INTEGRATE HEALTH STRATEGY 2023-2028

Accelerating Impact

Scaling community-led innovation to achieve Universal Health Coverage across West Africa
The Opportunity
While much has been achieved...

Global mortality rates are declining for women and children.

**Child <5 yrs mortality rate**
(per 1,000 live births)

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... there is still work to do

Yet, **half of the world population** still lacks access to essential health services.

3.8 billion people
Geographic Inequities

The global decline has been much slower in some areas of the world, reflecting sharp inequities in access to quality health services. Maternal and under-five mortality rates remain unacceptably high, particularly in West Africa.


** Estimates developed by the UN Inter-agency Group for Child Mortality Estimation (UNICEF, WHO, World Bank, UN DESA Population Division) at childmortality.org.
Francophone West Africa has the highest maternal, neonatal, and child mortality rates in the world (WHO, WAHO).

Francophone West Africa has a third of the 300,000 global maternal deaths (WHO, 2015 data).

Francophone West Africa’s adolescent girls face the highest risk with complications in pregnancy and childbirth.

Francophone West Africa has less access to global funding, technical resources, and partnership opportunities due to language barriers.
In Togo

1 in 15 children die before their fifth birthday

The maternal mortality rate is 14x higher than in high-income countries

In Guinea

1 in 13 children die before their fifth birthday

The maternal mortality rate is 20x higher than in high-income countries
The Solution
Our Vision & Mission

We envision a world where everyone, everywhere has access to quality healthcare without financial constraints.

The mission of Integrate Health is to make quality primary healthcare accessible to all.
Our Approach

01 Community Care
We demonstrate that cost-effective primary healthcare works through direct implementation of the Integrated Primary Care Program.

02 National Advisory
We accompany governments to build strong, evidence-based community health systems.

03 Global Advocacy
We elevate West African voices to bring attention to community health needs through participation in global coalitions and convenings.
Community Care

We deliver a community-based primary healthcare model that is integrated into national public health systems.

The Integrated Primary Care Program improves access to care and reduces maternal, newborn, and child mortality.

Community Health Workers

Trained, equipped, supervised, and salaried Community Health Workers expand the reach of the healthcare system to patients’ front doors.

Clinical Capacity-Building

Mentored nurses and midwives in public health centers provide patients with high-quality healthcare.

Supply-Chain Infrastructure

Trained pharmacists ensure patients have the medicines and health products they need when they need them.

User Fee Removal

Removed point-of-care fees for pregnant women and children under five so even the poorest can access healthcare.
INTEGRATED PRIMARY CARE PROGRAM CHARACTERISTICS

What makes the IPCP special?

- Maternal and child health, as well as family planning and adolescent health are integrated;
- Interventions for malnutrition and communicable diseases such as HIV/AIDS and malaria are included;
- Overall, health systems come out stronger and better prepared for epidemics, pandemics, and other public health emergencies.
Universal health coverage is a political and social choice. We need strong political leadership and public demand.

- WHO Website (75 years of improving public health, Key messages)
National Advisory

We share our innovations and learnings to help national governments strengthen their own community-based primary care systems.

HOW?

- By developing capacity to achieve their national health goals
- By bringing together a winning coalition to strengthen political support
- By providing technical assistance for sustainable health financing
Global Advocacy

We elevate West African voices to direct global support and funding towards community health in Francophone West Africa.

HOW?

- By disseminating evidence-based findings
- By playing a leadership role in global coalitions
- By partnering to advance policy and gain funding for community health policies
The Impact
**Community impact**

## Scaling five-fold

Over the past five years, we scaled five-fold on budget and on time.

**Total Population Served & Number of Home Visits**

- **Population served**: 50,000 (2018) to 589,225 (2022)
- **Home visits**: 204,810 (2018) to 589,225 (2022)

**Number of Health Centers Supported**

- 4 (2018) to 25 (2022)

**Number of Community Health Workers**

- 43 (2018) to 200 (2022)
## Improving Health Behaviors

Key indicators have more than doubled after the launch of the IPCP.

### Pre- and post-IPCP launch comparison of key indicators in four sites, Dankpen District

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<thead>
<tr>
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<tbody>
<tr>
<td>Average number of women who attended a ANC1* per month</td>
<td>23</td>
<td>46</td>
<td>+104%</td>
</tr>
<tr>
<td>Average number of women who attended a ANC4* per month</td>
<td>9</td>
<td>18</td>
<td>+105%</td>
</tr>
<tr>
<td>Average number of births at the health facility per month</td>
<td>11</td>
<td>19</td>
<td>+77%</td>
</tr>
<tr>
<td>Average number of consultations of children under 5 at the health facility per month**</td>
<td>57</td>
<td>286</td>
<td>+401%</td>
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</tbody>
</table>

*Pre-natal consultations

**This indicator is only for the period Aug 18-June 19 and Aug 19-June 20. July 2019 data is missing, so July 2018 was removed to allow for the comparison.
Reducing Child Mortality

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According to a study published in Pediatrics by Integrate Health, Togo’s Ministry of Health, and researchers from University of Lomé, Albert Einstein College of Medicine, City University of New York, New York University, and Northwestern University.

Integrated Primary Care Program launched in July 2015

Togo national estimates

Integrated Primary Care catchment area estimates

30% decrease in under-five mortality over five years observed in Togo.
Integrate Health*

National Scale - Togo**

$12.61

$7.59

$5.07

$1.61

$2.78

$1.08

$0.31

$5.14

$2.59

Community impact

Demonstrating Affordability

The Integrated Primary Care Program creates a seamless system of healthcare delivery that ensures access to high-quality care, supporting government’s UHC targets, at a cost of $12.61 per capita.

The estimated cost of the four components of the program scaled nationally across Togo was estimated at $7.59 per capita. Investing in evidence-based primary healthcare programs has been shown to achieve a return on investment of approximately 10:1.

*Costs calculated using FY2022 audited financial statements
**Represent costs during the first year of national scale, modelled using CHPCT tool
“As a Community Health Worker, I am respected. I go to the houses and see the difficulties that people are going through. Before, we didn’t know what our neighbors were going through.”

- Djilalo Emiline Badjona, Community Health Worker from Farendè
In August 2021, the government of Togo launched the WEZOU program, making maternal healthcare free for women nationwide. The government committed $5M of its health budget to this lifesaving program. Within the first nine months, over 200,000 women were enrolled, and 100,000 deliveries and 600 cesarian sections were subsidized.

Integrate Health laid the groundwork for this policy reform by the request of the MOH, modeling costs and impacts of the program.
“It is now our opportunity to capitalize on the innovations brought by the Integrated Primary Care Program and pave the way for a sustainable future.”

- Dr. Abdel Kadère Alfa, Kozah Health District Director
Global impact

Elevating Community Voices

Community Health Workers are the experts. They understand best what the problems are and how to solve them. Their input is essential to building strong and resilient health systems.

That’s why Integrate Health prioritizes Community Health Worker participation in global conferences and convenings. In 2022, Integrate Health supported two Community Health Workers to speak at global convenings.

Health equity is just wishful thinking without Community Health Workers included in global decision-making.
The 2023-2028 Strategy
The Momentum

The impact of our work is leading other organizations to advance community health best practices. Now is the time to make sure that no country is left behind. West African countries are committed to achieving Universal Health Coverage and are looking for partners to support them.

Integrate Health is committed to ensure that West Africa paves the way for strengthened primary healthcare across the continent.
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Organizational Strength
We aim to build a strong and equitable organization. To deliver impact, we need to strengthen the organization’s structure and operational capacities.

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We demonstrate that cost-effective primary healthcare works through direct implementation of the Integrated Primary Care Program.

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We accompany governments to build strong, evidence-based community health systems.

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Learn more about our Theory of Change in Annex 1.
Delivering Innovations

Over the next five years, we will maintain direct delivery centers of innovation as learning labs where we and our government partners can continue to iterate and test new innovations. These will include mobile technologies, tech-enabled healthcare administration tools, youth-friendly service delivery for adolescents, and task-shifting of key interventions, among other innovations.

Aim to achieve

Hardest-to-reach communities benefit from quality primary care with 700,000 patients served by 2028.
Disseminating Lessons Learned

We will get better and stronger at documenting and sharing our best-in-class practices and lessons learned to inform replication and scale. We document for ourselves, because we owe it to our patients to continuously improve what we do. Secondly, we document what we do for others. We know that our model works which, gives us the responsibility to ensure quality replication.

Aim to achieve

A solid evidence base demonstrates the impact of the Integrated Primary Care Program model in three countries.
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Supporting Governments

Over the next five years, we will support governments to take proven innovations to scale in order to achieve their national health goals. We will do this by building capacity and providing technical assistance in key strategic areas as requested, such as cost and impact modeling, policy development, technology-enabled primary healthcare delivery, and impact evaluation.

Aim to achieve
Evidence-based national policies and adequate financing are implemented in a government program that serves 2 million patients by 2028.
Carrying their Voices

Over the next five years, we will amplify West African voices, especially those of women who are too often excluded. We will continue to be active members of coalitions such as the Community Health Impact Coalition, Global Health Council, and the Alliance for Gender Equity and UHC, as a means to ensure the inclusion of West African leaders, government partners, and CHWs. We will direct global policy and financing to support community health across West Africa, by ensuring these voices have a seat at the table where decisions are made.

Aim to achieve
Policies and financing mechanisms for community health across three countries are strengthened.
Over the next five years, we will invest in building strong organizational, structural, and operational capacities to support multi-country operations while proactively advancing our values and commitment to diversity, equity, and inclusion.

We believe that strengthening the organization to deliver impact is best done through the integration and fair treatment of people of all genders, ethnicities, classes, religions, and nationalities treated fairly.

**Aim to achieve**

A strong and equitable organization is built that supports multi-country operations with sustainable funding levels.
Gender and Climate

Gender equity and climate justice are inextricably linked to health. Women disproportionately face sexual harassment and abuse and lack of autonomy over sexual and reproductive healthcare decisions. Meanwhile, climate change is expected to cause 250,000 additional deaths per year from malnutrition, malaria, and diarrhea by 2050.

To address these challenges, we will apply a gender and climate lens across all objectives at the community, national, and global levels to prevent, mitigate, and address these issues as parts of our programming.
Who We Are
We believe that those impacted must be implicated in making change. We seek to integrate the voice of the community in the creation of new systems of power.

- Integrate Health, Culture Code
Locally Rooted

Integrate Health works in Togo and Guinea with a Global Support Team.

According to the Staff

- 70% identify as women
- 95% identify as African

Leadership Team

Nearly 70% of the leadership team is African and based in Africa and sets and oversees organizational strategy.

Country Teams

The Togo and Guinea teams design, implement, and monitor organizational strategy.

Global Support Team

The Global Support Team raises funds and provides technical and operational support to country teams.
Our Founders

Christophe Gbeleou
Country Director

Élise Warga
Director of Operations

Kevin Fiori
Senior Advisor

Jennifer Schechter
Chief Executive Officer
The Needs
## Five-Year Budget Projections

<table>
<thead>
<tr>
<th></th>
<th>FY 2024</th>
<th>FY 2025</th>
<th>FY 2026</th>
<th>FY 2027</th>
<th>FY 2028</th>
<th>Total (FY24-28)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Programs</strong></td>
<td>$9,824,030</td>
<td>$9,562,677</td>
<td>$12,213,694</td>
<td>$14,872,886</td>
<td>$16,061,963</td>
<td>$62,535,250</td>
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<tr>
<td><strong>Togo</strong></td>
<td>$7,420,593</td>
<td>$6,311,337</td>
<td>$6,387,889</td>
<td>$6,604,262</td>
<td>$6,877,877</td>
<td>$33,601,958</td>
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<tr>
<td><strong>Guinea</strong></td>
<td>$2,403,437</td>
<td>$3,101,340</td>
<td>$4,975,805</td>
<td>$5,268,624</td>
<td>$5,484,086</td>
<td>$21,233,292</td>
</tr>
<tr>
<td><strong>Third country</strong></td>
<td>$0</td>
<td>$150,000</td>
<td>$850,000</td>
<td>$3,000,000</td>
<td>$3,700,000</td>
<td>$7,700,000</td>
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<tr>
<td><strong>General &amp; Administrative</strong></td>
<td>$893,910</td>
<td>$938,606</td>
<td>$1,032,466</td>
<td>$1,238,960</td>
<td>$1,362,856</td>
<td>$5,466,797</td>
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<tr>
<td><strong>Fundraising</strong></td>
<td>$799,405</td>
<td>$839,375</td>
<td>$1,007,251</td>
<td>$1,208,701</td>
<td>$1,329,571</td>
<td>$5,184,303</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$11,517,346</strong></td>
<td><strong>$11,340,658</strong></td>
<td><strong>$14,253,411</strong></td>
<td><strong>$17,320,546</strong></td>
<td><strong>$18,754,389</strong></td>
<td><strong>$73,186,350</strong></td>
</tr>
</tbody>
</table>
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Financing Impact

To reach 700,000 people by 2028, we need to mobilize $75 million over the next five years, with an additional $4 million to build our headquarters in Togo, the Green Center. To get there, we will retain a strong core of philanthropic partners while diversifying our funding base with bilateral and multilateral grants.

Support our mission to bring high-quality primary healthcare to all.
Critical But Feasible Investment

Scaling the IPCP to all six million Togolese living in rural communities would cost between $33 to $41 million annually, saving thousands of lives, boosting economic growth, and providing increased resilience of the health system to new and emerging threats.

Given the increasing health spending in Togo, the government can absorb this cost. It amounts to only 10% of 2022 health expenditure and 20% of the 2019-2022 health expenditure increase.
“Go where the need is greatest. Look at the system and see where the gaps are. What innovations can help us fill those gaps?”

- Advice from Dr. Kourouma, Director of the Division of Community Health, Guinea Ministry of Health
The Partners
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Thank you to our Funding Partners

Bohemian Foundation
Cartier Philanthropy
Construction for Change
CRI Foundation
Crown Family Philanthropies
DAK Foundation
Deerfield Foundation
Dovetail Impact Foundation
Formanek Foundation
Godley Family Foundation
Gould Family Foundation
Intel Corporation
Jascha Hoffman Giving Fund
Jasmine Social Investments
Jester Foundation
Mulago Foundation
Netri Foundation
Northwestern University Institute for Global Health
Panorama Global
Peery Foundation
Planet Wheeler Foundation
Preston-Werner Ventures
RA5 Foundation
Radiata Foundation
Ray and Tye Noorda Foundation
Rippleworks Foundation
Rotary Club of South Everett Mukilteo
Segal Family Foundation
Skoll Foundation
T&J Meyer Family Foundation
The Adventure Project
Together Women Rise
UBS Optimus Foundation
Viacom
Vitol Foundation
Wagner Foundation
Waterloo Foundation
Weyerhaeuser Family Foundation
World Centric
Coalitions and Partners

Community Health Impact Coalition (CHIC)
Climate Accountability in Development (CAD)
Global Health Council (GHC)
Alliance for Gender Equality and UHC
The Gender Equal Health and Care Workforce Initiative

Association Espoir Pour Demain - Lidaw
République Togolaise
République de Guinée
To learn more about how you can support us, reach out to Emily Bensen ebensen@integratehealth.org