



Re-Imagining Child Health Through Primary Health Care

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



Co-Chairs:

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Janet Kayita, kayitaj@WHO.int

Series Objectives

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:

- Cara Endyke Doran:
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- Janet Kayita, kayitaj@WHO.int

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

Operational Framework for Primary Health Care:

[Operational Framework for Primary Health Care \(who.int\)](https://www.who.int/publications/m/item/operational-framework-for-primary-health-care)

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](https://twitter.com/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 1998 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 connected by Astana International Airport named after President Nazarbayev (airport code TSE).

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



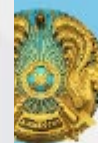
PALACE OF INDEPENDENCE, ASTANA - A FAVORITE LOCATION FOR OFFICIAL STATE FUNCTIONS, INTERNATIONAL FORUMS AND CONVENTIONS



PRIMARY HEALTH CARE

ALMA-ATA 1978

World Health Organization - WHO - United Nations Children's Fund - UNICEF



MINISTRY OF HEALTHCARE
OF THE REPUBLIC OF KAZAKHSTAN

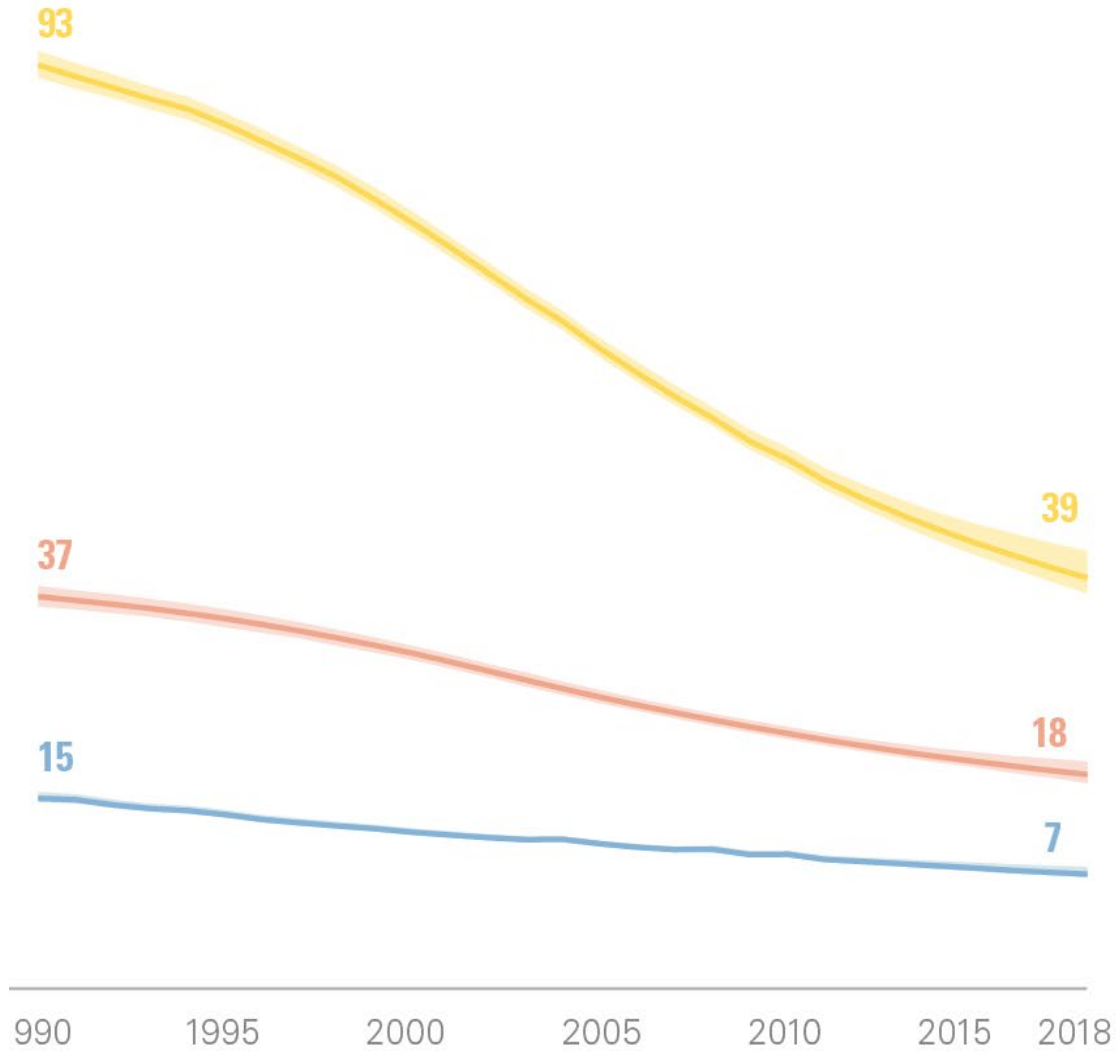
GLOBAL ANNIVERSARY CONFERENCE

**MARKING 40 YEARS OF ALMA-ATA DECLARATION
ON PRIMARY HEALTH CARE:
FROM INNOVATIVE PRIMARY HEALTH CARE
TO UNIVERSAL HEALTH COVERAGE**

**15-26 OCTOBER, 2018
PALACE OF INDEPENDENCE, ASTANA**

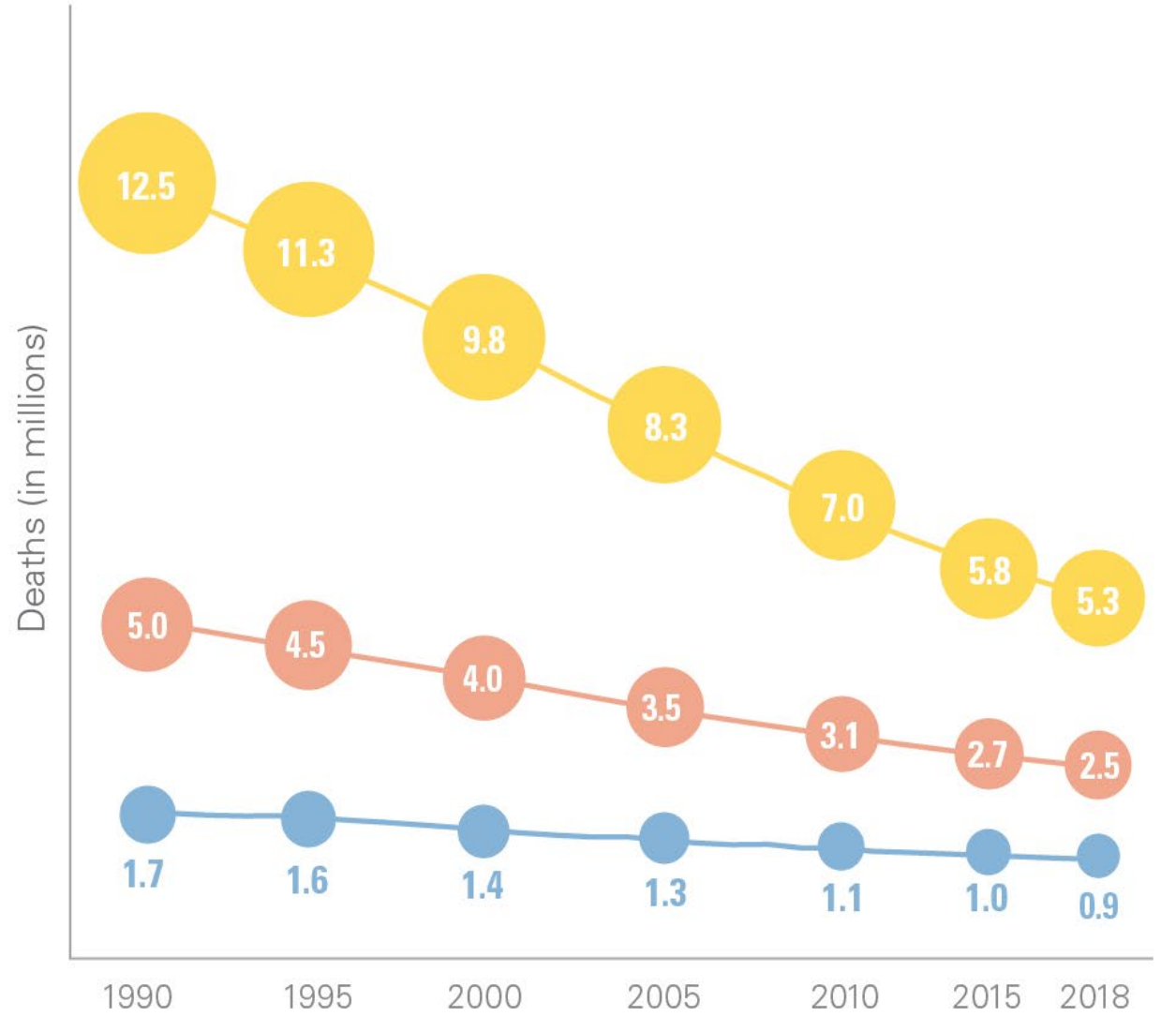
Child mortality has fallen almost 60%

Mortality rates



Under-five mortality rate Neonatal mortality rate Mortality rate among children aged 5-14 years

Number of deaths



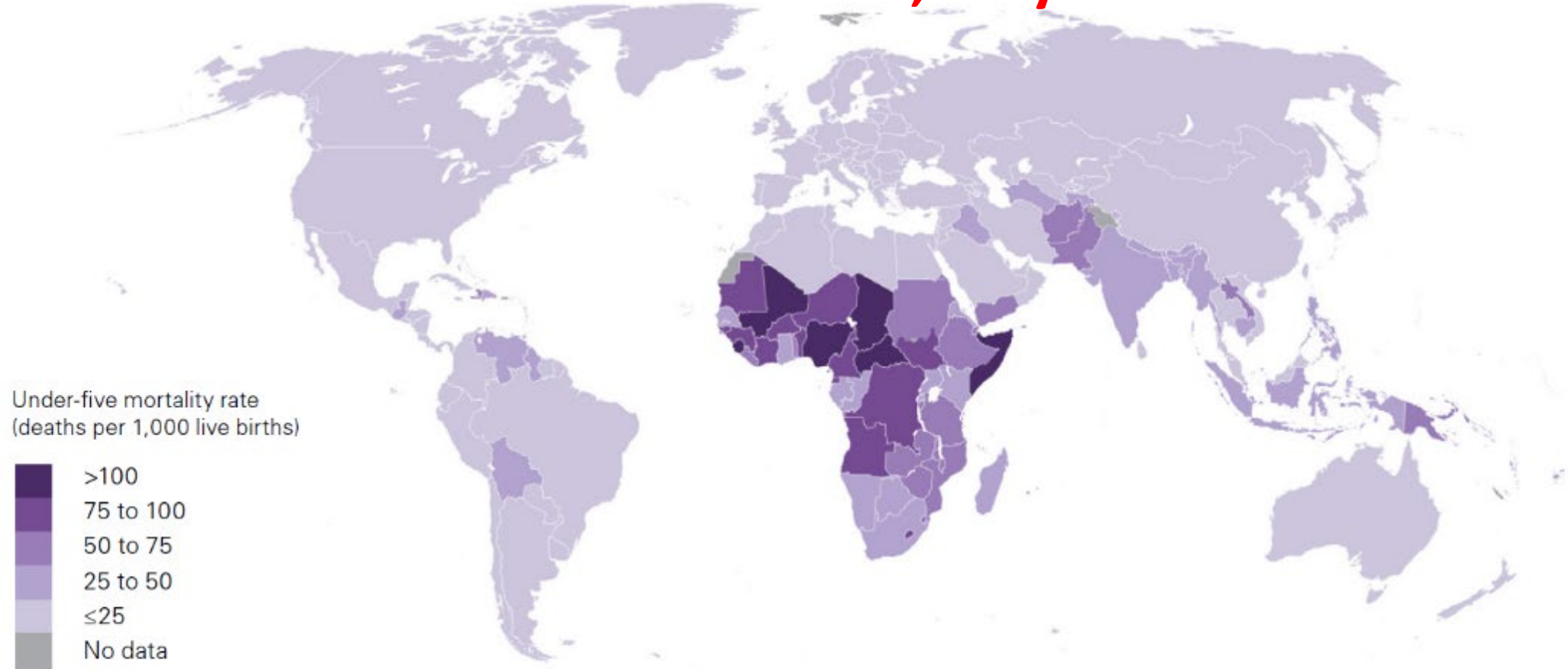
Under-five deaths Neonatal deaths Deaths among children aged 5-14 years

MAP
1

Children in sub-Saharan Africa and Southern Asia face a higher risk of dying before their fifth birthday

Under-five mortality rate (deaths per 1,000 live births) by country, 2017

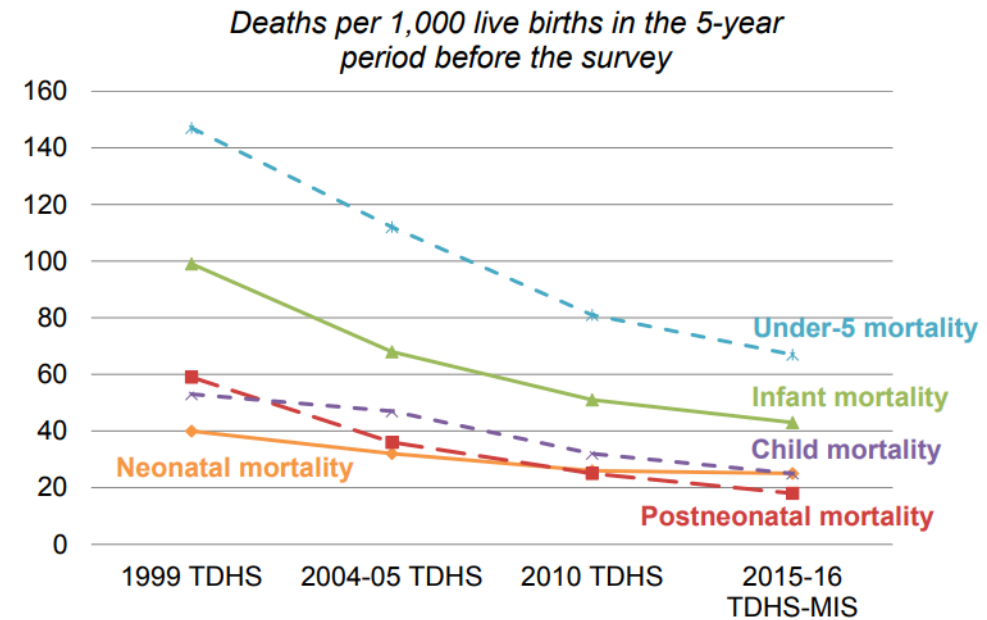
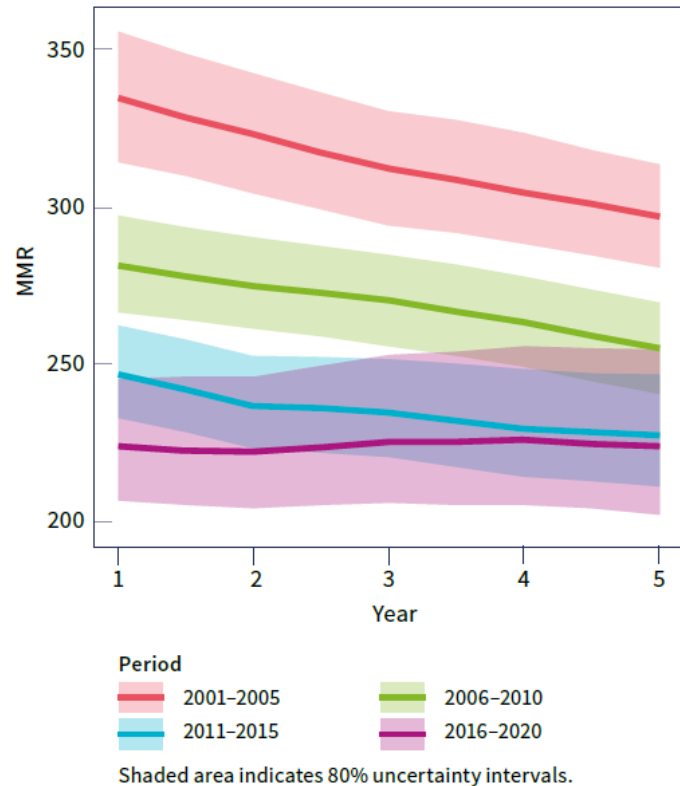
In some countries, very far...!



Note: The classification is based on unrounded numbers. This map does not reflect a position by UN IGME agencies on the legal status of any country or territory or the delimitation of any frontiers.

Stagnating maternal and neonatal mortality

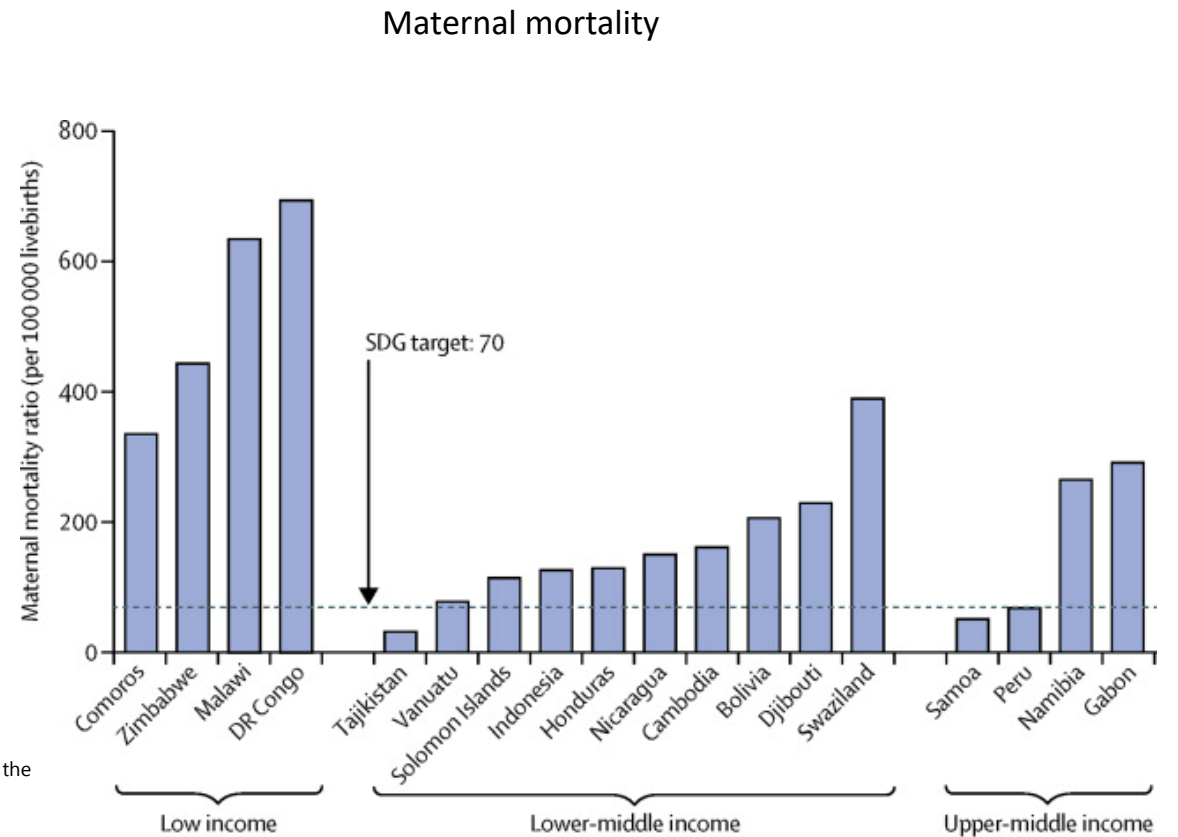
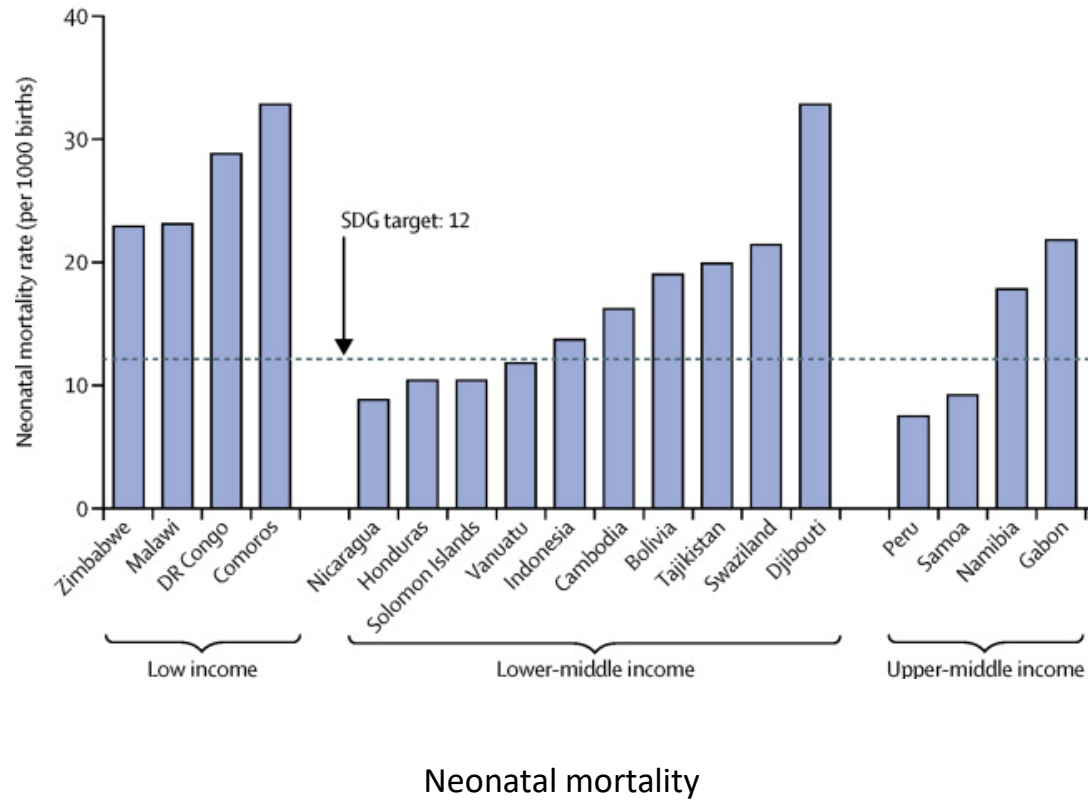
Fig. 4.2 Global MMR stratified by five-year time period, 2000–2020



Tanzania DHS

Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2023.

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

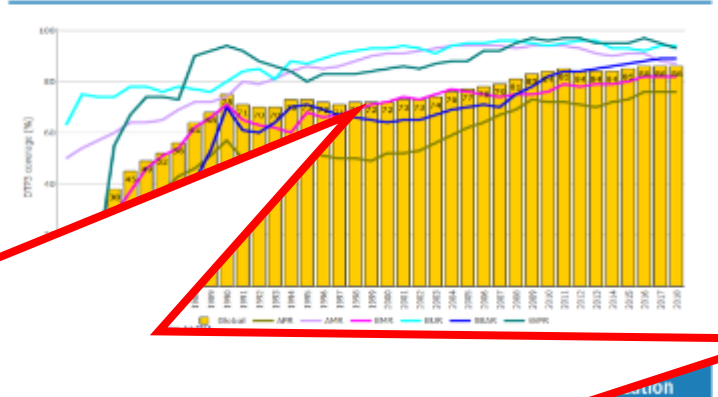


Kruk M, Gage AD, Arsenault C, Jordan K, Leslie HH, Roder-DeWan S. et al 2018 High quality health systems in the sustainable development goals era: Time for a revolution. *The Lancet Global Health*

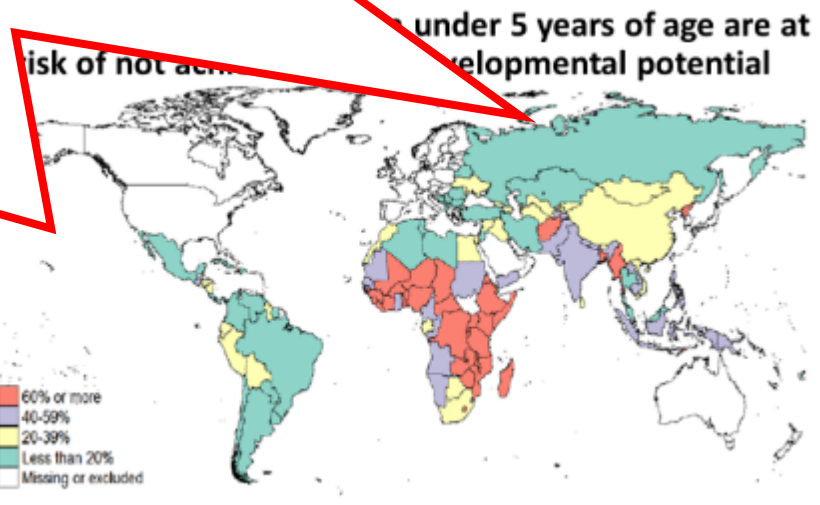
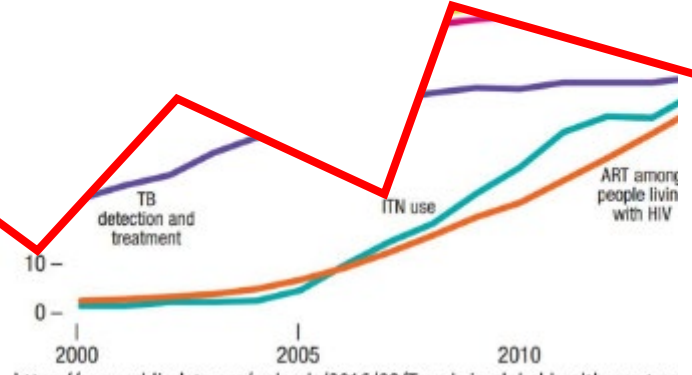
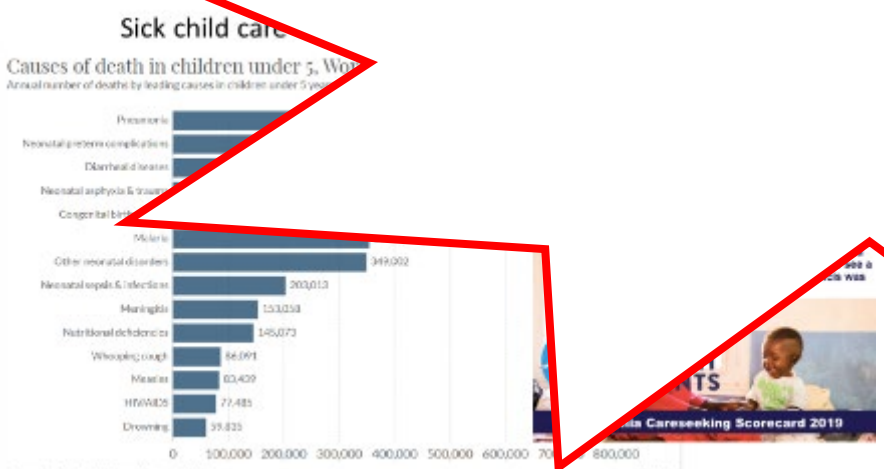
Child mortality has fallen almost 60%



Global Immunization 1980-2018
Global coverage from 3 doses of DTP containing vaccines at 86% in 2018



Universal coverage of quality, affordable PHC is the solution to these health issues





ASTANA, KAZAKHSTAN
25-26 OCTOBER 2018

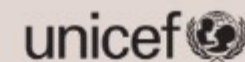
GLOBAL
CONFERENCE
ON PRIMARY
HEALTH CARE



Declaration of Astana



World Health
Organization



A VISION FOR PRIMARY HEALTH CARE IN THE 21ST CENTURY

Towards universal health coverage and
the sustainable development goals

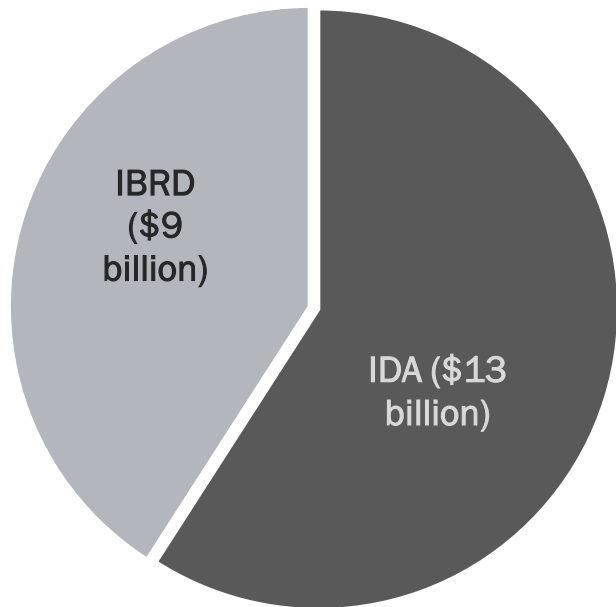


TECHNICAL
SERIES
ON PRIMARY
HEALTH CARE

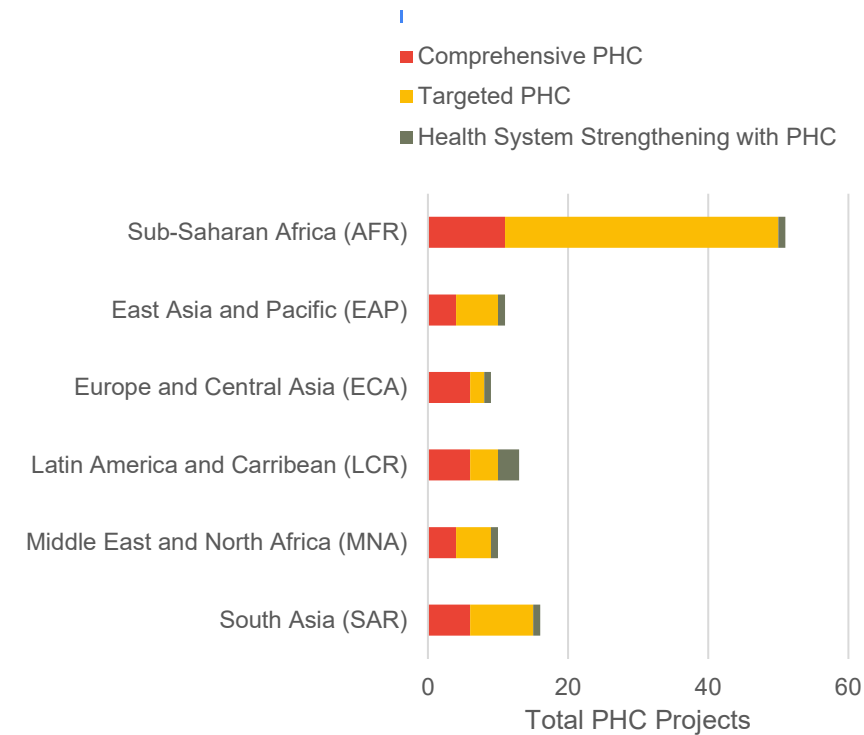
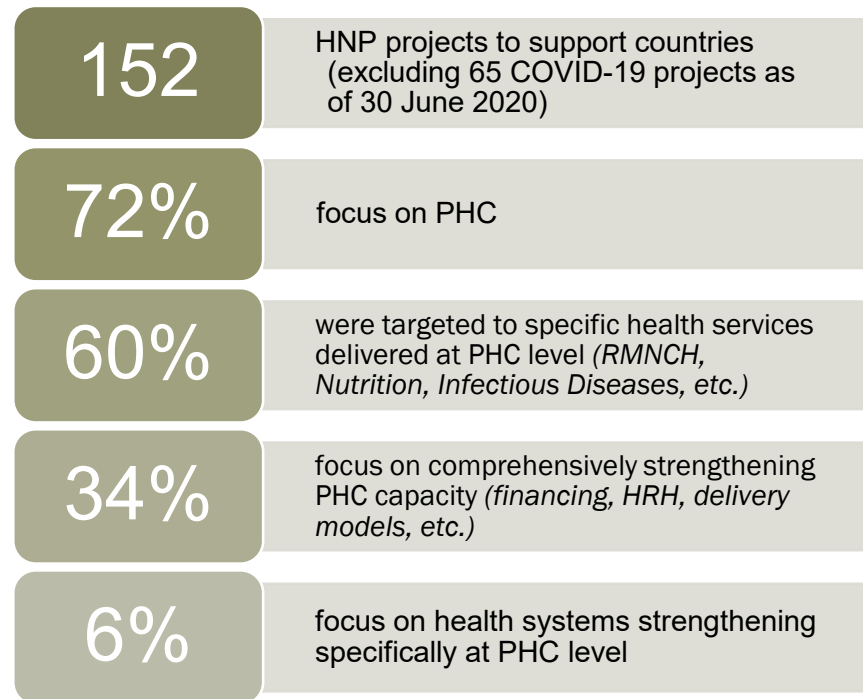


Past and Current World Bank Portfolio in Support of PHC: FY10-20

WB HNP Portfolio (FY10 to FY20): IBRD and IDA Investments



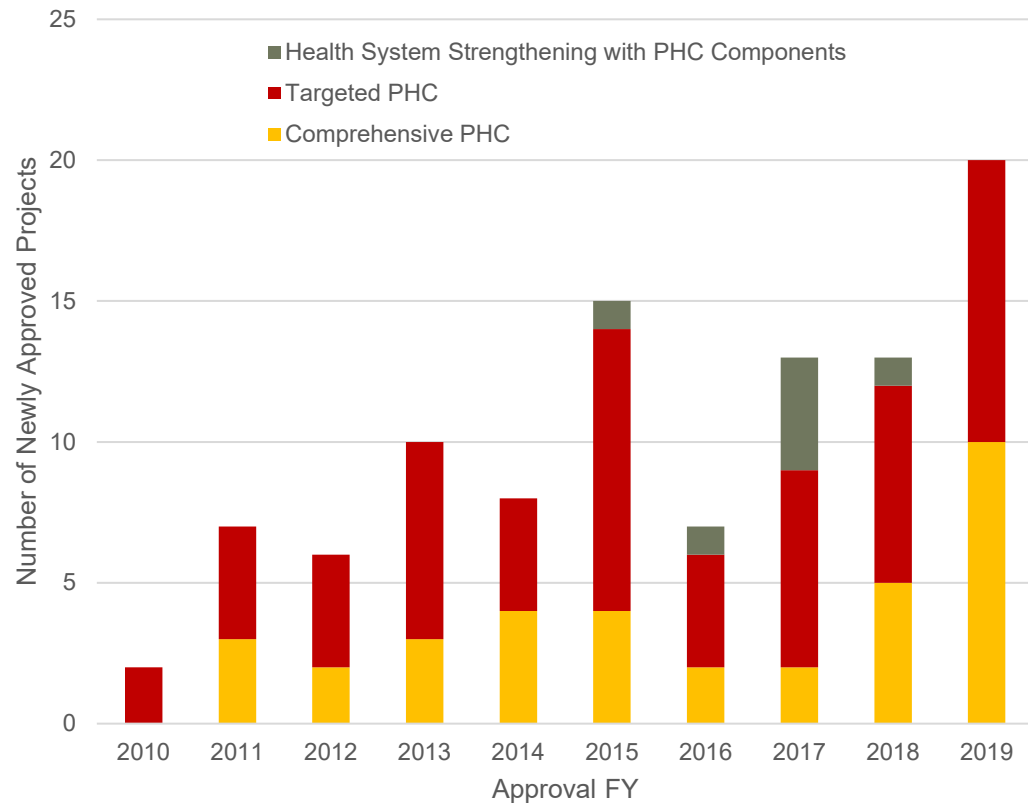
Increasing emphasis on PHC in HNP projects over past decade, especially in SSA



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

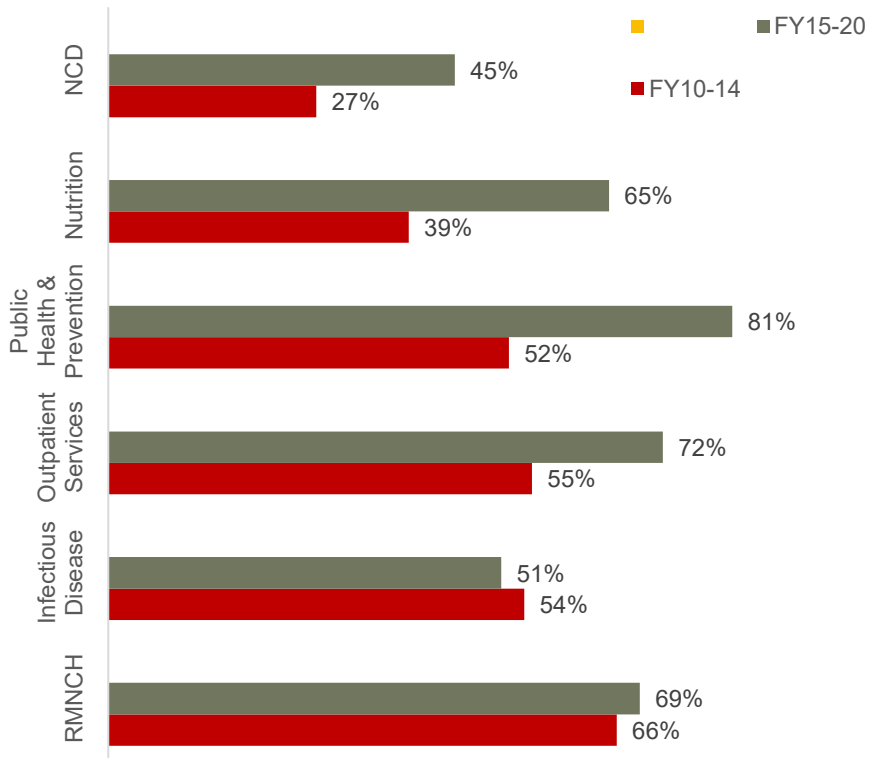
- Increase focus on **health system redesign prior to implementation** to find new modalities of service delivery
- Expand **‘platform-focus’** in PHC strengthening efforts, linked to nutrition, education and social protection efforts for human capital
- Use **technology solutions** to facilitate integration

PARADIGM SHIFT 2: From gate keeping 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

% of PHC projects with these components



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

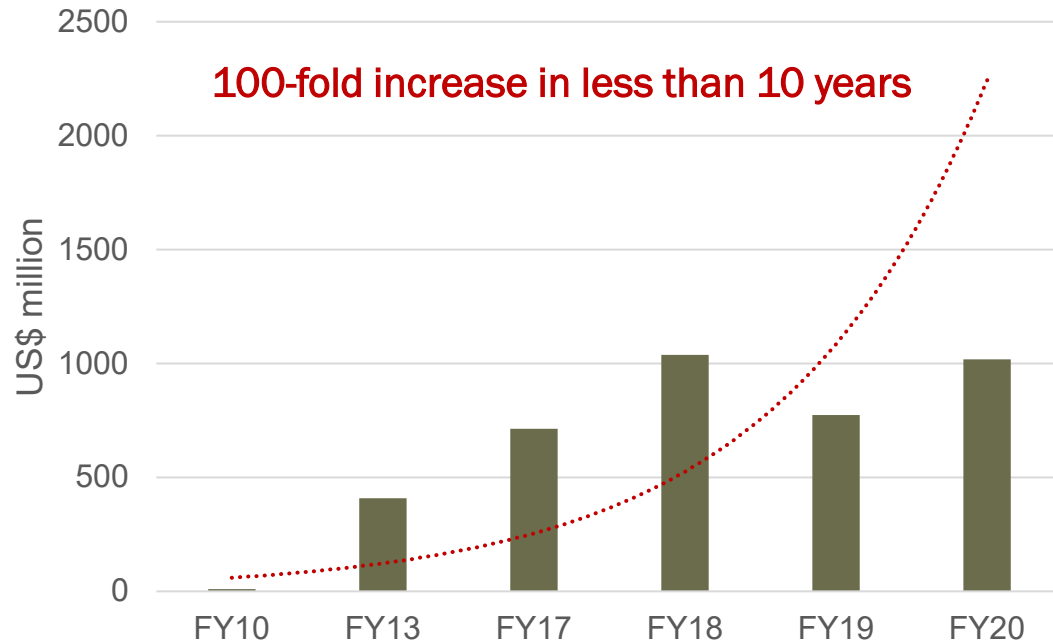


PARADIGM SHIFT 2: From gate keeping to comprehensive, quality care for all

The partnership between the BMGF and the World Bank on nutrition analytics have led to significant increases in commitments toward nutrition programs

WB Investments in Nutrition – FY10 to FY20

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



Nutrition is a key component of the Human Capital Index

Future WB support for PHC and nutrition agenda

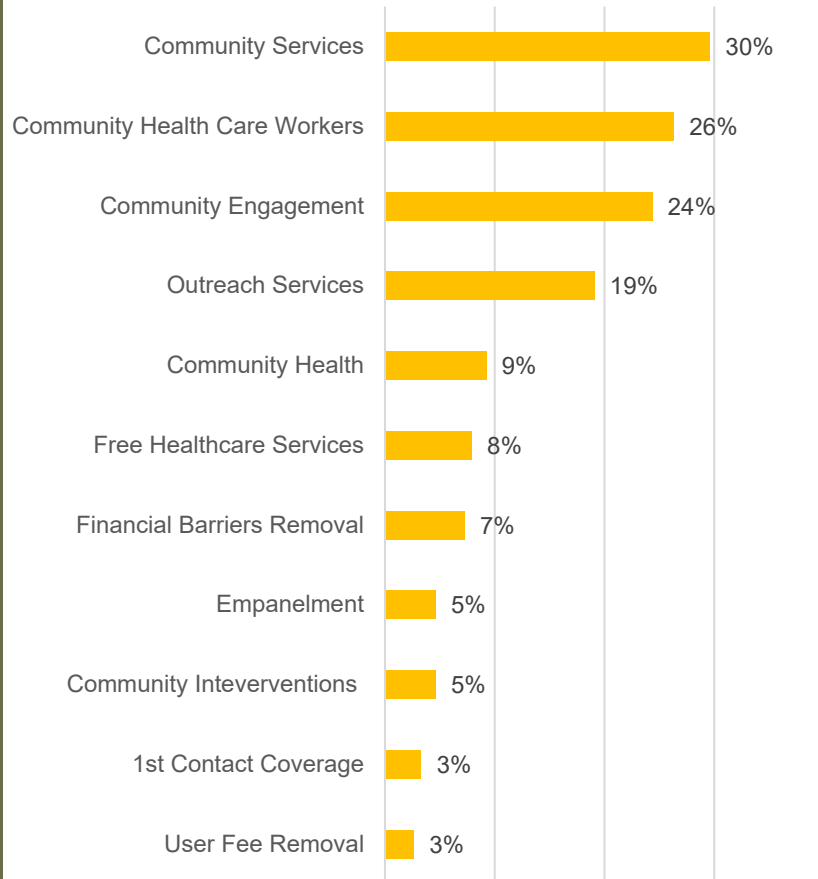
- **Continue** to leverage both quantity and quality of IDA to build-back better and stronger!
 - **Country-based analytics and advocacy** to support future IDA investments and SCDs
 - **Optima analyses** to enhance quality of IDA investments
 - **Rigorous evaluations** to build evidence base and enhance 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**
 - **Strengthen innovative financing through The Power of Nutrition to crowd-in private sector** finance to co-finance IDA (link to N4G)
- **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)



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



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

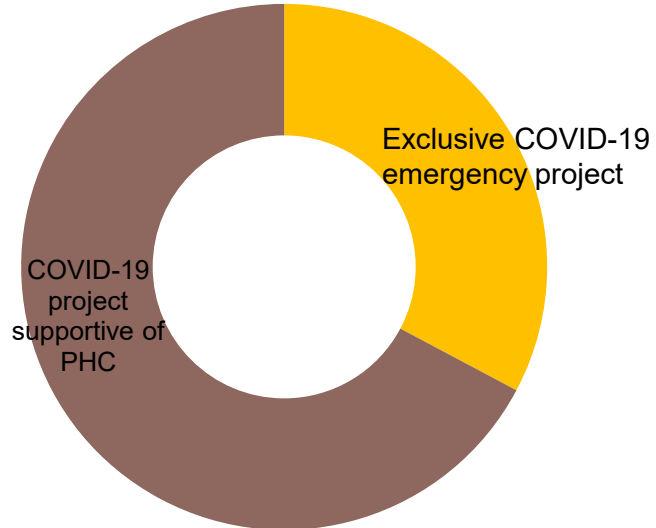


PARADIGM SHIFT 4: From fragility to resilience

Supporting PHC and Health System Resilience

Proportion of COVID-19 project commitments supportive of PHC

\$4.2billion committed as of 29 March 2021



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





USAID
FROM THE AMERICAN PEOPLE

USAID's Approach to Strengthen Primary Health Care

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

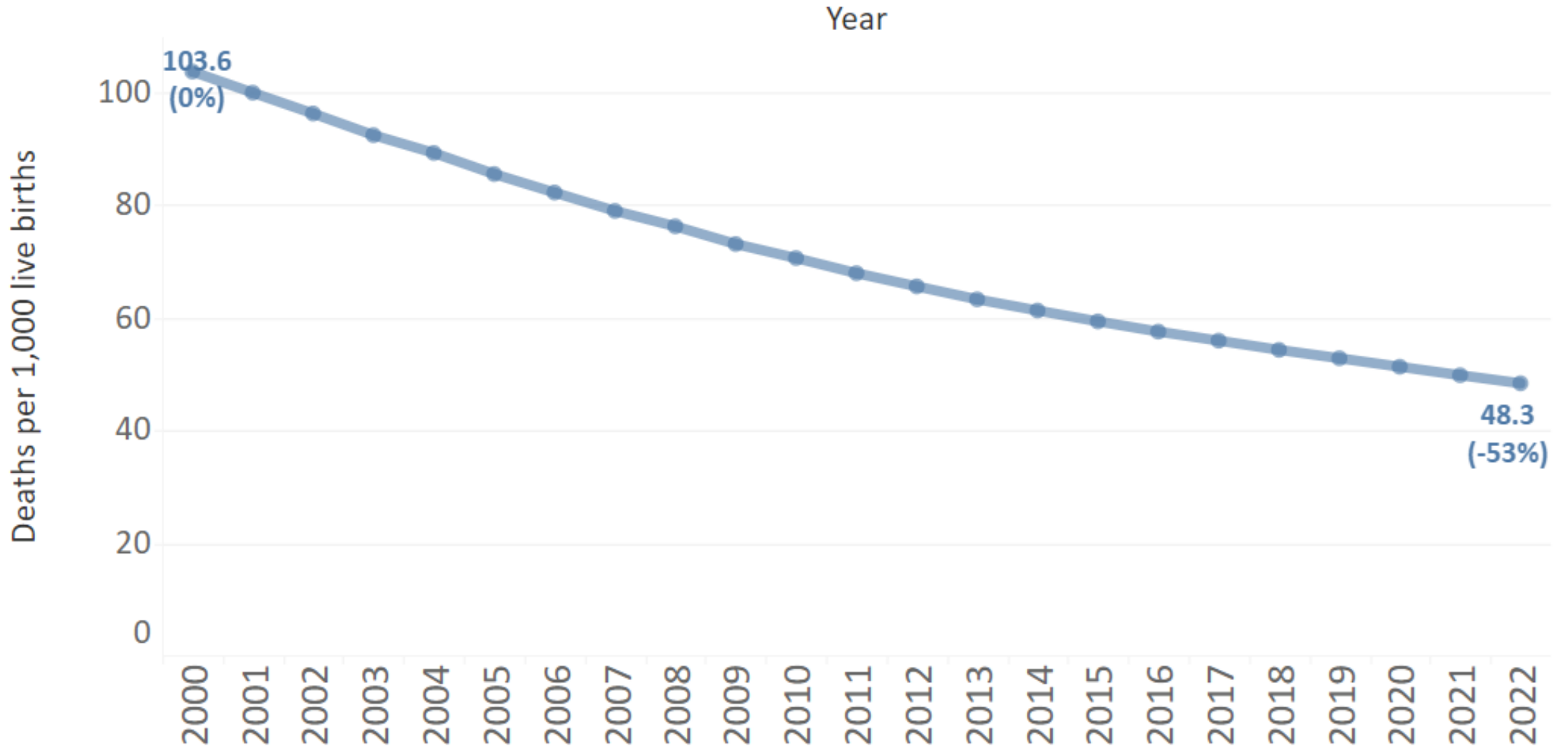
May 22, 2024



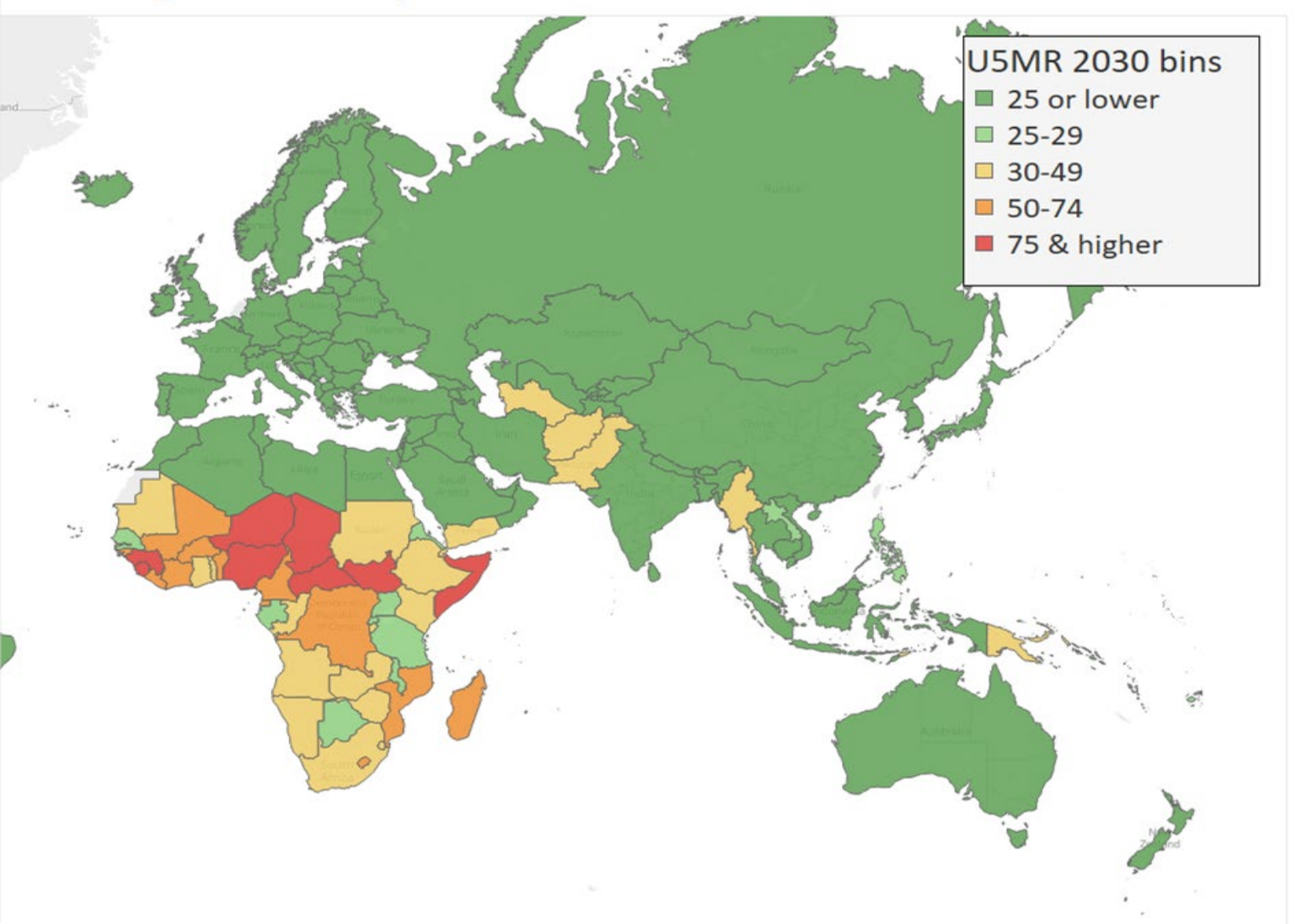
Under-five Mortality Rate (U5MR) Over 22 Years

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

U5MR (weighted average)

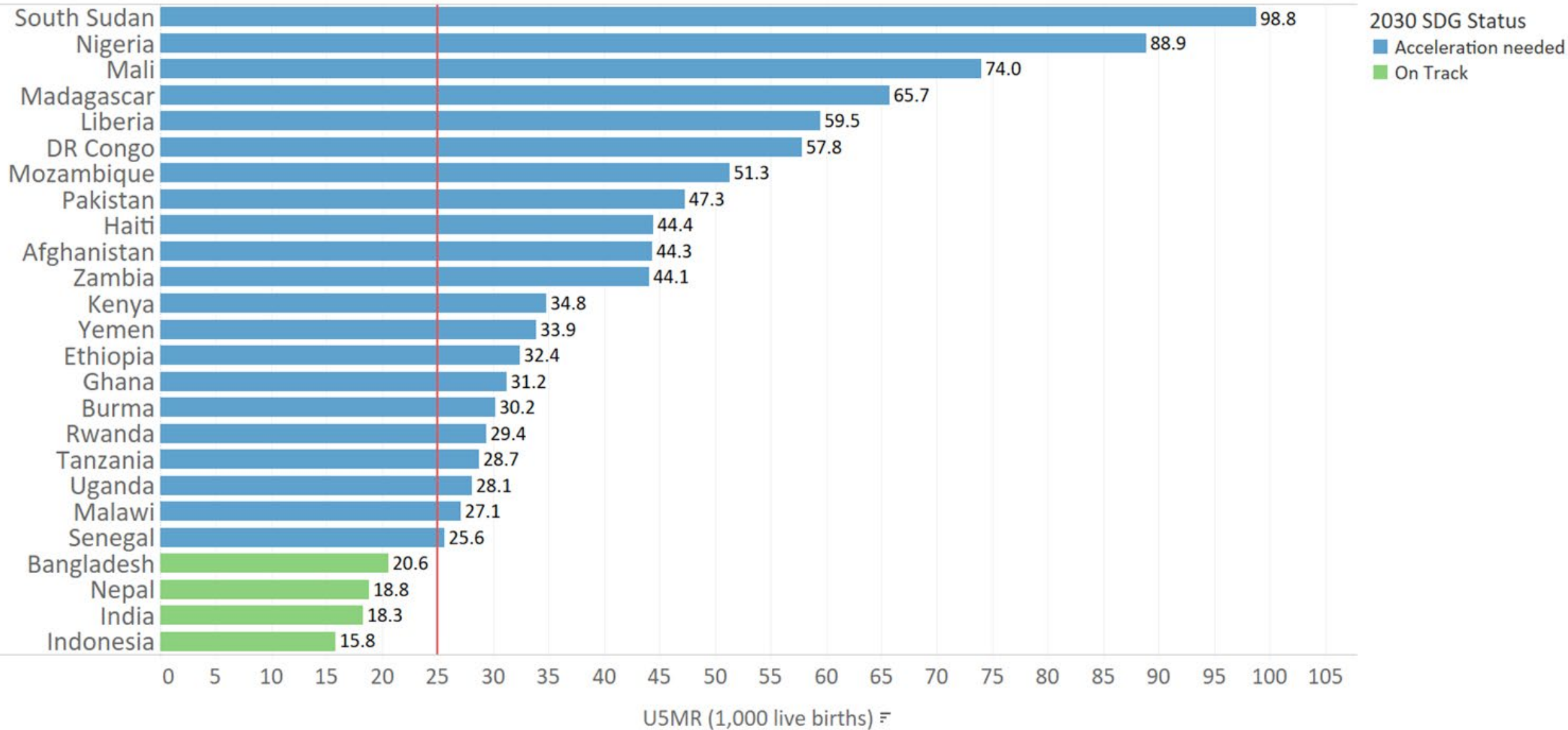


59 Countries Need Accelerated Action to Meet SDG Target for Under-Five Mortality



Progress on Child Survival is Stalling

Projected U5MR, 2030 (current trend)



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.

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.



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



Effective PHC Delivery

Advance integrated people-centered care



Community Engagement & Partnership

Foster community trust and involvement in the health system through feedback mechanisms



Subnational and Facility Management

Optimize sub-national and facility management of the health workforce, financing, and quality



System Integration and Interoperability

Improve integration and interoperability of supply chain, lab, and information systems



Resilient Health Systems and Services

Ensure health systems can maintain essential PHC services during health and climate emergencies



MCHN and PHC

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.**

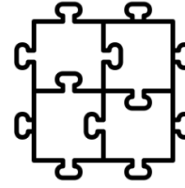
Indonesia: USAID has partnered with the Ministry of Health to implement an integrated PHC strategy, through the "Desa Siaga" program, or prepared primary health care communities. Through Desa Siaga, nearby community primary health centers offer comprehensive care, including **antenatal and postnatal 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



Integration

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



Youth and Gender

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



Health Systems

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



Localization

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



Experience of care and social accountability

Critical components for ensuring person-centered care and PHC. MCHN has a number of tools that can help countries with this



Resilience

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



THANK YOU



Ministère de la Santé
et de l'Hygiène
Publique

MINISTÈRE DE LA SANTÉ ET DE L'HYGIÈNE PUBLIQUE



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



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.

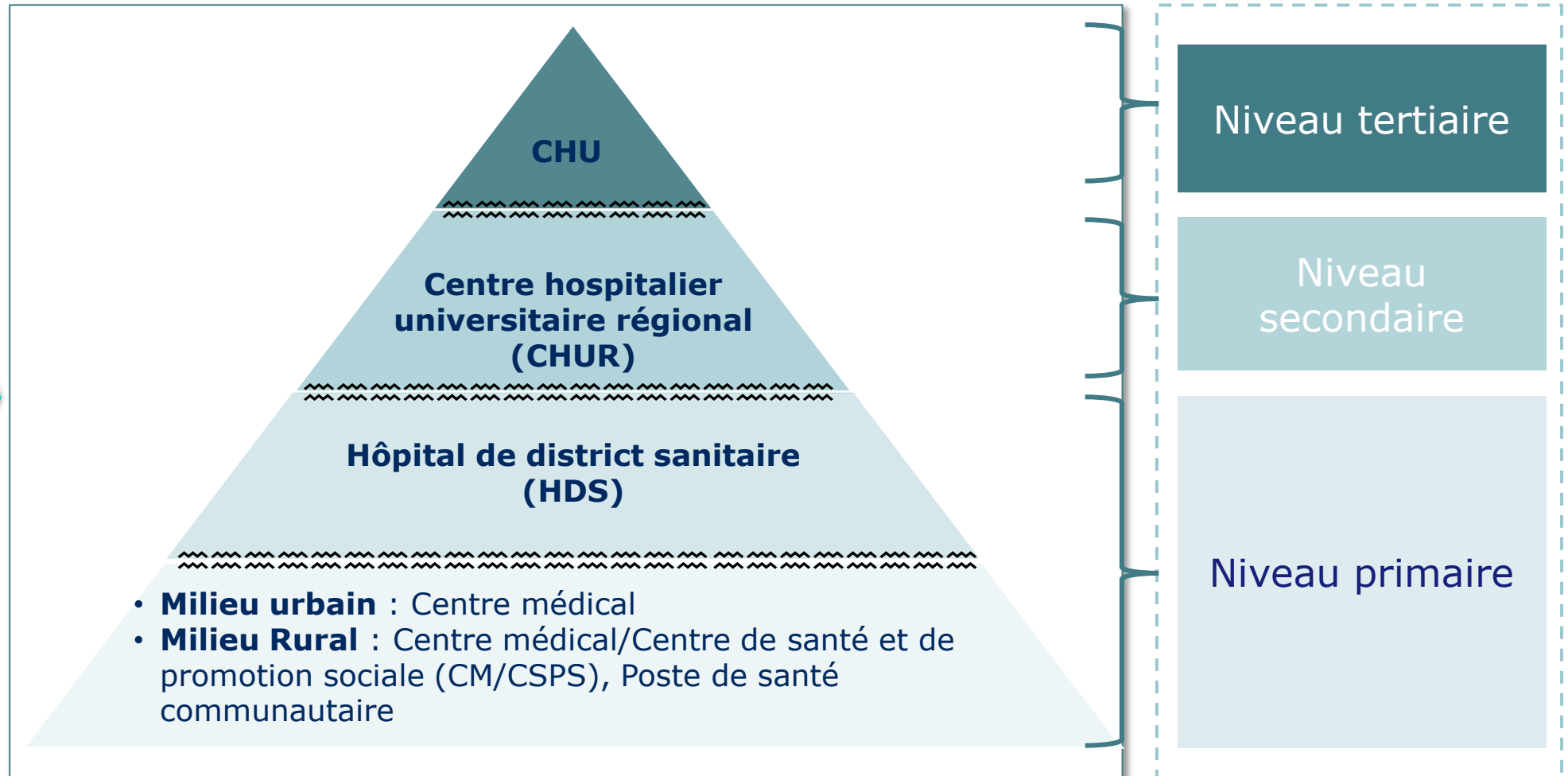
Contexte

Plan

Contexte
Situation de la santé de l'enfant au BF
Actions/interventions mise en œuvre dans le cadre des SSP
Difficultés
Perspectives
Conclusion

Secteurs connexes à la santé:

- Eau/Assainissement,
- Education,
- Agriculture,
- Elevage,
- Décentralisation (MATDS)



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



Situation de la santé de l'enfant au Burkina Faso

Plan
Contexte
→ Situation de la santé de l'enfant au BF
Actions/interventions mise en œuvre dans le cadre des SSP
Difficultés
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Conclusion

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)

Plan
Contexte
Situation de la santé de l'enfant au BF
→ Actions/interventions mise en œuvre dans le cadre des SSP
Difficultés
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Adhésion du BFA à la déclaration d'ALMA ATA sur les SSP en 1978, la déclaration de Ouagadougou en 2008 et celle d'Astana en 2018.

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 stratégies 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)

Plan

Contexte
Situation de la santé de l'enfant au BF
→ Actions/interventions mise en œuvre dans le cadre des SSP
Difficultés
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Identification des zones prioritaires pour la mise en œuvre des interventions de renforcement de SSP

Renforcement du plateau technique en matériel medico 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)

Plan
Contexte
Situation de la santé de l'enfant au BF
→ Actions/interventions mise en œuvre dans le cadre des SSP
Difficultés
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Stratégie nationale de la qualité : Standards et chartes pour l'amélioration de la qualité des soins maternels et néonataux 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.

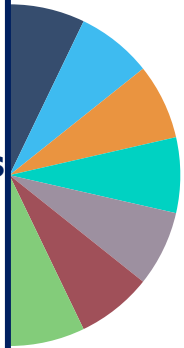


Difficultés

Plan

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Situation de la santé de l'enfant au BF
Actions/interventions mise en œuvre dans le cadre des SSP
→ Difficultés
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7
difficultés
majeures



- 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

Plan
Contexte
Situation de la santé de l'enfant au BF
Actions/interventions mise en œuvre dans le cadre des SSP
Difficultés
➔ Perspectives
Conclusion

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 stratégies 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...);

07

Mise en place du régime d'Assurance Maladie Universelle

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 partenaires au tour du concept: « un Plan, un Budget, un Rapport ».



Merci pour votre attention !



Questions?



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