Re-Imagining Child Health Through Primary Health Care

Re-imagining the Package of Care for Children
Subgroup
May 22, 2024

Co-Chairs:
Cara Endyke Doran, cendykedaran@globalcommunities.org
Janet Kayita, kayitaj@WHO.int
Using the WHO and UNICEF’s Operational Framework for Primary Health Care, we aim to:

- Renew clarity of what PHC is and what this approach means for children.
- Unpack PHC opportunities and challenges in implementation.
- Build consensus on ways forward and monitoring PHC programs.
- Build capacity of Task Force members to improve PHC into health plans and programs.
Series Overview

Session 1: Why Now? A Global Push for PHC

• Provide an overview of PHC and examine the evolution of PHC using a child health lens.
• Share USAID’s effort to accelerate progress in health and survival globally through primary healthcare
• Learn from Burkina Faso's Ministry of Health on how Burkina Faso has prioritized primary health care in practice.

Future sessions following the Primary Health Care Components

Session 2: Primary care and essential public health functions (July 17, 9:00 am EST)
Session 3: Empowered people and communities (September 26, 9:00 EST)
Session 4: Multisectoral policy and action (November 2024)
Presenters

Mickey Chopra  
Lead Health Specialist, Health Nutrition and Population Global Practice, World Bank

Dr. Valerie Zombre Sanon  
Director of Family Health, Burkina Faso Ministry of Health and Public Hygiene

Nancy Lowenthal  
Director, Office of Maternal and Child Health and Nutrition, USAID Global Health Bureau
Re-Imagining Child Health Through Primary Health Care

Engage with the co-chairs:

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Reach out to the Child Health Task Force Secretariate: childhealthtaskforce@jsi.com

Subgroup information, recordings and presentations from previous webinars are available on the subgroup page of the Child Health Task Force website:
www.childhealthtaskforce.org/subgroups/expansion
Follow Us On X: @ChildHealthTF
Primary Health Care: Where has it come from and where is it going?

Mickey Chopra, Lead Health Specialist, World Bank
The History Of PRIMARY HEALTHCARE

1977
Health for All by 2000

1978
Alma Ata Declaration

2008
WHO call for ‘PHC: now more than ever’

2018
Astana Declaration

2023
AfroPHC’s Policy Framework for PHC in Africa
GENERAL VENUE INFORMATION

WELCOME TO ASTANA - THE HEART OF EURASIA

ASTANA - the new capital of Kazakhstan
In 1996 the capital of Kazakhstan has moved from Almaty to Astana.

Astana is the northernmost capital city in Asia and the second coldest capital in the world located in the the grass steppe zone crossed by Yessil River.

Astana's population is a little over a million inhabitants.

Astana's location in the centre of the Eurasian continent makes it a natural bridge between Europe and Asia.

The city's economy is based on large agricultural enterprises, tramway, industrial production, transport, communication and construction. For Central Asia, Astana is home to international agencies, companies, and a generous host of global political and cultural events.

PALACE OF INDEPENDENCE, ASTANA - A FAVORITE LOCATION FOR OFFICIAL STATE FUNCTIONS, INTERNATIONAL FORUMS AND CONVENTIONS
Child mortality has fallen almost 60%
Stagnating maternal and neonatal mortality

Increases in skilled birth attendance do not translate directly into improved outcomes

Universal coverage of quality, affordable PHC is the solution to these health issues.
Increasing emphasis on PHC in HNP projects over past decade, especially in SSA

- **152** HNP projects to support countries (excluding 65 COVID-19 projects as of 30 June 2020)
- **72%** focus on PHC
  - were targeted to specific health services delivered at PHC level (RMNCH, Nutrition, Infectious Diseases, etc.)
- **60%** focus on comprehensively strengthening PHC capacity (financing, HRH, delivery models, etc.)
- **34%** focus on health systems strengthening specifically at PHC level
- **6%** focus on targeted PHC

**Total PHC Projects**

- Sub-Saharan Africa (AFR)
- East Asia and Pacific (EAP)
- Europe and Central Asia (ECA)
- Latin America and Caribbean (LCR)
- Middle East and North Africa (MNA)
- South Asia (SAR)
PARADIGM SHIFT 1: From fragmentation to Integration

Evolution of WB support for PHC

Between FY10 and FY20, increasing focus on comprehensive PHC

Future WB support for more INTEGRATED PHC

- Increase focus on health system redesign prior to implementation to find new modalities of service delivery
- Expand ‘platform-focus’ in PHC strengthening efforts, linked to nutrition, education and social protection efforts for human capital
- Use technology solutions to facilitate integration
PARADIGM SHIFT 2: From gatekeeping to comprehensive, quality care for all

Expanded scope of PHC services supported and a heightened emphasis on understanding quality of services delivered across HNP portfolio

Scope of PHC activities shifted to include more preventive, outpatient, and NCD services

<table>
<thead>
<tr>
<th>Component</th>
<th>FY10-14</th>
<th>FY15-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCD</td>
<td>27%</td>
<td>45%</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>51%</td>
<td>54%</td>
</tr>
<tr>
<td>RMNCH</td>
<td>69%</td>
<td>66%</td>
</tr>
<tr>
<td>Public Health &amp; Prevention</td>
<td>39%</td>
<td>65%</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>52%</td>
<td>72%</td>
</tr>
</tbody>
</table>

Future WB support for COMPREHENSIVE, QUALITY PHC

- Expand and integrate service package with client preferences in mind
- Increase focus on comprehensive measurement
- Improve quality through health systems re-organization (hub and spoke model and its implementation)
- Integration of school health, community health and nutrition efforts
- Focus on cross-facility learning between PHC facilities and staff
The partnership between the BMGF and the World Bank on nutrition analytics have led to significant increases in commitments toward nutrition programs.

**Future WB support for PHC and nutrition agenda**

- **Continue** to leverage both quantity and quality of IDA to build-back better and stronger!
  - Country-based analytics and advocacy to support future IDA investments and SCDs
  - Optima analyses to enhance quality of IDA investments
  - Rigorous evaluations to build evidence base and enhance efficiency of spending (also link with Exemplars)
  - Strong links with Human Capital agenda and build-back better post-COVID-19
  - Further strengthen links with food security and nutrition-sensitive adaptive safety nets

- **Build new business lines:**
  - Partnership with IFC agribusiness teams on food fortification (exploratory work ongoing)
  - Policy operations and investments in obesity prevention: fiscal policies such as taxation on unhealthy foods; marketing regulations, food systems transformation, etc (ongoing)

**WB Investments in Nutrition – FY10 to FY20**

(Portfolio as of Oct 2020; FY20 figure is indicative and does not include DPOs)

- **100-fold increase in less than 10 years**

**Nutrition is a key component of the Human Capital Index**
PARADIGM SHIFT 3: From Inequities to fairness and accountability

Bank projects have emphasized community-level integration activities & addressing gender disparities in access to high-quality PHC

% of HNP projects with specific activities to increase equity and accountability

- Community Services: 30%
- Community Health Care Workers: 26%
- Community Engagement: 24%
- Outreach Services: 19%
- Community Health: 9%
- Free Healthcare Services: 8%
- Financial Barriers Removal: 7%
- Empanelment: 5%
- Community Interventions: 5%
- 1st Contact Coverage: 3%
- User Fee Removal: 3%

Future WB support for more EQUITABLE PHC

- Conduct analytics to determine current levels of equity through benefit incidence analyses and other tools
- Improve health financing for increased service delivery equity
- Better understand health system client preferences and health seeking behaviour through discrete choice experiments and other metrics
- Re-design and expand services to match service modality to client preference
- Include equity measurements in projects, and measure equity before and after project implementation
PARADIGM SHIFT 4: From fragility to resilience
Supporting PHC and Health System Resilience

Proportion of COVID-19 project commitments supportive of PHC

Future WB support for more RESILIENT PHC

- Increased support for catch-up of essential health services as part of WB future COVID-19 projects (COVID-19 additional financing)
- Support integrated preparedness assessments as part of WB Systematic Country Diagnostic
- Integrate health emergency efforts into WB public expenditure reviews for human capital
- Integrate disaster risk management and health emergency efforts
- Provide emergency financing for health emergencies as part of IDA’s crisis response window and health emergency preparedness and response fund
- Support health systems redesign for more resilient health systems
- Bring human health and animal health closer: onehealth approaches

$4.2billion committed as of 29 March 2021
USAID’s Approach to Strengthen Primary Health Care

Dr. Nancy Lowenthal
Director of USAID’s Office of Maternal, Child Health and Nutrition

May 22, 2024
Under-five Mortality Rate (U5MR) Over 22 Years

Mortality estimates to 2022 in Low- and Lower Middle Income Countries:

U5MR (weighted average)

Deaths per 1,000 live births

Year


103.6 (0%)

48.3 (-53%)
59 Countries Need Accelerated Action to Meet SDG Target for Under-Five Mortality
Progress on Child Survival is Stalling

Projected U5MR, 2030 (current trend)

<table>
<thead>
<tr>
<th>Country</th>
<th>U5MR (1,000 live births)</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Sudan</td>
<td>98.8</td>
</tr>
<tr>
<td>Nigeria</td>
<td>88.9</td>
</tr>
<tr>
<td>Mali</td>
<td>74.0</td>
</tr>
<tr>
<td>Madagascar</td>
<td>65.7</td>
</tr>
<tr>
<td>Liberia</td>
<td>59.5</td>
</tr>
<tr>
<td>DR Congo</td>
<td>57.8</td>
</tr>
<tr>
<td>Mozambique</td>
<td>51.3</td>
</tr>
<tr>
<td>Pakistan</td>
<td>47.3</td>
</tr>
<tr>
<td>Haiti</td>
<td>44.4</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>44.3</td>
</tr>
<tr>
<td>Zambia</td>
<td>44.1</td>
</tr>
<tr>
<td>Kenya</td>
<td>34.8</td>
</tr>
<tr>
<td>Yemen</td>
<td>33.9</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>32.4</td>
</tr>
<tr>
<td>Ghana</td>
<td>31.2</td>
</tr>
<tr>
<td>Burma</td>
<td>30.2</td>
</tr>
<tr>
<td>Rwanda</td>
<td>29.4</td>
</tr>
<tr>
<td>Tanzania</td>
<td>28.7</td>
</tr>
<tr>
<td>Uganda</td>
<td>28.1</td>
</tr>
<tr>
<td>Malawi</td>
<td>27.1</td>
</tr>
<tr>
<td>Senegal</td>
<td>25.6</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>20.6</td>
</tr>
<tr>
<td>Nepal</td>
<td>18.8</td>
</tr>
<tr>
<td>India</td>
<td>18.3</td>
</tr>
<tr>
<td>Indonesia</td>
<td>15.8</td>
</tr>
</tbody>
</table>

2030 SDG Status
- Acceleration needed
- On Track

Sum of Value for each Country. Color shows details about 2030 Status (calculated). The data is filtered on PCMD Status, Years Year, Indicator and Scenario Period. The PCMD Status filter keeps PCMD, The Years Year filter keeps 2030, The Indicator filter keeps U5MR, The Scenario Period filter keeps Current Trend.
USAID’s Global Health Priorities

Why is Accelerating Primary Health Care (PHC) Critical for Global Health?

**PHC-oriented health systems, anchored by a strong health workforce, can improve health outcomes at large.**

Most health services for USAID target populations, from newborns to aging populations, take place at the PHC-level.

Further strengthening and integrating PHC services and optimized health systems will strengthen country capacity to meet the health needs of target populations.

Partnerships can be further leveraged for PHC to improve health outcomes.
**In Primary Impact focus countries, USAID provides support in 5 technical areas to deliver integrated PHC services**

<table>
<thead>
<tr>
<th>Area</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective PHC Delivery</td>
<td>Advance integrated people-centered care</td>
</tr>
<tr>
<td>Community Engagement &amp; Partnership</td>
<td>Foster community trust and involvement in the health system through feedback mechanisms</td>
</tr>
<tr>
<td>Subnational and Facility Management</td>
<td>Optimize sub-national and facility management of the health workforce, financing, and quality</td>
</tr>
<tr>
<td>System Integration and Interoperability</td>
<td>Improve integration and interoperability of supply chain, lab, and information systems</td>
</tr>
<tr>
<td>Resilient Health Systems and Services</td>
<td>Ensure health systems can maintain essential PHC services during health and climate emergencies</td>
</tr>
</tbody>
</table>
Accelerating Maternal And Child Survival Through Primary Health Care

Pregnancy and Childbirth
Through primary health care, women receive at least 8 antenatal contacts, skilled attendance at birth, and postnatal monitoring. These services are proven to improve outcomes for women and infants.

Newborn
Primary health care supports a healthy start for newborns through breastfeeding counseling, routine immunization, and timely and accurate monitoring for complications, illness, and hygienic care practices.

Childhood
Primary health care promotes child health through routine immunizations, nutrition counseling, and the prevention and treatment of common childhood illnesses—including malaria, pneumonia, and diarrhea.

Adolescents and Youth
As children progress into adolescence, primary health care services deliver routine immunization and help to prevent and treat illness and infectious disease. Nutrition along with water, sanitation, and hygiene programs, keeps adolescents in good health for academic success, while family planning programs equip them with the knowledge and means to delay childbearing.

Adulthood
In adulthood, primary health care delivers family planning and reproductive health services, allowing women and couples to plan and space their pregnancies, reduce high-risk pregnancies, and achieve their desired family size.
Primary Health Care Integration: Showcasing Country Investments

India: In the last few years, the Government of India has embraced a primary health care (PHC) approach, focusing on sub-centers and primary health care centers (PHCs) as essential points of care. USAID partners with Essilor Luxottica to integrate services across this model, utilizing TB, antenatal visits, and vision as care entry points. Each visit prompts screenings for additional needs like hypertension, TB, and vision impairments.

Malawi: Under-five clinics in Malawi offer a range of primary health services and information tailored to meet the specific needs of children under the age of five and their caregivers, including vaccinations to protect against common childhood diseases such as measles, polio, and growth monitoring to track the child's physical development. Additionally, community health workers provide education and guidance on topics such as proper nutrition, breastfeeding practices, WASH, and family planning.

Indonesia: USAID has partnered with the Ministry of Health to implement an integrated PHC strategy, through the "Desa Siaga" program, or prepared primary health care communities. Through Desa Siaga, nearby community primary health centers offer comprehensive care, including antenatal and postnatal services for mothers and newborns, breastfeeding support, and family planning counseling. Here, village midwives play a crucial role in delivering maternal and child health care in addition to supporting the elderly and NCDs. With government backing, Desa Siaga model is expanding from 2 to 147 communities.
Opportunities to leverage MCHN expertise and investments

**Private sector**
Most countries we work in have mixed health systems so engaging the PS is important to advancing PHC

**Youth and Gender**
MCHN has a number of tools and resources relating to health workforce such as gender and youth provider competencies

**Localization**
MCHN works with a number of local partners especially as it relates to social accountability and community engagement

**Health Systems**
MCHN works in integrated service delivery with a number of health areas including HIV, FP/RH and malaria

**Integration**
MCHN’s work includes ensuring the quality and accessibility of services and linking human resources for health with financial management of service delivery

**Experience of care and social accountability**
It is imperative to fully integrate MCHN services into the core PHC services package in fragile settings. MCHN focuses on this through the MOMENTUM Integrated Health Resilience project

**Resilience**
Critical components for ensuring person-centered care and PHC. MCHN has a number of tools that can help countries with this
THANK YOU
Expérience de mise en œuvre des Soins de santé primaires (SSP) au BF pour assurer la survie et le bien-être de l’enfant

Présenté par : Valérie Marcella Zombré Sanon
Plan

01 Contexte

02 Situation de la santé de l’enfant au BF

03 Actions/interventions mise en œuvre dans le cadre des SSP

04 Difficultés

05 Perspectives

Conclusion
Contexte

Engagement politique

- Engagement du pays à axer son système de santé sur les soins de santé primaires afin d’accélérer les progrès vers la réalisation de la couverture sanitaire universelle et des objectifs de développement durable (ODD) en matière de santé.

Mise en œuvre de réformes ambitieuses

- Plusieurs réformes et initiatives ambitieuses : i) assurer l’accès aux services de santé de qualité à tous ; ii) améliorer les performances du système de santé pour faire face aux épidémies, aux pandémies et aux urgences sanitaires, iii) Améliorer l’état nutritionnel de la population en particulier des femmes enceintes et des enfants.
Contexte

Secteurs connexes à la santé:
- Eau/Assainissement,
- Education,
- Agriculture,
- Elevage,
- Décentralisation (MATDS)

Niveau primaire
- Milieu urbain: Centre médical
- Milieu Rural: Centre médical/Centre de santé et de promotion sociale (CM/CSPS), Poste de santé communautaire

Niveau secondaire

Niveau tertiaire
Situation de la santé de l’enfant au Burkina Faso

1. Taux de mortalité néonatale: **de 43 pour 1000 NV en 1993 à 18 en 2021** (EDS 2021);

2. Taux de mortalité infantile: **de 94 en 1993 à 30 pour 1000 NV en 2021** (EDS 2021);

3. Taux de mortalité infanto-juvénile: **de 184 en 2003 à 48 pour 1000 NV en 2021** (EDS 2021);

4. Taux de malnutrition: **23%** des enfants de moins de cinq ont un retard de croissance (EDS 2021);

5. Taux de vaccination DTC-HepB-Hib3= **94%** (2023), Enfants complètement vaccinés= **87,40%** (2023);

6. Proportion d’enfants pris en charge selon l’approche PCIME= **77,1%** (2023)

7. Couverture en PCIME Communautaire= **77%** des régions;
Actions/interventions mise en œuvre dans le cadre des SSP (1/3)


- **Lancement de l’Initiative de Bamako** avec la promotion de la participation communautaire et des médicaments essentiels génériques.

- **Lancement du programme d’opérationnalisation des districts sanitaires** depuis 1993: formation en gestion des districts de santé et formation en chirurgie essentielle notamment les césariennes.

- **Initiation d’actions clés en matière de santé communautaire** visant à permettre aux différentes communautés de pouvoir s’engager davantage sur les déterminants de la santé.

- **Elaboration de plusieurs politiques et stratégiques pertinentes pour la santé de l’enfant:** plan stratégique SRMNIA, DI SRMNEAN, DI renforcement des soins de SSP, PNDS, SNSC, plan ENAP/EPPM et survie de l’enfant...
Actions/interventions mise en œuvre dans le cadre des SSP (2/3)

Identification des zones prioritaires pour la mise en œuvre des interventions de renforcement de SSP

Renforcement du plateau technique en matériel médical technique

Amélioration de l’offre de services de santé, à travers l’adoption en 2003 de la stratégie de Prise en Charge Intégrée des Maladies de l’Enfance (PCIME), qui a été mise à l’échelle en 2004

L’application des nouvelles technologies de l’information et de la communication au développement de la santé Digitalisation de la PCIME, mise en œuvre de l’Ecosystème Digital Minimal (EDM)

Paquet d’activités essentiels SRMNIA dans le contexte d’insécurité et de la pandémie COVID19
Actions/interventions mise en œuvre dans le cadre des SSP (3/3)

Stratégie nationale de la qualité : Standards et chartes pour l’amélioration de la qualité des soins maternels et néonatals dans les établissements de santé au Burkina Faso;

Financement de la santé:
• Par l’état à travers la politique de gratuité des soins en 2016
• Création de partenariats pour le financement de la santé : Fonds mondial pour la lutte contre le SIDA, la tuberculose et le paludisme, GAVI, Global Financing facility GFF).

Renforcement des ressources humaines, accent sur la formation aussi bien initiale que la formation continue associée à une amélioration des infrastructures et matériel médico technique

Engagement du gouvernement à investir jusqu’à 15% du budget de l’Etat dans la santé;

Recrutement de 18 000 agents de santé à base communautaire (ABSC), à raison de deux ASBC pour chaque village. Plus tard en 2023, plus de 15 000 ASBC.
Difficultés

- Contexte sécuritaire avec la fermeture et le fonctionnement à minima d’un certain nombre de FS, difficultés d’approvisionnement de certaines régions en produits de santé
- Problèmes de coordination des interventions, entraînant des doublons et un manque de synergie entre les partenaires gouvernementaux
- Insuffisance en quantité et en qualité des ressources humaines, inégale répartition en faveur de certaines régions
- Faible couverture des interventions à haut impact pour accélérer la réduction de la mortalité infantile (soins maternels kangourou; prise en charge de la possibilité d’infection bactérienne lorsque la référence n’est pas possible, soins du nouveaux nés à domiciles)
- Insuffisance de financement de la santé, inférieur au seuil de 15 % énoncé dans la Déclaration d’Abuja.
- Insuffisance de cadres de concertation pour une prise en compte des SSP dans les plans locaux de développement avec une faible articulation entre les textes et les stratégies surtout en faveur de la santé des enfants.
- Effets du changement climatique sur la santé de l’enfant avec risque d’augmentation de la mortalité et la malnutrition chez l’enfant, y compris le déficit pondéral et le retard de croissance
Perspectives

01 Intensification des interventions communautaires à fort impact telles que la PCIME C, le protocole simplifié de prise en charge de la malnutrition, la délégation des tâches

02 Passage à l’échelle des stratégie novatrices à gain rapide: délégation des tâches, auto-soins;

03 Meilleur suivi de la mise en œuvre de la gratuité des soins pour l’enfant (vaccination, soins curatifs...);

04 Elaboration d’un plan intégré pour améliorer la santé de la mère et assurer la survie et le bien-être de l’enfant;

05 L’utilisation des drones pour approvisionner les zones d’insécurité en médicaments et autres produits de santé, y compris les produits sanguins;

06 Harmonisation et alignement des partenaire au tour du concept: « un Plan, un Budget, un Rapport ».

07 Mise en place du régime d’Assurance Maladie Universelle
Merci pour votre attention !
Questions?
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