

The Logic and Sustainability of Vertical Programs Now

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Jim Grant's Ambivalence

- Warren and Walsh Article, *New England J. Med.* 1979, *Selective PHC—An Interim Strategy for Developing Countries*
- 1984 Watershed meeting at UNICEF
 - started GOBI FFF as major movement
- Overnight train rides with Jim in China
 - Pick the Low-hanging fruit
- False Polarization and wasted energy



Straw man Fallacy

- Greek Allegory of beating on straw men created by ourselves, rather than real antagonists



Straw Men of Primary Health Care Article— 1988, Soc.Sci.Med. -- with Richard Jolly who was Deputy to Jim Grant at UNICEF

- Battle between SPHC & CPHC is a fake but self-satisfying war, both sides with slogans and banners, repetitive arguments, and straw man distortions of opponents' positions
- First strawman: ridiculed 8 components of Alma Ata as impossible and inefficient
- SPHC publications went over the same arguments we discussed in depth in the Basic Alma Ata documents they ignored



Dilemma for Vertical Programs

- Vertical programs eventually have to be Integrated with sustainable health systems
- Each vertical program had its own infrastructure, made CPHC infrastructure weak and unsustainable
- Mid-1980's UNICEF State of the World's Children Report claimed successes from vertical programs which added up to 160 % of all pediatric deaths
- When I pointed this out Jim Grant said, "it's those interaction effects you have been writing about with your synergism between Infections and Nutrition"



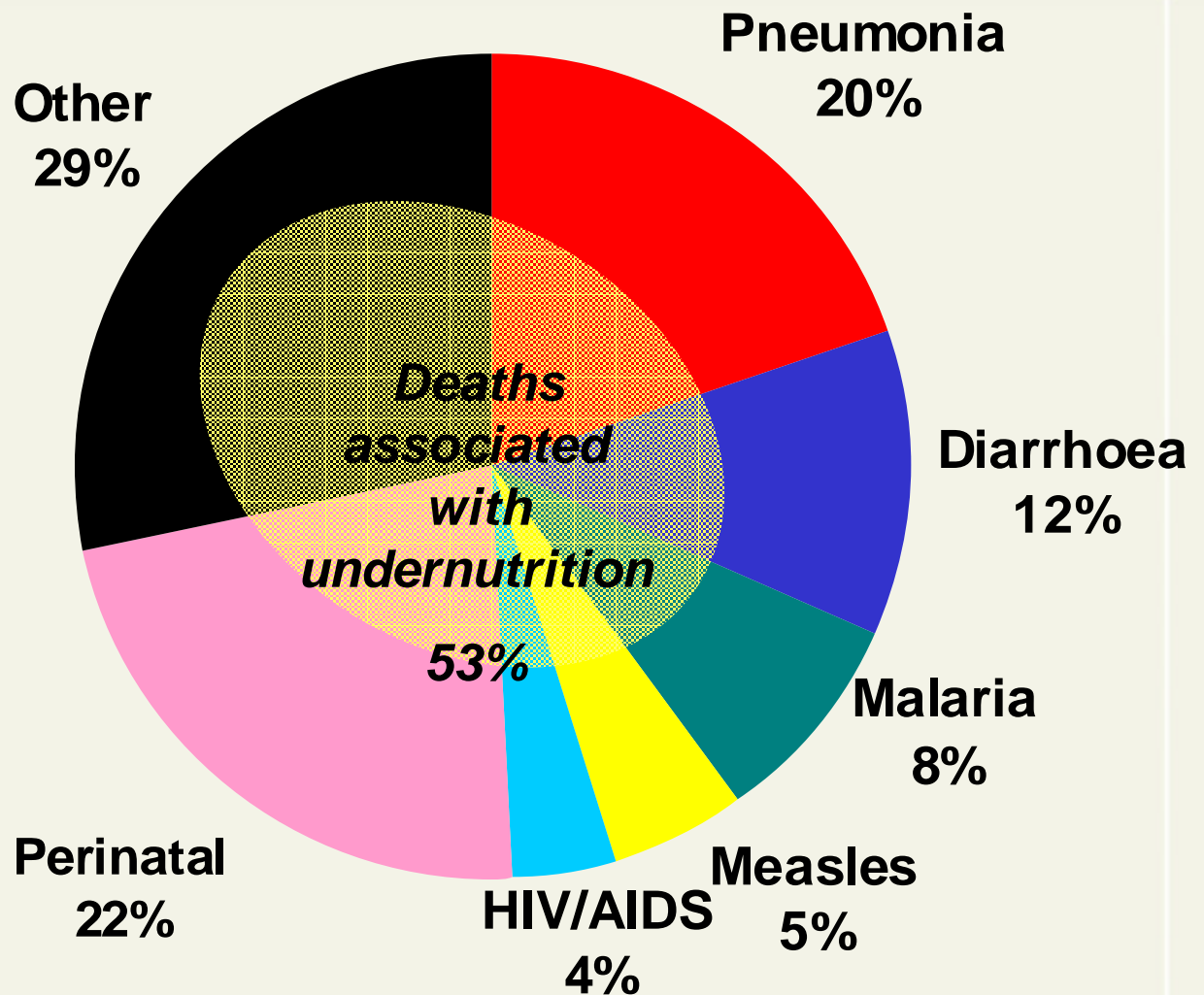
Strawman Tensions and Solutions

- Vertical vs. Horizontal
 - Now learned a lot about need for local balance
- Top-down Officials vs. Bottom-up Community
 - Now we know, need Outside-In specialists for training/research in a Three Way Partnership
 - Support people who have a sense of ownership
- Planned vs. Participatory need both in local balance
- Technological Magic Bullet vs. Integrated Package
 - Must always be in balance and right sequence



Major causes of death – Children 0-4 years of age

Courtesy of:
Bruce Coghill UNICEF



Sources:

For cause-specific mortality: EIP/WHO.

For deaths associated with malnutrition: Fishman et al., 2005.

My explanation of “Other”

- Rigorous review of evidence has narrowed the claims of vertical program impact
- The largest slice of pie is “Other”
- How much of it is what we called Synergism in WHO Monograph--Interactions between Nutrition and Infections (Scrimshaw)?
- Does it show need for Integration?
- There are still many fascinating unanswered questions about these complex interactions



Measurement of Mortality and Bias in Participatory Methodologies

- CBPHC gets the people involved in data gathering and interpretation (CBPR)
- Participatory methods have to compensate for scientific presumptions of rigor, which believe the “subject’s” involvement in research causes bias
- CHWs typically provide 80% – 90% of all services in effective CBPHC programs
- Have learned a lot in 30 years Post AlmaAta



By Contrast Vertical Interventions

- Were Vertical programs appropriate at first, but could we have also been doing CBPHC?
- Efficacy simple to measure because of few interventions but this is not the real life of effectiveness studies needed for scaling up
- Easier to measure separate interventions and assume Bias is eliminated by automatic insistence on randomized controls
- But questions now raised when inadequate research designs take credit for all impact, while ignoring confounding variables



Do we need New Criteria for Measurement?

- In the 1970s Jamkhed reduced mortality from IMR of 160 to less than 20 (per 1000 live births)
- Skepticism about VHW credibility because the VHWs were reporting on their own work/results
- Was bias compensated for because it was shown:
 - VHWs take great pride in their accuracy?
 - Data is actually used for village planning?
 - Can we learning how to measure empowerment?
- What do Integrated Services do, over and above the cumulative impact of single interventions?



What would Jim Grant say Now?

- In talking with me, Jim sometimes asked “What would my Dad [John Grant] say now?”
- It is time to ask the same question about Jim who was considered the main advocate of Vertical programs in the 1980’s Child Survival Revolution
- Horton (editor of Lancet) suggested a revival of the child survival revolution, maybe vertical programs
- One question, in our current review, is to see if Jim actually wrote something about the right time to focus on Community-based Primary Health Care



Revival of interest in Narangwal

- My most intense learning experience was the two field trials in the Narangwal Project in the Indian Punjab from 1966 to 1974
 - Interactions of Nutrition and Infections
 - Integration of MCH and Family Planning
- Last spring a Cochrane review raised questions about the validity of our randomization
- Two months later the Indian Journal of Bioethics published a critique of ethics with any controls at all
- It is great to have interest and a chance to clarify



Preliminary Listing of Priority Issues

Community Based Care And Community Empowerment – basic priorities, components, strategies, policies, methods, and principles

Indicators – impact, coverage, outcomes, processes, community empowerment, and hierarchies of evidence

Community Health Worker – support, training, supervision, and community role/relationship

Sociopolitical and organizational factors



Questions to answer

- **Scaling up**
 - Technical Interventions,
 - Behavior Change and
 - Community Empowerment?
- How to promote **integration and packaging of interventions**, services and partner roles?
- What should be **financed** by government?
- How **mobilize** the community?
- How **institutionalize** CBPHC?
- *How to get the complexities into policy document?*

