



**INTEGRATE
HEALTH**

**THREE-YEAR
STRATEGIC PLAN:
LAYING THE
FOUNDATION FOR
UNIVERSAL HEALTH
COVERAGE IN TOGO**

JULY 2020-JUNE 2023

UPDATED JANUARY 2021

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**THE MISSION OF
INTEGRATE HEALTH
IS TO MAKE QUALITY
PRIMARY HEALTHCARE
ACCESSIBLE TO ALL.**



EXECUTIVE SUMMARY

WHILE HALF of the world's population, 3.8 billion people, lacks access to essential health services,¹ the West African nation of Togo suffers from some of the lowest health outcomes in the world.² Over the past decade, the burden of poor maternal and child health outcomes has been decreasing at a slower rate in Togo than in most of the world. The government of Togo and the Togolese Ministry of Health acknowledge critical gaps in access and quality of primary healthcare services. While the country has set ambitious national targets, it is not on track to meet these or any of the health-related Sustainable Development Goals.

The burden of disease in Togo, as in much of sub-Saharan Africa, continues to be driven by diseases of poverty, such as malaria, diarrhea, pneumonia, HIV, and malnutrition, all of which are preventable or treatable at low cost.³ Furthermore, the delivery systems needed to ensure these effective treatments reach the communities and patients who need them most are well-known.⁴ A vast body of literature has emerged over the past decade demonstrating the efficacy of Community Health Workers when deployed as part of a strong primary healthcare system.⁵

Integrate Health has demonstrated the effectiveness of an integrated approach to strengthen primary care in Togo. Preliminary data from Integrate Health pilot implementation sites reveal a 30% reduction in under five mortality over six years, greater than the 14% national reduction estimated over the same period. This reduction is accompanied by observed increases in healthcare coverage, health service utilization, and improved quality of service delivery.



An Integrate Health-supported Community Health Worker, Valérie Ossoi, undergoing intensive supervision after recently becoming a Community Health Worker.

¹World Health Organization and The World Bank, "Tracking Universal Health Coverage: 2017 Global Monitoring Report," (2017).

² UNFPA et al., "Trends in Maternal Mortality: 2000-2017," (Geneva: World Health Organization, 2019); L. Hug et al., "National, Regional, and Global Levels and Trends in Neonatal Mortality between 1990 and 2017, with Scenario-Based Projections to 2030: A Systematic Analysis," *Lancet Glob Health* 7, no. 6 (2019).

³C. El Bcheraoui et al., "Burden of Disease in Francophone Africa, 1990-2017: A Systematic Analysis for the Global Burden of Disease Study 2017," *ibid.* 8, no. 3 (2020).

⁴M. E. Kruk et al., "High-Quality Health Systems in the Sustainable Development Goals Era: Time for a Revolution," *ibid.* 6, no. 11 (2018).

⁵E. Sacks et al., "Communities, Universal Health Coverage and Primary Health Care," *Bull World Health Organ* 98, no. 11 (2020); U. Lehmann, N. A. Y. Twum-Danso, and J. Nyoni, "Towards Universal Health Coverage: What Are the System Requirements for Effective Large-Scale Community Health Worker Programmes?," *BMJ Glob Health* 4, no. Suppl 9 (2019).



Community Health Workers during the launch of the Integrated Primary Care Program in the district of Kozah in 2015.

Over the past five years, in partnership with the Ministry of Health, Integrate Health has expanded this proven approach to serve nearly 200,000 people across northern Togo. The challenge we face now is how to effectively support the government to leverage this success to ensure high-quality primary healthcare delivery at a national scale. This strategy lays out a plan to impact three key levers of change necessary to drive national health system reform: strong implementation, effective policy, and sustainable financing flowing through government.

The government of Togo has demonstrated strong political will. The recently unveiled national development plan commits to formalizing a national cadre of professionally trained Community Health Workers alongside major reforms to the nation's primary healthcare infrastructure, equipment, and personnel.⁶ The Ministry of Health has recognized Integrate Health as a key partner in the realization of this ambitious national development plan.

THIS IS A RARE MOMENT. TOGO IS ON THE BRINK OF MAKING DRAMATIC ADVANCES TOWARD ENSURING QUALITY PRIMARY HEALTHCARE FOR MORE THAN SIX MILLION PEOPLE.

Integrate Health is positioned to help Togo achieve national scale while maintaining quality and advancing equity. Investments in this three-year strategic plan will prove catalytic in unlocking future funding, both from global funding bodies and from the government of Togo itself. Integrate Health aims to mobilize the resources necessary to deliver on this strategic plan including building the internal systems needed to remain an exceptional place to work, all while staying true to the organization's values. Integrate Health invites you to make a radically generous investment in this ambitious strategic plan and help to unlock the future of quality primary healthcare for all, across Togo and beyond.

⁶ Ministère de la Santé et de la Protection Sociale, "Plan National De Développement Sanitaire," (République Togolaise, 2017).

PROBLEM

HALF of the world's population, 3.8 billion people, lacks access to essential health services.⁷ This shortage of basic services has deadly consequences: 15,000 children under age five die each day,⁸ and 810 women die each day from preventable causes related to pregnancy and childbirth.⁹ The cost of healthcare risks pushing 100 million people into extreme poverty globally.¹⁰

The West African nation of Togo suffers from some of the lowest health outcomes in the world. Over the past decade, the burden of poor maternal and child health outcomes in Togo has been decreasing at a slower rate than in most of the world.^{8,9} Nationally, the maternal mortality ratio is an estimated 396 per 100,000 live births, placing it among the highest in the world.⁹ Togo has an under-five mortality rate of 66.9 per 1,000, according to recent UN IGME estimates.¹¹ The burden of disease in Togo continues to be driven by diseases of poverty, such as malaria, diarrhea, pneumonia, HIV, and malnutrition, all of which are preventable or treatable at low cost.¹²

Though diagnosis and treatment for the leading causes of death in Togo are widely known, these solutions remain unavailable for the majority of the population. This gap between what is known and what is done in practice is commonly referred to as the know-do gap.¹³ Togo, a country of eight million people, lacks the functioning primary healthcare system required to deliver effective care to its citizens. Essential components, including personnel, supplies, and training, are currently absent or insufficient throughout the country. As a result, while 62% of Togo's population lives fewer than 5km from a public health clinic, only 30% of the population uses these facilities, according to the Togolese government. Geographic barriers, high costs, poor quality of care, and a lack of supplies and equipment contribute to low healthcare utilization and high mortality rates across Togo.¹⁴

As part of the Sustainable Development Goals adopted in 2015, all UN member states, including 54 African nations, have committed to trying to achieve Universal Health Coverage (UHC) by 2030. UHC aims to ensure that everyone, everywhere receives the care they need without suffering financial hardship,¹² and builds off of the 1948 Universal Declaration of Human rights, which proclaims health as a human right. With only a decade left to meet the SDG targets, most nations, including Togo, are far behind. The World Bank estimates that if current trends continue, up to five billion people will still lack access to healthcare in 2030.

⁷World Health Organization and The World Bank, "Tracking Universal Health Coverage: 2017 Global Monitoring Report."

⁸Hug et al., "National, Regional, and Global Levels and Trends in Neonatal Mortality Between 1990 and 2017, with Scenario-Based Projections to 2030: A Systematic Analysis."

⁹UNFPA et al., "Trends in Maternal Mortality: 2000-2017."

¹⁰World Health Organization, "Universal Health Coverage (Uhc)," news release, 2019, [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)).

¹¹United Nations Inter-agency Group for Child Mortality Estimation, "Under-Five Mortality Rate," (2020).

¹²El Bcheraoui et al., "Burden of Disease in Francophone Africa, 1990-2017: A Systematic Analysis for the Global Burden of Disease Study 2017."

¹³Neil Pakenham-Walsh, "Learning from One Another to Bridge the 'Know-Do Gap'," *BMJ* 329, no. 7475 (2004).

¹⁴K. J. McCarthy et al., "Identifying Inequities in Maternal and Child Health through Risk Stratification to Inform Health Systems Strengthening in Northern Togo," *PLoS One* 12, no. 3 (2017).

The government of Togo and the leadership of the Ministry of Health (MOH) acknowledge that there are critical gaps in access and quality of primary healthcare systems throughout the country, and that there is an urgent need to reform the primary health system to achieve UHC. The MOH has set ambitious targets for their health system, including reductions in maternal mortality from 401/100,000 in 2015 to less than 100/100,000 by 2025 and in neonatal mortality from 27/1,000 in 2015 to 5/1,000 by 2025. While this vision is commendable, the nation is not currently on track to meet these or any of the health-related Sustainable Development Goals.



Madeleine Teou, an Integrate Health-supported Community Health Worker, conducting a home visit.



SOLUTION

TOGO is not alone in the challenges it faces in achieving the global Sustainable Development Goals (SDGs). Only a handful of countries across sub-Saharan Africa are on track to meet the health-related SDGs.¹⁵ Yet, the global burden of disease across sub-Saharan Africa continues to be driven by diseases for which there are known and low-cost diagnostics and treatments. Furthermore, the delivery systems needed to ensure these effective treatments reach the communities and patients who need them most are also well known.¹⁶ A vast body of literature has emerged over the past decade demonstrating the efficacy of Community Health Workers (CHWs) when deployed as part of strong primary healthcare system.¹⁷ Why then do national health systems continue to fail to meet national targets and to deliver basic essential primary care to citizens?

The solutions exist, but these effective solutions have yet to be scaled at a national level through government healthcare systems. The challenge is no longer “what,” but “how.” Why are known solutions not reaching rural communities in Togo and countries like it, and how can we support governments to ensure high-quality healthcare reaches all?

Through our work in Togo since 2004, Integrate Health (IH) has learned key lessons that may help to answer this question. First, national health policies must incorporate key design elements that ensure the effective delivery of primary care. Second, implementation of national health policies must adhere to certain quality standards. Third, sufficient financing, from both external and domestic resources, must be mobilized to sustain strong national policies and effective implementation plans. By targeting these three levers—policy mandate, implementation, and financial ownership—countries can truly transform their healthcare delivery systems and get on the path to achieving their national and global health goals for their citizens.

¹⁵I. Mejía-Guevara et al., “Age Distribution, Trends, and Forecasts of under-5 Mortality in 31 Sub-Saharan African Countries: A Modeling Study,” *PLoS Med* 16, no. 3 (2019).

¹⁶Kruk et al., “High-Quality Health Systems in the Sustainable Development Goals Era: Time for a Revolution.”

¹⁷Sacks et al., “Communities, Universal Health Coverage and Primary Health Care.”; Lehmann, Twum-Danso, and Nyoni, “Towards Universal Health Coverage: What Are the System Requirements for Effective Large-Scale Community Health Worker Programmes?”



IH ENVISIONS A WORLD WHERE EVERYONE, EVERYWHERE HAS ACCESS TO HIGH-QUALITY HEALTHCARE, WITHOUT SUFFERING FINANCIAL HARDSHIP, REGARDLESS OF WHERE THEY WERE BORN.



DEMONSTRATING INNOVATION

SINCE 2004, IH has worked alongside community leaders, government officials, and public health experts, first to build and scale one of the most effective HIV care programs in Togo and then to reduce maternal and child mortality through the Integrated Primary Care Program (IPCP). The IPCP demonstrates the key innovations necessary to strengthen primary healthcare delivery at scale. This approach integrates professional CHWs with improved care in public clinics. This powerful combination transforms how primary healthcare is delivered and saves lives.

The IPCP delivers key innovations designed to address the major barriers to seeking care in Togo and ensure high-quality, accessible, and patient-centered primary healthcare delivery. These innovations are delivered using a learning health system approach whereby rigorous data is collected and used to drive continuous quality improvement as well as shared with policymakers to inform national scale. This package includes:

CLINICAL CAPACITY-BUILDING

A trained peer coach provides clinical mentorship to nurses and midwives in public clinics to ensure competent care providers and effective care.



COMMUNITY HEALTH WORKERS

Trained, equipped, supervised, and salaried CHWs conduct proactive case-finding and provide home-based care to ensure population-level coverage.



SUPPLY CHAIN AND INFRASTRUCTURE

Pharmacy managers are trained in improved supply chain management, and basic infrastructure improvements are made to ensure that providers have the tools they need.



USER FEE REMOVAL.

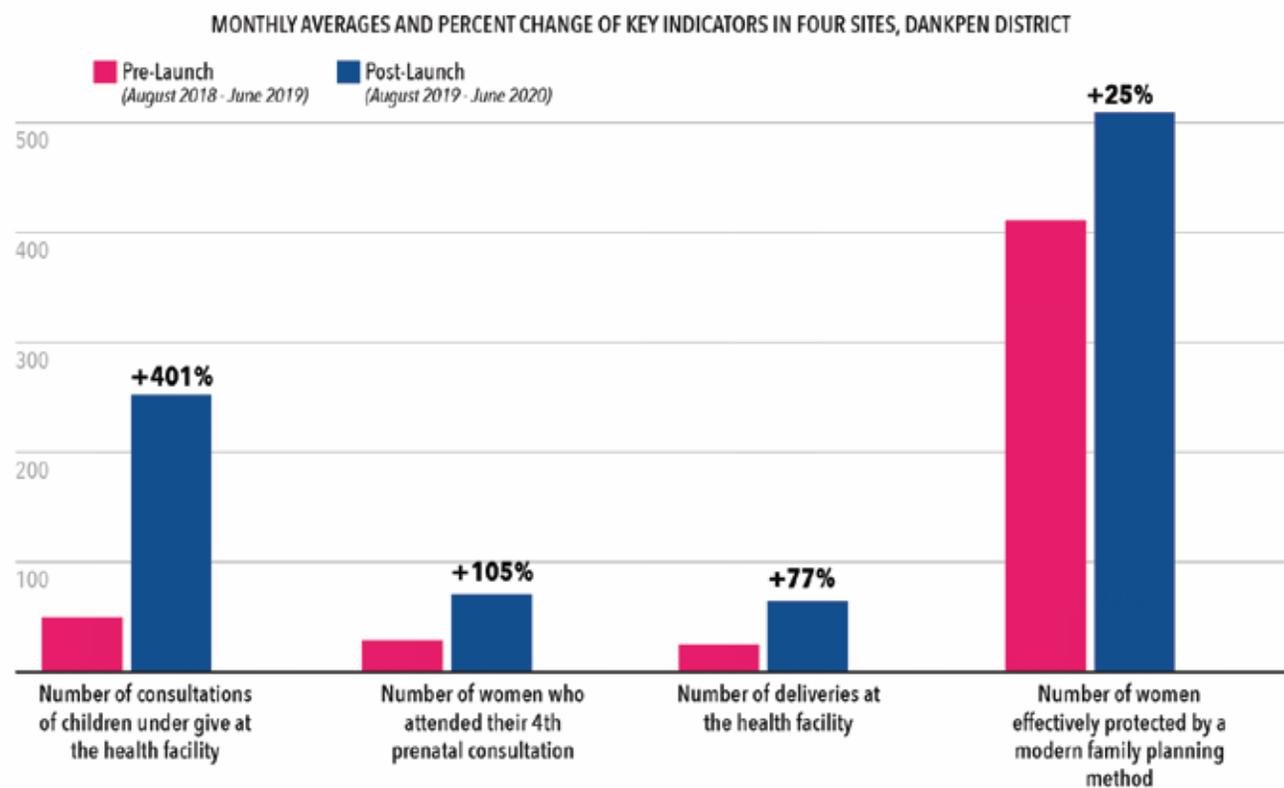
Trained, equipped, supervised, and salaried CHWs conduct proactive case-finding and provide home-based care to ensure population-level coverage.



Together this package of services creates a seamless system of healthcare delivery that ensures access to high-quality care, supporting government's UHC targets, at a replication cost of roughly \$10 per capita.

This approach is currently being implemented in 18 public clinics serving a population of over 160,000 in the northern Kara region of Togo. Preliminary data revealed a 30% reduction in under-five mortality in the pilot communities where Integrate Health works, from 51.1 deaths per 1000 live births at baseline to 35.8 deaths per 1000 live births after six years. These results have been submitted for publication in collaboration with Togolese public sector partners and are currently under review by a peer-reviewed scientific journal.

In addition to this impact data, routine health output data before and after intervention reveals significant increases in health access and delivery. Take, for example, key indicators across four implementation sites in the Dankpen district:



Recognized by the government as one of the only international organizations with a sustained presence in northern Togo, IH has built strong relationships at all levels of the MOH. IH is ready to build upon its 16 years of on-the-ground experience; strong relationships at the local, regional, and national levels; and proven track record of success. Given its well-earned reputation and respect, IH is best positioned to help catalyze improvements in the health of Togo's population.



PUBLICATIONS

[Sexual Relationship Power and Socio-demographic Factors Predicting Contraceptive Use, Antenatal Visits and Sick Child Health Service Use in Northern Togo](#)

Kaplowitz ET et al. *Maternal and Child Health Journal*, 2020.

[From Policy Statement to Practice: Integrating Social Needs Screening and Referral Assistance With Community Health Workers in an Urban Academic Health Center](#)

Fiori K, et al. *Journal of Primary Care and Community Health*, 2020.

[Assessing the Integrated Community-Based Health Systems Strengthening initiative in northern Togo: a pragmatic effectiveness-implementation study protocol](#)

Lauria M, et al. *Implementation Science*, 2019.

[Implementing an integrated community based health systems strengthening approach to improve HIV survival in Northern Togo](#)

Fiori K, et al. *AIDS Care*, 2019.

[Updated Program Functionality Matrix for Optimizing Community Health Programs](#)

Ballard M, et al. 2018.

[Closing the delivery gap: Operationalizing the care delivery value chain and continuous quality improvement for HIV/AIDS services in Kara, Togo](#)

Fiori K, et al. *International Journal of Health Care Quality Assurance*, 2018.

[Identifying inequities in maternal and child health through risk stratification to inform health systems strengthening in Northern Togo](#)

McCarthy K et al. *PLOS One*, 2017.

[Closing the delivery gaps in pediatric HIV care in Togo, West Africa: using the care delivery value chain framework to direct quality improvement](#)

Fiori K, et al. *AIDS Care*, 2016.

[Getting There: Overcoming Barriers to Reproductive and Maternal Health Services Access in Northern Togo—A Qualitative Study](#)

Arnold J, et al. *World Medical and Health Policy*, 2016.

[Patient-Reported Factors Facilitating Participation in Prevention of Mother to Child Transmission of HIV Programs in Kara, Togo, West Africa](#)

Loccoh E, et al. *World Journal of AIDS*, 2014.

SUPPORTING NATIONAL SCALE

AT IH, our role as an NGO is to support governments, who have a mandate to provide healthcare to their citizens, and to amplify the voices of local communities, who must be at the center of health system design. We work to ensure the government of Togo can meet their own ambition for achieving UHC.

IH believes that to help governments optimize primary healthcare delivery, there must be a strong coalition of partners from both the public and private sectors. In Togo, this coalition is led by the MOH and supported by IH alongside key partners including GIZ, UNICEF, UNFPA, and funders including the Global Fund and GAVI. Together, this winning coalition must focus on three key components: strong implementation, effective policy, and sustainable financing flowing through government. IH's organizational strategy is designed to impact these three levers of change:

IMPLEMENTATION: Demonstrate key innovations in quality primary healthcare design and delivery through direct implementation of the Integrated Primary Care Program using data systems to monitor progress, implementation science research to evaluate impact and progressive handover to model implementation ownership by local government.

MANDATE: Identify gaps in existing policy relative to evidence-based global best practice and align stakeholders around the inclusion of key design elements in national policy and implementation plans.

FINANCIAL OWNERSHIP: Define clear costs associated with key design elements and map existing and future revenue streams to demonstrate a sustainable funding pathway for Togo's government to move toward UHC.



Achieving national scale is hard. It requires humility, determination, and long-term investment. IH is focused, first and foremost, on mobilizing the necessary coalition to support the government to ensure quality primary healthcare is delivered to every woman and child in every community across Togo. Lessons learned through achieving national scale in Togo can be leveraged to inform additional efforts to advance UHC in comparable settings.

POLITICAL COMMITMENT

IN 2020, the government of Togo unveiled an ambitious new national development plan, Togo Roadmap 2025. This plan prioritized health as a key pillar and furthermore committed to the advancement of UHC as the central health priority. In this plan, the MOH outlines key reforms to the primary healthcare system to be completed by 2025. Proposed reforms include:

- **GUARANTEEING UHC FOR PREGNANT WOMEN, CHILDREN UNDER THE AGE OF 18, SENIORS, AND VULNERABLE POPULATIONS,**
- **REINFORCING THE NATION'S PRIMARY HEALTHCARE INFRASTRUCTURE, EQUIPMENT, AND PERSONNEL, AND**
- **FORMALIZING A CADRE OF PROFESSIONALLY TRAINED AND FORMALLY RECOGNIZED CHWS TO SERVE 90% OF RURAL COMMUNITIES ACROSS THE COUNTRY.**

This exciting plan both demonstrates the government's ambition and builds on a track record of reform. The MOH has made investment in health system reform a priority over the past five years, demonstrated by a recent successful public-private partnership to improve the management of tertiary care hospitals across the country. Building on this successful reform at the tertiary care level and on the country's national development plan, the President of Togo has publicly committed to grow domestic expenditure on health from 8% to 12% of GDP.

The COVID-19 pandemic has also highlighted the government of Togo's commitment to build a healthcare system capable of withstanding future pandemics. The government's response to the current pandemic, led by the MOH, has been swift and comprehensive, demonstrating political will and efficiency. Togo is one of only two countries to have launched a cash transfer program aimed at women who have lost employment. The MOH has called on partners, including IH, to support the national response plan and has been effective in mobilizing resources for the pandemic response, demonstrating the ability to engage a winning coalition for the benefit of the Togolese public. In response, IH was able to help facilitate the inclusion of Togo in the COVID-19 Action Fund for Africa as a recipient of hundreds of thousands of units of personal protective equipment (PPE) for CHWs. Working together throughout the pandemic has deepened IH's relationship with MOH into a partnership built on trust, respect, and follow-through. The time is right to support the government of Togo to significantly advance progress toward UHC.



"I FEEL SO RELIEVED. I NO LONGER HAVE TO WORRY FOR THE HEALTH OF MY CHILDREN. IF MY CHILD IS SICK, I CALL MY COMMUNITY HEALTH WORKER".

- COMMUNITY MEMBER

STRATEGY

ENSURING access to high-quality healthcare for women and children left out of the current healthcare system has always been and will always be IH's first priority. In order to help the government deliver on its mandate for national healthcare, IH aims to reinforce the public system, rather than build a parallel solution. As IH approaches 200,000 people directly served by the IPCP, the organization is looking to ensure quality primary healthcare for all six million people living without access to care across rural Togo. In order to achieve the goal of strengthened national primary healthcare for all in Togo, IH has established four strategic priorities for the next three years described in the table below.

VISION	THREE-YEAR STRATEGIC PRIORITIES	OBJECTIVES
Support government to ensure the delivery of quality primary healthcare services to every woman and child across every rural community in Togo.	Implementation: Demonstrate key innovations in quality primary healthcare delivery through direct implementation of the IPCP with data systems to monitor progress, implementation science research to evaluate impact, and progressive handover to model implementation ownership by local government.	FY21-22 Expand the IPCP with government to serve 200,000 people by July 2021 to demonstrate key innovations and gather impact and cost data.
		FY21-22 Increasingly transfer ownership of implementation to MOH Regional and District Health Management teams by ensuring all IPCP activities are incorporated in District Annual Operating Plans.
		FY23 Further expand to new direct implementation sites with government to answer specific implementation questions to inform ongoing rollout of national strategy.
	Mandate: Identify gaps in existing policy relative to evidence-based global best practice and align stakeholders around the inclusion of key design elements in national policy and implementation plans.	FY21 Align technical and financial partners around a harmonized national CHW definition (i.e., service package, compensation, etc.).
		FY22 Facilitate CHW policy renewal process based on harmonized definition.
		FY23 Support national CHW policy implementation.
	Financial Ownership: Define clear costs associated with key design elements and map existing and future revenue streams to demonstrate a sustainable funding pathway for Togo's government to move toward UHC.	FY21 Document costs and develop proposal to support government to subsidize maternal and neonatal healthcare user fees.
		FY22 Propose an expanded investment case for strengthened community health policy including quality.
		FY21-23 Complete resource mapping and mobilize financial partners.
	Sustain Organizational Growth: Ensure IH has resources to meet scale targets and systems needed to remain an exceptional place to work.	FY21-23 Set fundraising strategy and raise \$24mn for three-year budget.
		FY21-23 Strengthen internal systems and operations to support rapid growth and align to organizational values including anti-oppression.
		FY 21-23 Facilitate incorporation as local NGO and begin scoping second country expansion strategy.



IMPLEMENTATION

Demonstrate key innovations in quality primary healthcare delivery through direct implementation of the IPCP with data systems to monitor progress, implementation science research to evaluate impact, and progressive handover to model implementation ownership by local government.

FY21-22 Expand the IPCP with government to serve 200,000 people by July 2021 to demonstrate key innovations and gather impact and cost data.

FY21-22 Increasingly transfer ownership of implementation to MOH Regional and District Health Management teams by ensuring all IPCP activities are incorporated in District Annual Operating Plans.

FY23 Further expand to new direct implementation sites with government to answer specific implementation questions to inform ongoing rollout of national strategy.

OVER the next three years, IH will continue to demonstrate implementation of key innovations in quality primary healthcare delivery by expanding the IPCP to serve a population of 200,000 across the Kozah, Bassar, Dankpen, Kéran, and Binah districts in the Kara region. IH is on track to launch the final step in the four-year IPCP replication phase in the Binah district in July 2021. This expansion of direct service delivery will bring quality primary healthcare to communities that currently lack access to adequate care. Furthermore, implementation of the IPCP directly within government systems is critical to showcase the efficacy of the key design innovations that will allow the MOH and partners to bring high-quality care to six million people across Togo. In addition to providing quality primary healthcare to hundreds of thousands, the IPCP sites serve as a learning health system to inform national scale efforts in three important ways, namely,

- 1) producing data to inform decision makers,
- 2) leveraging research to document impact and lessons for implementation at scale, and
- 3) modeling the transition to direct implementation by local government.

DATA SYSTEMS

IH is a data-driven, learning organization. IH captures data for key indicators and utilizes a feedback loop to provide stakeholders including staff members, CHWs, partners, and community members with timely access to data in order to inform necessary program improvements. To further strengthen our data-driven approach, IH is launching the Integrated Primary Care Data Science Initiative to deploy a set of proven tools in order to dramatically accelerate the digital transformation of community health in Togo. This initiative includes:

- A suite of proven technologies that serve the needs of CHWs,
- An analytics platform to extract, transform, and load multiple data streams to enable IH analysts to discover patterns and identify where changes need to be made, and finally
- Indicators that are aligned with and reinforce the use of national data.

Together this combination of efforts will lead to the development of community health information systems that add tremendous value while also being designed to scale nationally. They will give CHWs the tools that they need to succeed and provide key decision makers with the data and insights needed to drive continuous improvement, target services, and allocate resources efficiently and effectively. IH has formal partnerships with both the MOH and the National Institute for Statistics and Economic and Demographic Studies and has strong relationships with other technical partners including UNICEF, WHO, and GIZ. All data from IPCP implementation sites feed directly into the National Health Information System, DHIS2, so that it can be easily and seamlessly used by MOH colleagues at the district, regional, and national levels. IH



Community Health Worker, Afi Kpaba, using telephone-based technology to log health data.

also works hard to ensure that all learnings from our implementation sites are documented and shared to inform data policy and planning at the national level. In 2020, IH hired a Digital Health Manager to connect lessons learned in IH's piloting of various digital and health information tools to inform and align to national eHealth policy development for Togo. Over the next three years, IH will increasingly leverage program data to support the MOH in reaching their health data management goals.

IMPLEMENTATION RESEARCH

IH'S science and learning efforts are centered around the multi-disciplinary scientific field of implementation science.¹⁸ By using implementation research methodologies, data analytics, and knowledge translation, IH not only investigates if an intervention is effective, but also why an intervention works or does not. Understanding why interventions work is critical to enhance the effectiveness of the approach, inform the work of the MOH, and contribute to global community health movements. Most importantly, IH aims to honor patients by ensuring that research and evaluation efforts are guided by and continually inform improvements in patient care. IH's research studies have Togolese co-principal investigators, who increasingly guide the process from study design to results dissemination. As IH plans for ongoing and new research in the coming years, studies will be designed to answer key government questions in a rigorous yet ethical manner.

IH's main ongoing research study (2018-2022) is a pragmatic hybrid type II effectiveness-implementation study¹⁹ to evaluate the IPCP.²⁰ The study evaluates both the effectiveness of the IPCP and factors affecting implementation using the RE-AIM implementation science framework.²¹ Data sources include household surveys, facility assessments, and key informant interviews, all collected annually. The specific study aims are to: (1) determine effectiveness through changes in under-five mortality rates, and (2) assess implementation through measures of reach, adoption, implementation, and maintenance. This ongoing study generates knowledge to improve service delivery at IPCP sites and to inform national scale strategies. These findings contribute to continuous quality improvement initiatives, optimize implementation strategies, provide actionable insights into health service delivery, and accelerate health systems improvements in Togo. IH's highest-level impact metric, changes in child mortality, comes out of this study. This metric allows IH to determine progress against a key priority of the MOH, reducing child mortality to 25/1,000 by 2030.²²

In addition to the pragmatic effectiveness-implementation study, IH performs other analyses using research data to improve programs, including identifying determinants of child mortality. This cross-sectional analysis utilizes household survey data, specifically using standard death table reports, and demographic variables to examine the association of individual and community factors with under-five mortality. The overarching goal is to characterize child mortality in northern Togo and identify maternal and child characteristics associated with child mortality in order to improve risk identification and targeting with services. IH will utilize household level data collected in 2018 from both phase I sites (three years post-program implementation) and phase II sites (prior to program implementation) to identify important risk factors for child mortality.

¹⁸R. C. Brownson, G. A. Colditz, and E. K. Proctor, eds., *Dissemination and Implementation Research in Health: Translating Science to Practice*, 2nd edition ed. (Oxford University Press, 2017).

¹⁹G. M. Curran et al., "Effectiveness-Implementation Hybrid Designs: Combining Elements of Clinical Effectiveness and Implementation Research to Enhance Public Health Impact," *Med Care* 50, no. 3 (2012).

²⁰M. E. Lauria et al., "Assessing the Integrated Community-Based Health Systems Strengthening Initiative in Northern Togo: A Pragmatic Effectiveness-Implementation Study Protocol," *Implement Sci* 14, no. 1 (2019).

²¹R. E. Glasgow et al., "Re-Aim Planning and Evaluation Framework: Adapting to New Science and Practice with a 20-Year Review," *Front Public Health* 7 (2019).

²²Ministère de la Santé et de la Protection Sociale, "Plan National De Développement Sanitaire."

As new program tools are being used in the field, IH assesses the implementation and effectiveness of these strategies. For example, in 2020, IH CHWs were trained to use ThinkMD, a mobile clinical decision support aid to support home visits. With funding from the University of Iowa, IH is examining the functionality, feasibility, usability, and acceptability of ThinkMD among CHWs and patients. The findings will be used for two distinct aims: 1) to design performance improvement-oriented surveys that provide actionable feedback on the implementation of ThinkMD, and 2) to develop and test the feasibility of assessing clinical outcomes in future studies assessing ThinkMD or other mHealth tools. Studies like these contribute to the innovative quality improvement efforts of the program team in Togo and inform efforts to scale these innovations.

Finally, IH is actively strategizing and fundraising for additional research studies, including an analysis of how maternal and child health services are being impacted by COVID-19. This study, funded by the Institute for Global Health at Northwestern University, will use an interrupted time series (ITS) design²³ to assess changes in maternal and under-five healthcare utilization following the start of the COVID-19 pandemic with data from Togo's health management information system (DHIS2). This study will compare changes in healthcare utilization in health facilities supported by IH and facilities not supported by IH in the Bassar district in northern Togo. To further elucidate factors influencing changes in healthcare utilization, IH will conduct interviews with patients, CHWs, and health facility staff. The findings will be used to adapt implementation of IH's integrated model to assure continuity of care despite the challenges of a global pandemic and related restrictions.

In addition to providing continuous support and quality improvement information to staff in Togo, IH works with partners to optimize methodologies and disseminate findings on local, national, and international levels. IH has benefited greatly from the learning shared by other implementing organizations, key advisors, and funders and aims to contribute to the collective knowledge base in order to improve effective delivery of community-based healthcare services. The goal of dissemination is to drive change in implementation and policy²⁴ within IH's own work, within Togo, and in other comparable settings.



Integrate Health staff presenting program data during a community meeting.

²³James Lopez Bernal, Steven Cummins, and Antonio Gasparrini, "Interrupted Time Series Regression for the Evaluation of Public Health Interventions: A Tutorial," *International Journal of Epidemiology* 46, no. 1 (2016).

²⁴P. A. Estabrooks, R. C. Brownson, and N. P. Pronk, "Dissemination and Implementation Science for Public Health Professionals: An Overview and Call to Action," *Prev Chronic Dis* 15 (2018).

LOCAL OWNERSHIP

A central objective of having a direct implementation site is also to increasingly hand over ownership of implementation to the MOH in preparation for national scale. Lessons learned during this handover in IH direct implementation sites will inform best practices for implementation at scale. To this end, IH increasingly transfers ownership of program delivery, personnel management, financial management, and monitoring and impact measurement to district and regional government, in order to position local actors to be able to fully implement the program with less IH staff support over time. Effective government ownership of implementation is absolutely critical to long-term success and sustainability of strengthened primary care.

Since 2018, IH has been working to position government partners to take on increasing ownership of the IPCP's implementation. This began by embedding management staff on the Regional Health Management team rather than employing them directly and by having government representatives take over increasing responsibility, such as planning and running trainings, with the IH team playing a supporting role. These small steps have begun to shift both the perceived and actual ownership of the intervention from an NGO "program" to simply the government's own system, positioning the program to continue over the long term.

In the next three years, IH will deepen and formalize this shift towards government ownership with a detailed handover plan. First, IH will complete a program review to identify all activities that are ready to be fully transitioned to government. Second, IH will work in close collaboration with the district Health Management teams to ensure that all relevant activities are included in the districts' Annual Operating Plans. Third, IH will work with the district to define the financing structure to support ongoing implementation. Fourth, IH will develop an internal operating plan to solidify the organization's role in quality assurance, technical assistance, and oversight of locally owned program implementation.

With this plan, IH will aim to fully transition implementation in the IPCP pilot sites (which have been operational since 2015) to the Kozah district Health Management team beginning in 2021. IH will also sign contracts to transition management of rural health facility maintenance to the regional health management office. These contracts will lay out the roles and responsibilities of the MOH, health center, and community in ensuring the ongoing upkeep of health centers renovated or built by IH. IH will also work to formalize the strengthened partnership between CAMEG, the national pharmaceutical distributor, and the regional health management team, so that the government has direct oversight in maintaining rural health center supply chains.



STRATEGIC EXPANSION

IH anticipates further expansion of direct program implementation beyond the current replication phase in the next three years. This further strategic expansion will be designed in close collaboration with the MOH to align to the national rollout of the strengthened community health strategy as well as to answer key questions for the MOH. Such strategic expansion could include implementing the national community health strategy across the entire Kara region, as requested by the MOH. Additional implementation could also serve to answer new questions that will undoubtedly emerge from the national policy development process, such as testing specific design components to be added to national strategy. IH will work with government partners to identify the ideal implementation and research strategies to answer key questions and support national rollout, further leveraging IH's role as an innovation center designed to help the government achieve its UHC goals.



Integrate Health-supported Community Health Workers at a community meeting.



"PEOPLE OF MY COMMUNITY NOW LIVE IN SUCH A PEACE OF MIND. THE HEALTH OF THEIR CHILDREN IS NO LONGER A CONCERN".

-SAMALA EGBARE, KOZAH CHIEF

MANDATE

Identify gaps in existing policy relative to evidence-based global best practice and align stakeholders around the inclusion of key design elements in national policy and implementation plans.

FY21 Align technical and financial partners around a harmonized national CHW definition (i.e., service package, compensation, etc.).

FY22 Facilitate CHW policy renewal process based on harmonized definition.

FY23 Support national CHW policy implementation.

EFFECTIVE national policy is necessary to ensure quality primary healthcare is delivered at scale (to everyone and continuously over time). Policy demonstrates political will and creates the official conditions necessary for key innovations to be translated into implementation nationally. To this end, IH's goal over the next three years is to identify gaps in existing Togolese policy relative to evidence-based global best practice and to align stakeholders around the inclusion of key design elements in national policy and implementation plans. Fortunately, Togo has already committed to this process.

In October 2020, Togo released a historic strategy document that commits to working towards the achievement of UHC. Togo's national development plan, Togo Roadmap 2025, cites guaranteeing healthcare for all as the first of ten strategic ambitions. The Roadmap details planned activities to work towards UHC that directly complement the components of IH's implementation. These include:

- 1) Improve access to primary care by renovating rural health centers and building new ones, provide modern equipment for health centers, and ensure a functional supply chain;
- 2) Ensure every health facility has adequate staff that are high-performing and establish a formal cadre of CHWs; and
- 3) Implement UHC starting with 60% of the population by 2025 by identifying eligible population, costs associated, and sustainable financing mechanisms.

The MOH has already identified IH as a key ally in their work towards UHC and has requested support from IH on the policy process required to formalize a national cadre of professional CHWs. To this end, IH will conduct a series of workshops and site visits designed to align technical and financial partners around a harmonized national CHW definition and identify key design elements of effective CHW programming (such as compensation, service package, supervision structure, etc.). Through this series of workshops, the MOH and partners will discuss different CHW profiles, observe direct implementation of various CHW approaches via site visits, and compare existing practices in Togo to global best practices and evidence from other West African national programs. IH will use the UNICEF and USAID AIM Tool²⁵ to lead partners through a comparison of existing CHW profiles in Togo relative to WHO recommendations and evidence-based best practices to arrive at a final recommendation for the national CHW definition for Togo.

²⁵Community Health Impact Coalition et al., "Community Health Worker Assessment and Improvement Matrix (Chw Aim): Updated Program Functionality Matrix for Optimizing Community Health Programs," (2018).

IH will then support the MOH, alongside a coalition of actors, to advance policy reform based on the harmonized definition. The MOH has developed a detailed plan to advance this policy reform. IH will support the MOH to clarify the roles, responsibilities, and regional distribution of the new CHW cadre and to define a clear legal status with the state (governing salary, statute, etc.). IH will support the MOH to define the relationship and functions between CHWs and health facilities (referrals, CHW supply replenishment, etc.). IH will support the MOH to align partners and put in place a formal mechanism for partners to provide technical and financial support to the national plan. IH will support the MOH to define a training and recruitment plan in collaboration with the National Training Institute. Finally, IH will support the MOH to equip CHWs with technology to enhance their effectiveness.

This is a significant opportunity for the MOH to strengthen primary healthcare delivery and save thousands of lives per year, while creating employment opportunities for thousands of citizens. Over the next three years, IH will build the competencies and resources required to effectively support the MOH through these national policy reform processes. Building on the initial priority to deploy a national cadre of professional CHWs, IH will continue to support the government in the development of additional national policies necessary to achieve the goals specified in the Togo Roadmap 2025, including clinical quality assurance, functioning supply chain, improving infrastructure, and creating health management data systems.



Afi Kpaba, Integrate Health Community Health Worker, conducting a home visit during COVID-19.

FINANCIAL OWNERSHIP

Define clear costs associated with key design elements and map existing and future revenue streams to demonstrate a sustainable funding pathway for Togo's government to move toward UHC.

FY21 Document costs and develop proposal to support government to subsidize maternal and neonatal healthcare user fees.

FY22 Propose an expanded investment case for strengthened community health policy including quality.

FY21-23 Complete resource mapping and mobilize financial partners.

IH government partners in Togo clearly and consistently underscore the importance of financial sustainability in addition to the need for efficacy of primary healthcare delivery. IH has worked hard to demonstrate that high-quality implementation can be achieved at a price point that is feasible for the government to absorb. Using UNICEF and MSH's Lives Saved tool,²⁶ IH has demonstrated that reinforcing the primary healthcare system by eliminating user fees for pregnant women and children under five, deploying professional CHWs, assuring quality at the clinic level, and improving supply chain and infrastructure, would cost less than \$10 per capita, representing only 15% of the MOH's planned budget. This investment would save over 100,000 lives, create thousands of jobs, and have a 10:1 economic return on investment.²⁷

While IH has demonstrated the cost effectiveness of this integrated approach, IH understands that policy adoption and implementation of various components of a strong primary healthcare system may happen in stages over time. As a result, IH is developing the capacity to respond to the MOH's request for detailed analysis and costing of specific components. As a priority of the new national plan, the MOH has asked IH to conduct a survey of prices of essential health services nationally and support them in the removal of user fees for pregnant women. IH is working to identify the essential health package, what it would cost to scale up elements of that package, and how to amass revenues to match those costs. IH has partnered with the Financing Alliance for Health to complete a detailed analysis and costing proposal to subsidize maternal healthcare user fees. This policy proposal will lay out various scenarios for the MOH to subsidize maternal and neonatal healthcare as a first step towards UHC. Building off of this document, IH will continue to respond to future MOH requests for financial analysis and policy proposals for the elimination of additional healthcare fees.

This scope of work is promising but is just the beginning of the journey to sustainable financing of UHC. IH will continue to support the MOH to answer critical questions necessary to mobilize sustainable financing as well as to ensure the effective implementation and management of financing systems for health over the long term. Future questions could include how to extend national health insurance coverage, how to effectively manage various payment schemes in practice, and how to digitize administration of health systems financing. IH will continue to build our own expertise as well as leverage the expertise of existing and new partners to bring the most effective support and resources to bear for the MOH.

²⁶W.B. Decormier, W. Plosky, and J. Stover, "The Lives Saved Tool: A Computer Program for Making Child Survival Projections. Spectrum System of Policy Models," news release, 2011.

²⁷Investment case to be published.

Beyond identifying costs and implementing health financing schemes, IH is committed to helping its colleagues in the MOH marshal evidence to build an investment case for UHC and to amass the winning coalition required to fund it. IH sees its role as a connector between those who hold power and capital, and colleagues in Togo who require resources to fulfill their mandate. The ultimate goal is to mobilize additional domestic and international resource streams directly through the public sector to fund UHC. To this end, IH is mapping the funding landscape that exists already in Togo, as well as potential multi- and bi-lateral funding partners. We believe the MOH's newly released Togo Roadmap 2025 will be a key fundraising tool in the years to come, as it highlights Togo's progressive goals that align with the objectives of international financing organizations. Finally, the country is increasingly mobilizing domestic resources that can be allocated to health initiatives, and IH will support the government in identifying these resources and proposing new domestic resource allocations.



Integrate Health staff posing after completing initial Community Health Worker training in the Kéran district.



SUSTAIN IH

Ensure IH has resources to meet scale targets and systems needed to remain an exceptional place to work.

FY21-23 Set fundraising strategy and raise \$24mn for three-year budget.

FY21-23 Strengthen internal systems and operations to support rapid growth and align to organizational values including anti-oppression

FY 21-23 Facilitate incorporation as local NGO and begin scoping second country expansion strategy.

IH'S fourth and final strategic goal is to sustain the organization in order to effectively deliver on this strategic plan while remaining closely aligned to the organization's values. To do this, IH must ensure it has sufficient resources to meet scale targets while guaranteeing that the organization continues to build the internal systems needed to remain an exceptional place to work. Over the next three years, IH will make key investments to grow and strengthen our team and systems.

INTERNAL SYSTEMS

IN addition to mobilizing increased financial resources, IH will need to continue to grow and strengthen our internal systems to support the increased operations of the organization. Over the next three years, IH will focus on strengthening three key systems, namely human resource management, financial management, and legal structure, all while growing in a manner consistent with our organizational values.

To accomplish the vision outlined in this strategic plan, IH will require more person-power and increased expertise. IH plans to first invest in adding deeper human resource management expertise to our leadership team. With this additional capacity, IH will develop a strategic human resource management plan, including a three-year hiring plan. In addition, IH plans to make investments to strengthen financial management systems. These will build on the significant progress IH has made in improving financial management over the past year. IH is currently investing in technology solutions to enhance financial management systems in Togo, including transitioning payroll administration to an electronic system. IH also plans to invest in additional financial management capacity on our leadership team through the hiring of a CFO over the next two years.



Integrate Health staff prepare for a training on family planning for Community Health Workers.

As IH grows, we maintain our guiding principle that the people most impacted by the problems we aim to solve must be at the forefront of leading change. The role of IH as a US organization supporting a global movement is to center and amplify the voices of those closest to the issue, namely African women. Over the next three years, IH is committed to ensuring that our organization lives up to our values in action. To that end, IH is exploring a hybrid structure that would retain our current legal status as a registered international NGO in Togo, while also incorporating Integrate Health Togo as a local, Togolese organization.

Though this would not dramatically change how the organization operates in practice, it would set up an institutional and legal structure that better reflects the reality that IH strategy and vision is driven by the Togolese team, not the US entity. This new structure would facilitate opportunities for IH-Togo to fundraise directly when appropriate or advantageous. The relationship between IH-Togo and IH-Global would be governed by a detailed partnership agreement. IH-Global will remain a connector, a hub for high-quality primary care delivery in Togo and other communities left out of the current system, without morphing into a traditional “HQ,” as is so common with international NGOs. IH envisions that this hybrid model will allow for future country or regional expansion in a way that reinforces local leadership.

FUNDING

IH requires \$24 million dollars over the next three years to accomplish our vision. We project these resources will come predominantly from philanthropic capital in the form of grants from family and corporate foundations as well as charitable contributions from key individuals. IH will look to current partners to sustain and increase their investments, as well as work to bring on new funders at catalytic, mezzanine levels. IH is also developing resource mobilization capacity in our Lomé office to mobilize additional funds flowing directly into the country office. To measure progress towards our three-year funding goal, IH aims to maintain a nine-month funding runway, with six months of expenses available in the operating account and three months in the reserve account. IH tracks retention rates year on year, with the goal of retaining 75% of funders, with 25% of funders increasing their gift amount. IH invites impact-oriented investors to make grant-based investments to achieve this vision.

	FY18 ACTUALS	FY19 ACTUALS	FY20 ACTUALS	FY21 BUDGET	FY22 BUDGET	FY23 BUDGET
REVENUES AND GAINS						
GRANTS	\$2,868,232	\$4,078,715	\$4,771,098	\$5,500,000	\$7,200,000	\$9,500,000
INDIVIDUALS	\$324,956	\$163,941	\$478,809	\$500,000	\$575,000	\$650,000
IN-KIND	\$427,795	\$755	\$41,747	\$100,000	\$150,000	\$200,000

EXPENSES AND LOSSES						
PROGRAMS						
<i>Integrated Primary Care Program</i>	\$896,406	\$957,607	\$1,936,876	\$2,998,105	\$4,089,391	\$4,313,323
<i>Ongoing Clinic Renovations</i>	\$211,625	\$17,380	\$430,818	\$416,068	\$364,608	\$525,764
<i>Implementation Research</i>	\$194,345	\$198,413	\$253,310	\$652,930	\$706,268	\$761,206
<i>National Health Policy</i>	\$58,682	\$123,383	\$227,331	\$438,513	\$685,418	\$855,981
<i>HIV Program</i>	\$236,568	\$239,101	\$277,835	\$348,948	\$359,416	\$370,199
<i>Strategic Expansion</i>				\$54,183	\$100,000	\$2,465,458
<i>One-Time Capital Costs</i>				\$379,283	\$500,000	
TOTAL PROGRAMS	\$1,597,626	\$1,535,884	\$3,126,170	\$5,288,029	\$6,805,101	\$8,794,442
GENERAL & ADMIN	\$104,333	\$199,522	\$254,850	\$440,060	\$676,011	\$696,292
FUNDRAISING	\$201,391	\$201,531	\$328,343	\$354,569	\$432,706	\$513,187
TOTAL EXPENSES	\$1,903,350	\$1,936,937	\$3,709,363	\$6,082,657	\$7,913,818	\$10,003,921

IH's projected expenses for fiscal year 2021 of \$6,082,657 represent a 64% increase from fiscal year 2020 actual expenditure. IH projects annual budget increases of 30% in fiscal year 2022 and 26% in fiscal year 2023, respectively. IH administrative and fundraising costs represented 16% of total expenditure in fiscal year 2020, and IH anticipates this cost category will remain under 15% of total expenditure moving forward. IH will continue to deepen the organization's budgetary analysis to ensure spending aligns to the organization's strategy and values. IH invites impact oriented investors to make radically generous investments to catalyze this ambitious strategic plan.

APPENDIX: WHY INTEGRATE HEALTH?

HISTORY

IH (formerly Hope Through Health) was initially founded in response to an acute need for HIV/AIDS care and treatment in northern Togo. In 2004, a group of United States Peace Corps Volunteers, including Chief Executive Officer Jennifer Schechter and Chief Science Officer Kevin Fiori, began working with a community-based association of individuals living with HIV/AIDS, known as Association Espoir pour Demain (AED-Lidaw). The members of AED-Lidaw had come together to advocate for access to HIV/AIDS treatment, which was not yet available in northern Togo. The group of Peace Corps Volunteers refused to accept that people were dying from AIDS simply because of where they lived, and, as a result of this crisis, Integrate Health was founded.

Since 2004, IH and AED-Lidaw have built and scaled one of the most effective HIV treatment programs in Togo using the IH approach. CHWs provide adherence and psychosocial support to patients in their homes, and the quality of clinical care is improved through training and mentoring for physicians, nurses, and midwives. Thanks in part to this work, HIV is no longer a death sentence in Togo, but instead is a manageable chronic condition. Since its founding, IH's HIV program has directly saved thousands of lives. In 2020, IH served 2,000 individuals living with HIV through five district hospitals.

IH's HIV program has maintained average adherence rates to antiretroviral therapy of over 90%, and 99% of babies have been born HIV-free through our prevention program. IH also has significant experience with encouraging public sector adoption of critical HIV care initiatives. Examples include:

- IH started the first antiretroviral therapy program in northern Togo in 2004. This program was one of the first to be accredited by the MOH as an antiretroviral distribution center in 2009.
- IH piloted a program to prevent mother-to-child transmission of HIV/AIDS in 2005. In 2010, the MOH replicated this program in the regional public hospital.
- IH launched Togo's first pediatric HIV/AIDS program in 2005, which jumpstarted a national dialogue on the needs of orphans and vulnerable children. Today Integrate Health supports the largest pediatric HIV/AIDS population in northern Togo, is considered a pediatric HIV/AIDS center of excellence by the MOH, and serves as a mentor to 20 public health centers to improve pediatric HIV/AIDS care.

Because of these unprecedented improvements in the delivery of essential health services to individuals living with HIV/AIDS, Togo's MOH has long considered IH a key partner.

VALUES

SINCE our founding in 2004, Integrate Health has been committed to rectifying the power imbalances too common in international development. We were founded because we, Togolese and Americans, felt the international development system was not serving the people of Togo. That vision remains at the core of what we do. As an organization, we are committed to dismantling systems of power that perpetuate racism, gender discrimination, neo-colonialism, classism, and any other perpetuation of inequality, and we are committed to rebuilding systems that diffuse power, promote collectivity, and are destined for the betterment of all.²⁸

It is our vision that the government of Togo, and governments of countries around the world, wholly own and implement quality, affordable primary healthcare systems for their citizens. NGOs and international actors should facilitate the radical diffusion of power and resources, enabling countries and communities to realize their own potential and sustainably provide for themselves.

The organizational values of IH define our beliefs in practice. These values were developed through a collaborative process carried out in Togo that sought and integrated the input of our entire team. Both the values and the way they are defined were written specifically to reflect how IH staff feel it is most important to operate in the world and in our contexts of Togo and the US. These values permeate everything we do. They are frequently cited and used by staff to frame and define goals and actions. These values are living practices that help to guide the daily work of our team and organization.

EFFICACY:

We strive for the greatest impact in everything we do because that is what our patients deserve.

EMPOWERMENT:

We set high expectations and give people the tools they need to achieve success.

TRANSPARENCY:

We provide complete access to information and work hard to identify and address our weaknesses.

RESPECT:

We consider the feelings, wishes, rights, and traditions of each other and our patients.

COMMITMENT:

We are fearless and unwavering in working towards our ambitious goals.

COLLABORATION:

We have never, and will never, go at it alone. Guided by our patients and alongside the government, we are working to transform the way healthcare is delivered.

²⁸Read more about Integrate Health's commitment to dismantling systems of oppression [here](#).

DIFFERENTIATING CHARACTERISTICS

WOMEN LED: IH centers women in the design of healthcare systems, as patients, as providers, and as leaders. IH believes that if the voices of women are heard, if they have a seat at the table, and if they are given the decision-making power they deserve, the result will be dramatic improvements in the quality of primary care delivery. Designing with women at the center creates multisectoral impacts beyond health, including a dramatic increase in economic growth and a transformation in gender equity, that will have ripple effects across every sector of society.

IH is a women-led organization. Seventy percent of Integrate Health staff are women, and 85% of its CHWs are women, recruited from their local communities. Integrate Health hypothesized that there was tremendous untapped human potential in rural women who may have never had the opportunity to pursue formal education. This hypothesis has been born out in the extremely high performance rates maintained by CHWs. The professionalization of CHWs through this program serves to economically empower rural women, who in turn reinvest their income in their rural communities' economy, including paying for their children's education.

COMMUNITY- OWNED: Building community ownership is a belief on which IH acts in every community that we have the pleasure to serve. System-wide change should not be imposed from above, but must be created and cultivated on the ground, at the grassroots, by the community itself.

In the months leading up to IH beginning to support healthcare delivery in a new community, an extensive process unfolds. Meetings with key stakeholders, including clinic staff, traditional leaders, women's groups, and the community itself, help us understand local community needs, how these may resemble or differ from other communities where we work, and what can be addressed together to better meet the needs of this community.

In addition to formalizing the process of securing local buy-in and leveraging existing community systems, IH believes that healthcare services must remain accountable to the community, in perpetuity. One of the mechanisms through which we operationalize this belief is by holding bi-annual community townhall meetings. At the invitation of the Chief, which is extended to the entire community, representatives from the local MOH and IH staff gather to discuss the issues that most confront the community. Progress and challenges are shared, and feedback is sought to help the healthcare delivery team and our IH support team understand what is happening in the community on a daily basis and how we can improve.

Community consultations, CHWs, traditional healer trainings, and town hall meetings—these things are not model adjacent but are the core of the model itself. Building community ownership is how lasting transformations in healthcare delivery always have and will continue to occur.

GEOGRAPHY AS OPPORTUNITY

IH is determined to work in places that have been left off of the strategic map of other INGOs and donor countries. We know that health for all will remain an aspiration until the most marginalized, hardest-to-reach communities are included in the solution. This vision takes courage and commitment, but there are unique opportunities too. In an underinvested setting like Togo²⁹, as a medium-sized NGO, IH can have outsized impact as dollars go further in an uncrowded health ecosystem. IH is one of the only international organizations with a sustained presence in northern Togo.

Togo's MOH has set a bold new vision that captures many of the strategic priorities that IH has been demonstrating and developing an evidence base for since 2015. Furthermore, IH has developed strong and tested relationships with key leaders at all levels of the MOH. IH is poised to provide key support and to continue to serve as a critical technical and financial partner, helping the MOH to achieve its ambitious goals and strategy. IH exists to support communities and countries left out of the current system. Many community health organizations are growing and expanding with a footprint in multiple countries, but few have helped to achieve and sustain national scale. This is where our focus is, first and foremost: supporting the government in their goal of ensuring quality primary healthcare for every woman and child across rural Togo.



²⁹While billions of dollars are invested each year in the movement towards UHC, global health dollars are unevenly spread around the world. Some countries, like Togo, are being left behind. Past political instability, particularly in the early 1990s, caused international aid organizations to pull out of the country, leaving the Togolese people to suffer. Many of these investors have been slow to return, resulting in Togo receiving exponentially less international support than other sub-Saharan African countries. Furthermore, aid is unjustly distributed based on geography and language. Francophone Africa receives the lowest funds globally, despite having the highest burden of disease (Boum, Lancet, 2020).

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