance and insights in preparing this report.

[2] See Helene Gayle and John Hammergren, "A Letter from the Cochairs," CSIS Task Force on Women's and Family Health, http://vision2017.csis.org/.

[3] U.S. Agency for International Development (USAID), *Global Health Programs: Report to Congress FY 2014*, December 15, 2015, https://www.usaid.gov/what-we-do/global-health/global-health-programs-report-congress-fy-2014.

[4] USAID, *Acting on the Call: Ending Preventable Child and Maternal Deaths Report*, July 8, 2016, https://www.usaid.gov/what-we-do/global-health/acting-call-ending-preventable-child-and-maternal-deaths-report.

[5] USAID, *Family Planning Program Overview*, October 2015, https://www.usaid.gov/sites/default/files/documents/1864/FP-program-overview-508.pdf.

[6] Institute for Health Metrics and Evaluation (IHME), *Changing the course of history in US priority countries*, 2016, http://vision2017.csis.org/wp-content/uploads/2016/07/changing_course_of_history.pdf.

[7] World Bank Group, *Global Monitoring Report 2015/2016: Development Goals in an Era of Demographic Change* (Washington, DC: World Bank, 2016), http://pubdocs.worldbank.org/en/503001444058224597/Global-Monitoring-Report-2015.pdf.

fared somewhat better, it too remains high.[8] And unique challenges have been identified for adolescents—especially adolescent girls—who have historically received much less attention in global health and development efforts.[9,10] The stakes for reaching adolescents are particularly high in sub-Saharan Africa, where the youth population is projected to grow rapidly over the next few decades.[11]

To address these challenges and achieve further health gains, a growing number of experts have pointed to the need for greater integration across U.S. global health and development programs. Currently, such programs are organized by siloes, determined by distinct, earmarked funding streams, and operating under separate program mandates, making integration difficult. As such, greater integration would require a new way of doing business.

The CSIS Task Force formed a task team to explore this issue. This policy brief is the outcome of that effort, examining integration in U.S. government health programs, assessing opportunities and challenges for greater integration, and providing policy options for consideration by the new administration and Congress. It is based on interviews conducted with global health experts, a roundtable discussion convened with a range of stakeholders, and a review of the literature. While it takes as its starting point U.S. global health programs—particularly family planning/reproductive health, maternal, newborn, and child health (MNCH), nutrition, immunization, HIV, and others—it looks more broadly to include multisectoral integration with other areas of the U.S. development portfolio, particularly the education sector.

Background

Efforts to promote greater integration in global health generally and within U.S. government programs specifically are not new. Globally, the focus on integration can be traced back at least to the Alma Atta Declaration of 1978[12] and the rise of the Primary Health Care movement.[13,14,15] And while attention to integration has ebbed and flowed, it has increased in recent years, driven in large part by the emergence of several large-scale, vertical, disease-specific initiatives—including the President's Emergency Plan for AIDS Relief (PEPFAR), the

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[8] Ibid.
[9] George C. Patton et al., "Our future: A *Lancet* commission on adolescent health and wellbeing," *Lancet*, 387 (June 2016): 2423–78, http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)00579-1/fulltext.
[10] World Health Organization (WHO), *Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)*, 2016, http://www.who.int/life-course/partners/global-strategy/en/.
[11] United Nations Population Division, *Word Population Monitoring: Adolescents and Youth*, ST/ESA/SER.A/330, 2012, http://www.un.org/en/development/desa/population/publications/pdf/fertility/12_66976_adolescents_and_youth.pdf. The share of the world's youth population (ages 15–24) in Africa is projected to rise from 19 percent of the global youth population in 2015 to 42 percent by 2030, and to double over current levels by 2055.
[12] WHO, "Declaration of Alma-Ata: international conference on primary health care, Alma-Ata, USSR, September 6–12, 1978," http://www.who.int/publications/almaata_declaration_en.pdf?ua=1.
[13] WHO, *Integrated Health Services: What and Why?* Technical Brief No. 1, May 2008, http://www.who.int/healthsystems/technical_brief_final.pdf.
[14] WHO, *WHO global strategy on people-centred and integrated health services: Interim report*, 2015, http://apps.who.int/iris/bitstream/10665/155002/1/WHO_HIS_SDS_2015.6_eng.pdf.
[15] World Health Assembly, *Strengthening integrated people-centred health services*, WHA69.24, May 2016, http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R24-en.pdf?ua=1.

President's Malaria Initiative (PMI), the Global Fund to Fight AIDS, Tuberculosis and Malaria, and Gavi, the Vaccine Initiative—and resulting concerns about other areas of global health not included in these efforts and building health systems more generally.[16,17] Indeed, the Sustainable Development Goals (SDGs) are predicated on promoting an integrated and multisectoral approach to global health and development.[18,19] Beyond general recognition of the importance of integrated services, integration has been cited as particularly important for addressing the health of women and girls in low-and lower-middle-income countries, given the complex and interrelated challenges and barriers they face.[20,21,22,23,24]

Within the U.S. government, while acknowledging the success of vertical, disease-specific programs, particularly PEPFAR, similar concerns about fragmentation, the lack of coordination, and integration have also been raised. These include concerns about the need for more attention to other health challenges, especially those faced by women and girls.[25,26,27,28] Such concerns were what prompted President Obama to announce the creation of a new "Global Health Initiative (GHI)" early in his first term in 2009, stating that "The world is interconnected, and that demands an integrated approach to global health."[29] The GHI sought to take on the challenge that:

> Although health services may be available, too often they are of poor quality and are provided in an uncoordinated or ad hoc manner. Often, they are organized around

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[16] Eric Goosby, "Eyes On The Final Prize: Integrating Services to Transform Global Health," Health Affairs Blog, December 17, 2015, http://healthaffairs.org/blog/2015/12/17/eyes-on-the-final-prize-integrating-services-to-transform-global-health.

[17] Laurie Garrett, "The Challenge of Global Health," *Foreign Affairs* 86, no. 1 (2007), https://www.foreignaffairs.com/articles/2007-01-01/challenge-global-health.

[18] UN General Assembly, *Transforming our world: the 2030 Agenda for Sustainable Development*, A/RES/70/1, October 2015, http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E.

[19] UN Economic and Social Council, *Breaking the Silos: Cross-sectoral partnerships for advancing the Sustainable Development Goals (SDGs)*, Issues Note, March 31, 2016, https://www.un.org/ecosoc/sites/www.un.org.ecosoc/files/files/en/2016doc/partnership-forum-issue-note1.pdf.

[20] WHO, *The Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)*.

[21] Laura Laski, "Realising the health and wellbeing of adolescents," *BMJ* 351 (2015): h4119, http://www.bmj.com/content/351/bmj.h4119.

[22] Marleen Temmerman, "Women's health priorities and interventions," *BMJ* 351, Suppl 1 (2015): h4147, http://www.bmj.com/content/bmj/351/bmj.h4147.full.pdf.

[23] Kumanan Rasanathan et al., "Ensuring multisectoral action on the determinants of reproductive, maternal, newborn, child, and adolescent health in the post-2015 era," *BMJ* 351, Suppl 1 (2015): h4213, http://www.bmj.com/content/bmj/351/bmj.h4213.full.pdf.

[24] R. E. Black, R. Laxminarayan, M. Temmerman, and N. Walker, eds., *Reproductive, Maternal, Newborn, and Child Health: Disease Control Priorities*, Vol. 2, 3rd edition, (Washington, DC: World Bank, 2016).

[25] Ruth Levine, "Healthy Foreign Policy: Bringing Coherence to the Global Health Agenda," in *The White House and the World: A Global Development Agenda for the Next U.S. President*, ed. Nancy Birdsall (Washington, DC: Center for Global Development, 2008).

[26] William J. Fallon and Helen D. Gayle, cochairs, *A Healthier, Safer, and More Prosperous World:* Report of the CSIS Commission on Smart Global Health Policy (Washington, DC: CSIS, March 2010), https://csis-prod.s3.amazonaws.com/s3fs-public/legacy_files/files/publication/100318_Fallon_SmartGlobalHealth.pdf.

[27] Jen Kates, Julie Fischer, and Eric Lief, *The U.S. Government's Global Health Policy Architecture: Structure, Programs and Funding*, Kaiser Family Foundation, April 2009, https://kaiserfamilyfoundation.files.wordpress.com/2013/01/7881.pdf.

[28] J. Stephen Morrison and Jen Kates, "Five emerging key challenges for US policy approaches on global health," CSIS, April 2009, http://c657621.r21.cf2.rackcdn.com/commissioners/five_emerging_challenges.pdf.

[29] White House Office of the Press Secretary, "Statement by the President on the Global Health Initiative," May 5, 2009, https://www.whitehouse.gov/the-press-office/statement-president-global-health-initiative.

funding sources or diseases, rather than in a way that addresses the broader needs of the populations they seek to serve.[30]

Integration was one of the GHI's seven core principles.[31] In addition, the GHI placed a strong emphasis on women, girls, and gender equality, which was included as its first core principle.

Yet, by most accounts, the GHI was not successful—its office closed in 2012 and there is no longer a GHI coordinator or a strategy in effect.[32,33] GHI did not bring about a fundamental shift in the way the U.S. government organizes and delivers its global health programs generally or for women and girls specifically. The failure of the GHI was in large part due to the absence of ongoing high-level political support, authority and flexibility, and designated funding, elements that are required to make a change in the way business is done. As such, the GHI serves as a cautionary tale for the challenges of integration within the U.S. government more broadly and its lessons are instructive for designing the way forward.

Key Themes for Moving Forward

Several key themes and issues were identified by key informants, roundtable participants, and the literature:

1. *Pursue "Smart" Integration: Integration Should Not Be Pursued for Integration's Sake.* A common theme raised—and one that was stated in early GHI materials[34]—was that integration should not be pursued simply for integration's sake, as a goal or outcome on its own. Rather, the goal of integration should be to achieve better health outcomes for the same cost or achieve the same level of health outcomes at lower cost (through greater efficiencies and reduced transaction costs). This can serve as a "litmus test" for efforts before they are pursued as well as for evaluating whether they are successful. Key informants and roundtable participants also raised the importance of defining integration; while there is no single agreed upon definition, there are several in the literature.[35] Among the key elements to be considered for any working definition of integration are the focus on health outcomes and the focus on people/client-centered approaches.

2. *Health Outcomes Can Be Improved through Multisectoral Integration with Non-Health Sectors.* In addition to integration across health programs, multisectoral integration can be an important way to address the broader development needs of women and children.

[30] *The United States Government Global Health Initiative Strategy*, http://www.pepfar.gov/documents/organization/136504.pdf.
[31] Ibid.
[32] Jennifer Kates and Josh Michaud, "The US Global Health Initiative: where does it stand?," *The Lancet* 379, issue 9830 (May 2012): 1925–26, http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60783-1/fulltext.
[33] Emily Judem, "Obama administration closes Global Health Initiative office," *Global Post*, July 3, 2012, http://www.pri.org/stories/2012-07-03/obama-administration-closes-global-health-initiative-office.
[34] *The United States Government Global Health Initiative Strategy*.
[35] See, for example, WHO, *Integrated Health Services: What and Why?*

The Evidence for Integration and Multisectoral Approaches

There is a growing literature on the health impacts and cost-effectiveness of integration, though significant gaps in the evidence base remain. Findings to date have been mixed but generally support greater integration. For example, a 2011 Cochrane Review comparing the effectiveness of adding on a service versus fully integrating services at the point of delivery found some evidence that adding on services improved service use and delivery but little or no evidence that fully integrating services improved health status.[36] On the other hand, two 2011 Cochrane Reviews focused on the integration of FP-MNCH-Nutrition[37] and on FP-MNCH-Nutrition-HIV,[38] respectively, found evidence of effectiveness, with most, but not all, studies reporting positive outcomes including improved quality of care, increased service use, and in some cases health outcomes. Two recent analyses of family planning and immunization integration, a 2015 analysis in Liberia[39] and a 2016 analysis in Rwanda,[40] found that integration increased contraceptive use without decreasing immunization use. Finally, a 2015 analysis of family planning integration with food security and nutrition also found positive outcomes though it noted the difficulty of evaluating integrated efforts since they often involve multiple other intervention components and few studies test the effectiveness of an integrated approach compared to a single-sector approach.[41] Recent field research conducted by the CSIS Task Force on Women's and Family Health in several countries, including Kenya, Senegal, and Zambia, identified integration as important for achieving a range of health outcomes for women and girls.[42,43,44] For example, greater integration of family planning with immunization and other maternal health services in Senegal was found to contribute to increased contraceptive prevalence.[45]

There is also evidence that integration can be cost effective.[46] For example, the 2011 Cochrane Review on FP-MNCH-Nutrition integration found evidence of decreased costs and improved cost effectiveness.[47] A 2013 study found the integration of family planning with HIV services in Kenya to be cost effective.[48] Other studies have found that integrating HIV testing, water filters, insecticide-treated bed nets, condoms, and other services was

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[36] L. Dudley and P. Garner, "Strategies for integrating primary health services in low- and middle-income countries at the point of delivery," *Cochrane Database of Systematic Reviews*, 2011, Issue 7, https://www.k4health.org/sites/default/files/Cochrane%20Review.pdf.
[37] Debbie B. Brickley et al., *Systematic Review of Integration between Maternal, Neonatal, Child Health and Nutrition and Family Planning: Final Report*, Global Health Technical Assistance Project, May 2011, http://pdf.usaid.gov/pdf_docs/PBAAC082.pdf.
[38] Gail Kennedy et al., *Systematic Review of Integration between Maternal, Neonatal, Child Health and Nutrition, Family Planning and HIV: Executive Summary*, Global Health Technical Assistance Project, May 2011, http://pdf.usaid.gov/pdf_docs/PBAAC081.pdf.
[39] Chelsea M. Cooper et al., "Successful Proof of Concept of Family Planning and Immunization Integration in Liberia," *Global Health: Science and Practice* 3, no. 1 (March 2015), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4356276/.
[40] Lisa S. Dulli et al., Meeting Postpartum Women's FP Needs through Integrated FP and Immunization Services: Results of a Cluster-Randomized Controlled Trial in Rwanda, *Global Health: Science and Practice* 4, no. 1 (February 2016), http://www.ghspjournal.org/content/4/1/73.full.
[41] Reena Borwankar and Shelly Amieva, *Desk Review of Programs Integrating Family Planning with Food Security and Nutrition* (Washington, DC: FHI 360/FANTA, 2015), http://www.fantaproject.org/sites/default/files/resources/FANTA-PRH-FamilyPlanning-Nutrition-May2015_0.pdf.
[42] Janet Fleischman and Katherine Peck, *Family Planning and Women's Health in Kenya: The Impact of U.S. Investments* (Washington, DC: CSIS, December 2015), https://csis-prod.s3.amazonaws.com/s3fs-public/legacy_files/files/publication/151123_Fleischman_FamilyPlanningKenya_Web.pdf.
[43] Janet Fleischman and Cathryn Streifel, *Accelerating the Momentum: U.S. Support for Women's and Family Health in Senegal* (Washington, DC: CSIS, April 2016), https://csis-prod.s3.amazonaws.com/s3fs-public/publication/160411_Fleischman_AcceleratingMomentum_Web.pdf.
[44] Janet Fleischman and Katherine Peck. *Public-Private Partnerships for Women's Health in Zambia: Lessons for U.S. Policy* (Washington, DC: CSIS, July 2016), https://csis-prod.s3.amazonaws.com/s3fs-public/publication/160726_Fleischman_WomenHealthZambia_Web_0.pdf.
[45] Fleischman and Streifel, *Accelerating the Momentum: U.S. Support for Women's and Family Health in Senegal*.
[46] Black, Laxminarayan, Temmerman, and Walker, eds., *Reproductive, Maternal, Newborn, and Child Health*.
[47] Brickley et al., *Systematic Review of Integration between Maternal, Neonatal, Child Health and Nutrition and Family Planning*.
[48] Starley Shade et al., "Cost, cost-efficiency and cost-effectiveness of integrated family planning and HIV services," *AIDS* 2013, 27, Suppl 1 (2012): S87–S92, http://integrationforimpact.org/wp-content/uploads/2012/05/Kenya-integrating-FP-HIV-cost-study-2013.pdf.

cost effective,[49] as is the scaling-up of syphilis screening and treatment in antenatal care programs.[50] In addition, a study of the impact and cost of scaling up midwifery and obstetrics in 58 low- and middle-income countries found integration to be more cost effective than delivering individual services, particularly when family planning services were included.[51]

Beyond the health sector, there are also documented linkages and synergies with other sectors[52], particularly education, which are mutually reinforcing.[53,54] Education has been shown to be correlated with improved maternal and child health, increased use of contraception and decreased fertility, reduced HIV risk.[55,56,57,58]

Health issues are intricately connected to economic and development prospects for women and girls; for example, when pregnant teenagers are compelled to drop out of school (especially secondary), they lose access to educational, economic, and employment opportunities, and are often at increased risk of HIV infection and gender-based violence. Studies have found, for example, that educational attainment of girls is correlated with reductions in infant and child mortality, family size, delay of age at first birth, and HIV risk.[59,60] Accordingly, strategic integration of health with other sectors—such as education, nutrition, and economic empowerment—could contribute to improved health and development outcomes for women, girls, and families.

3. *Integration is Particularly Important for Adolescent Girls and Young Women.* A strong theme that emerged was the importance of addressing the health and development needs of the largest generation of young people ever, especially given projections indicating that the youth population will grow significantly in sub-Saharan Africa. Adolescent girls and young women, in particular, have fallen through the cracks of global

[49] James G. Kahn et al., "Integrated HIV Testing, Malaria, and Diarrhea Prevention Campaign in Kenya: Modeled Health Impact and Cost-Effectiveness," *PLoS ONE* 7, no. 2 (2012): e31316, http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0031316.
[50] James G. Kahn et al., "The Cost and Cost-Effectiveness of Scaling up Screening and Treatment of Syphilis in Pregnancy: A Model," *PLoS ONE* 9, no. 1 (2014): e87510, http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0087510.
[51] Linda Bartlett et al., "The Impact and Cost of Scaling up Midwifery and Obstetrics in 58 Low- and Middle-Income Countries," *PLoS ONE* 9, no. 6 (2014): e98550, http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0098550.
[52] World Bank, *Global Monitoring Report 2015/2016: Development Goals in an Era of Demographic Change* (Washington, DC: World Bank, 2016), 91-93, http://pubdocs.worldbank.org/en/503001444058224597/Global-Monitoring-Report-2015.pdf.
[53] David Bloom, *Education, Health, and Development*, American Academy of Arts and Sciences, 2006, http://www.dphu.org/uploads/attachements/books/books_1474_0.pdf.
[54] David Bloom and David Canning, *Population Health and Economic Growth*, Commission on Growth and Development, 2008, http://siteresources.worldbank.org/EXTPREMNET/Resources/489960-1338997241035/Growth_Commission_Working_Paper_24_Population_Health_Economic_Growth.pdf.
[55] Population Reference Bureau, *The Effect of Girls' Education on Health Outcomes: Fact Sheet*, August 2011, http://www.prb.org/Publications/Media-Guides/2011/girls-education-fact-sheet.aspx.
[56] Emmanuela Gakidou et al., "Increased educational attainment and its effect on child mortality in 175 countries between 1970 and 2009: A systematic analysis," *The Lancet* 376 (2010): 959–74, http://can-mnch.ca/wp-content/uploads/2012/06/5.-EducationandChildSurvivalLancet.pdf.
[57] Karen Grepin and Prashant Bharadwaj, "Maternal education and child mortality in Zimbabwe," *Journal of Health Economics* 44 (2015): 97–117.
[58] Joseph Ward and Russell Viner, "Secondary Education and Health Outcomes in Young People from the Cape Area Panel Study (CAPS)," *PLoS ONE* 11, no. 6 (2016): e0156883, http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0156883.
[59] World Bank, *Global Monitoring Report 2015/2016*.
[60] Population Reference Bureau, *The Effect of Girls' Education on Health Outcomes.*

health programs, which generally focus on children under the age of 5 and pregnant women. This population faces critical health risks: complications related to pregnancy and childbirth are a leading cause of death for adolescent girls globally, and they face high risks of gender-based violence[61] and HIV infection. Yet they are too often discouraged from or denied family planning and reproductive health services due to health-provider attitudes and unwelcoming facilities. Greater integration of services is seen as a critical step to reaching young women. As the 2016 Lancet Commission on adolescent health and wellbeing noted: "[t]he most effective actions for adolescent health and wellbeing are intersectoral and multi-component."[62]

There are several U.S. government strategies and programs in place focusing on adolescent girls and young people upon which to build. In March 2016, the Obama administration announced the creation of a Global Strategy to Empower Adolescent Girls[63] with the goal of ensuring that "adolescent girls are educated, healthy, economically and socially empowered, and free from violence and discrimination, thereby promoting global development, security, and prosperity." Access to health is included, although the strategy is not specific to or focused on health. "Let Girls Learn" was launched by First Lady Michelle Obama in March 2015 and is designed as a government-wide effort to ensure that adolescent girls can access education.[64] USAID launched a Youth in Development Policy[65] in 2012, focused on strengthening youth programming, participation and partnership in support of USAID development objectives, and integrating youth issues and engaging young people in agency initiatives and operations.

4. *The "Failure" of the Global Health Initiative Must Be Understood and Overcome.* Understanding why the GHI was not successful is instructive for future U.S. efforts. Key informants and the literature on the GHI point to several factors that contributed to the lack of success, including:

    - The absence of leadership, authority, and resources vested in an individual or office with the power to oversee and direct resources and services from multiple health areas. This is in stark contrast to the way in which PEPFAR and PMI are structured;

    - The lack of a White House champion to support the GHI and help manage interagency challenges; and

    - The lack of incentives for integration (or any other GHI principle), including financial as well as career incentives. It is important to note that the Obama

[61] See Together with Girls, http://www.togetherforgirls.org/issue/.
[62] George Patton et al., "Our Future : a Lancet commission on adolescent health and wellbeing," *The Lancet* 387, no. 10036 (June 2016): 2465, http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)00579-1/fulltext.
[63] U.S. State Department, *United States Global Strategy to Empower Adolescent Girls*, 2016, http://www.state.gov/documents/organization/254904.pdf.
[64] See Let Girls Lean, https://letgirlslearn.gov.
[65] U.S. Agency for International Development, *Youth in Development Policy*, 2012, https://www.usaid.gov/policy/youth.

administration did intend to provide a GHI Strategic Fund for countries to develop and implement the GHI's approach but such funds were not approved by Congress.

5. *There are Several Existing U.S. Government Integration Efforts to Learn from, Though Few Have Been Replicated and Most Are Time Limited.* Beyond the GHI, key informants and roundtable participants cited several examples of U.S. government integration efforts focused on women, girls, and families (see Box). However, these were generally one-off efforts that have not been replicated, and most were highly dependent on PEPFAR. Still, each offers important elements to consider and one in particular, DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe),[66] offers significant promise going forward; many suggested building on DREAMS to do a larger integrated program in the future. In addition, the Let Girls Learn Initiative aims to enhance girls' education through a cross-sectoral and comprehensive approach that addresses the health, economic, and social barriers that girls face.[67]

6. *Increased Data, Transparency, and Mapping of U.S. Government Health Service Sites Are Needed.* Critical to understanding whether existing health resources are most appropriately allocated and to identifying opportunities for integration to improve health outcomes is knowing where U.S. government health assets are located within countries. However, with the exception of PEPFAR, which has recently undertaken such an effort,[68] most U.S. global health program areas do not have a clear mapping of service sites. Where such data exist, it is usually the product of a country mission's own initiative rather than a directive from Washington. Without such data, efforts to improve health outcomes, whether through greater integration or through other means, will be hampered. Where integration is pursued, such data are essential to program design and evaluation.

[66] See PEPFAR, "Working Together for an AIDS-free Future for Girls and Women," http://www.pepfar.gov/partnerships/ppp/dreams/.
[67] See Let Girls Learn, https://letgirlslearn.gov.
[68] PEPFAR, Using Data to Deliver on an AIDS-free Generation," 2015, https://www.pepfar.gov/documents/organization/247604.pdf.

Examples of Existing U.S. Government Integration Efforts for Women, Girls, and Families	
AIDS, Population and Health Integrated Assistance (APHIA)	APHIA is a series of PEPFAR and USAID-funded projects that began over a decade ago designed to integrate family planning, MNCH, malaria, and HIV services in Kenya.
PEPFAR FP/HIV Acceleration Initiative	PEPFAR and the USAID Office of Population and Reproductive Health launched a joint $25 million initiative in 2013 for family planning/HIV integration, targeting five countries (Zambia, Tanzania, Uganda, Nigeria, and Malawi).
PEPFAR Gender-Based Violence (GBV) Initiative	In May 2010, PEPFAR announced a centrally funded GBV initiative focused on Democratic Republic of Congo, Mozambique and Tanzania, called the GBV Scale Up Initiative (GBVI). The GBVI included an evaluation component for the Tanzania program, which was completed in August 2015. PEPFAR invested $55 million into this initiative.
PEPFAR DREAMS Initiative	DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) is a $385 million public-private partnership launched by PEPFAR in late 2014 aimed at reducing HIV incidence in adolescent girls and young women in 10 countries in southern and eastern Africa. DREAMS is implementing an integrated package of services to address the structural drivers of HIV, including social protection, education support, and links to health services.
USAID Nutrition Strategy	In May 2014, USAID released a multisectoral nutrition strategy through 2025 to strengthen coordinated planning and programming across sectors, including health. USAID also supports the Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING), a project to strengthen country and global efforts to scale up high-impact, multisectoral nutrition practices and policies and improve maternal and child nutrition outcomes.
Population, health and Environment (PHE)	USAID supports PHE programs to advance the links between population, health, and environment sectors around the world.
Postpartum Family Planning Integration	USAID supports the integration of postpartum family planning services into maternal, newborn, and child health programs in low resource settings.

Key Challenges

There are several challenges and risks to integration, many of which are unique to or particularly challenging within the U.S. government context. They primarily stem from the structural way in which U.S. government global health and development programs are funded and organized, and the politics of global health, particularly related to family planning and reproductive health. Among the challenges identified in this review are the following:

- *Congressional funding earmarks, policy directives, and reporting requirements by global health area.* As noted by most of those consulted, these structures, which are rooted in politics but also program history and a desire to track funding to specific outcomes, have at times limited integration or made integration more difficult.

- *Politics related to family planning and reproductive health.* Because of the politics around family planning and reproductive health, including opposition from some in Congress, especially related to concerns about abortion, there has been a reluctance to integrate with family planning programs even where data support such integration.

- *Legacy of vertical programs, especially PEPFAR.* The strong and successful legacy of vertical programs have made some reluctant to move to different models, citing concerns that "broader" program efforts may lack the clear, targeted goals of disease-specific programs.
- *Unequal balance of funding across health programs, different sector priorities, concerns about diluting focus.* Several key informants noted the unequal balance of funding (in particularly, several cited the fact that HIV funding is much greater than funding for MNCH or family planning and reproductive health in most countries) could mean that some program areas would get less attention or the focus of individual program areas would be diluted when integrated. On a related note, some noted that different sector priorities could pose challenges to integration, and others raised concerns about the potential for quality to be compromised when program services were integrated.
- *Interagency and intra-agency differences and tensions.* As noted in the literature and by many consulted, differences between and within U.S. government agencies by global health program area, as well as differences between the agency and country mission and implementer-levels, have resulted in tensions and difficulties in integrating services in the past.
- *Lack of skill set/capacity and indicator issues.* Capacity and workforce challenges—including not having the right skill set to design, manage, and evaluate integrated programs, as well as concerns about overburdening an already-understaffed workforce—were raised by several key informants. A related issue involves the lack of integrated indicators to evaluate impact.
- *Lack of data on U.S. government health program sites/mapping.* As noted above, there is a dearth of data available to map U.S. government health program sites, data that are needed to assess where opportunities for integration and efficiencies might exist as well as to identify duplication or misalignment of program investments with health needs.

Options for the Trump Administration and Congress

Based on this review, greater integration can improve health outcomes and be cost-effective for women and girls. For greater integration, the CSIS Task Force on Women's and Family Health recommends that the new administration and Congress consider the following:

1. *Pursue Smart Integration for Adolescent Girls and Young Women in 13 Priority Countries, Including Augmenting the PEPFAR DREAMS Initiative.* In support of a new initiative for adolescent girls and young women, the task force recommends pursuing smart integration as an implementation mechanism across U.S. global health and development programs in 13 priority countries. Existing U.S. government program silos should not be barriers to integrated programing, which would be measured by better health outcomes. Where smart integration opportunities are identified, country

teams should be rewarded with additional programmatic and funding support to pursue an approach that includes multiple health areas, particularly family planning/reproductive health, HIV, MNCH, and nutrition; non-health areas, such as education, especially secondary education; as well as economic empowerment, gender-based violence response and prevention, and reduction of child marriage. This approach should build on existing strategies and include integrated indicators to track progress and ensure that health goals are achieved. In particular, it should build on and continue PEPFAR's DREAMS Initiative, which is already operating in 6 of the 13 priority countries and incorporates a multisectoral, integrated approach to reaching adolescent girls and young women. Building on DREAMS with additional funding can allow the program to continue and to expand its focus to include other health and development outcomes beyond HIV.

2. *Map U.S. Government Country-Level Investments by Program and Site.* As a prerequisite for understanding current resource allocations and pursuing greater integration, U.S. global health programs should map their funded service sites, as PEPFAR has done, and work to develop a shared database that can be used to facilitate decisions about where to make integrated investments, assess alignment between investments and need, and track progress over time.

With the advent of the Sustainable Development Goals, the issue of integration has moved to the forefront of global health and development discussions, cited as critical to improving health systems, increasing access to care, and supporting the achievement of a wide range of global development goals. In this context, the Trump administration and Congress face a unique opportunity to help improve the health outcomes of women and families—especially adolescent girls and young women—through smart, multisectoral integration. While there are many challenges to integration, there are clear benefits to moving forward at this time, given evidence that integration not only helps to achieve better health outcomes, it helps to create more resilient, sustainable, and stronger, health systems.