

INTEGRATE HEALTH

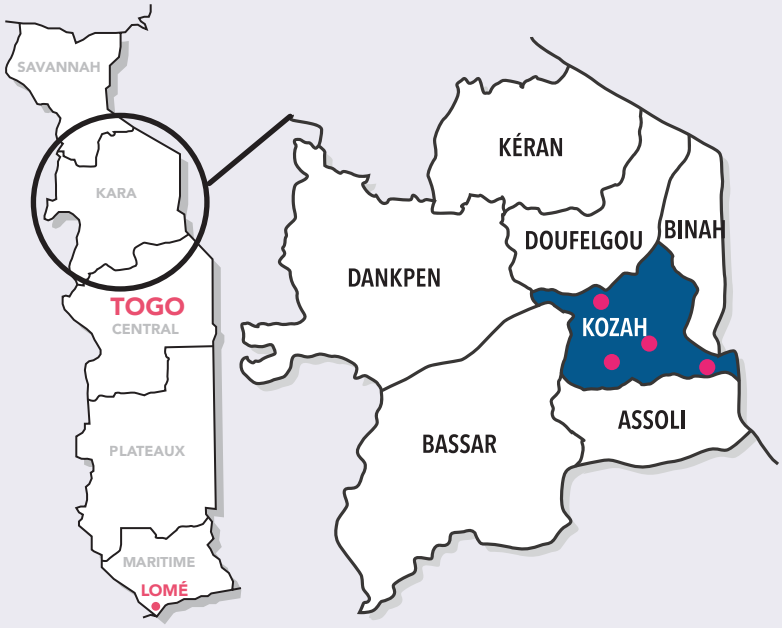
Transferring the Integrated Primary Care Program to the Ministry of Health

Pilot Program in Kozah District, Kara Region, Togo

In early 2024, Integrate Health launched a two-year pilot project to transition ownership of the Integrated Primary Care Program (IPCP) to the Togolese Ministry of Health. The pilot is being implemented in four public health centers in the Kozah district (Adabawéré, Djamdè, Kpindi, and Sarakawa) in northern Togo's Kara region.

This initiative is a key step toward sustainability by embedding proven practices* into the public system and empowering government health teams to lead. The goal is to demonstrate that high-quality and integrated primary healthcare can be delivered by the public sector.

**These practices include, but are not limited to: strategic planning and management of health programs; leadership; compliance with norms and standards for quality health services; data monitoring and use for decision-making; and the operationalization of health activities.*



Main results

90% target
94%
Accuracy in healthcare billing

70% target
100%
Quarterly financial audits completed, with 95% of recommendations implemented

year 1 48%
year 2 71%
Reduction in medicine procurement costs one and two years after the implemention of pilot

82%
Quality of care score achieved by all participating health facilities

91% prior to the transition
93%
Medicines availability

A single, unified stock of medicines maintained at each health facility

Improved adherence to national treatment protocols for children under five and pregnant women

Key activities achieved

Ministry of Health teams at the regional and district levels have integrated and endorsed full responsibility for leading implementation of the IPCP. Key roles transferred to and implemented by the Ministry of Health teams by Integrate Health include planning, coordination, capacity building, coaching, supervision of quality health services, managing supply chains, and ensuring commodities are available through the national system.

Integrate Health provided technical and financial support to key Ministry of Health technical teams to achieve these activities within the existing national health system. Districts supported by Integrate Health were strengthened with operational procedures, financial and logistic management, as well as monitoring processes to improve and refine the model through cost review on a quarterly basis.



Lessons learned

As an example of lessons learned linked to supply chain management, the pilot confirms that when regional, district, and health facility teams are given responsibility, especially in planning, supply management, and supervision, they rise to the challenge. Transitioning to a single, centralized stock of medicines at each health facility has simplified logistics and improved reliability.

Fast payments from Integrate Health were critical to avoid stockouts and ensure continuity of care. Regular audits and verification processes have reinforced adherence to national protocols. Adjusting coordination costs and aligning with existing national health insurance schemes will be essential for long-term scale-up.

Challenges

Organizing community-based monitoring in areas not yet covered by the program.

Strengthening communication about the transition process with community stakeholders.

Leveraging resources from other partners to expand access to care for target populations.

What's next ?

The coming months will focus on consolidating progress and preparing for scale-up. The reimbursement model will gradually expand to other districts. At the same time, health system leadership and management capacity at the regional and district levels will continue to be strengthened.

This pilot is paving the way toward a more autonomous, effective, and equitable public health system, one led and sustained by the government, and capable of reaching even the most remote communities.