

# Systematic Review of the Effectiveness of Community-Based Primary Health Care in Improving Child Health

Overview Key Findings Recommendations  
relationships with health promotion and advocacy

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# Review Overview

- Child Health Community-based interventions
- Creditable evidence of outcomes
- Extensive search –published + “grey”
- Standardized instruments 60 reviewers
- Evidence + Opinion of Experts
- 300 articles
- Support- UNICEF,WHO, CORE group, Future G

# Technical Interventions

## Priority child survival interventions for scale up

- Immunizations for mothers and children
- Vitamin A supplementation
- Iodine fortification and supplementation when necessary
- Home-based neonatal care including neonatal sepsis management
- Clean delivery
- Hand-washing
- Household water treatment and safe storage
- Sanitation
- ORT and zinc for diarrhea treatment
- Childhood pneumonia treatment
- Prevention of mother-to-child transmission of HIV
- Cotrimoxazole prophylaxis for HIV-infected children

# Technical Interventions

## Priority child survival interventions for scale up

- Insecticide-treated materials and/or indoor residual spraying for malaria
- Malaria treatment
- Intermittent preventive therapy for malaria for pregnant women
- Exclusive breastfeeding promotion for first 6 months
- Continued breastfeeding promotion until at least 24 months
- Ready to use therapeutic foods for severely malnourished children
- Promotion of complementary feeding for children focused on 6 to 23 months
- Supplementary feeding for food-insecure families focused on 6 to 23 months

# Technical Interventions

Interventions with indirect effects on child survival

- Family planning
- Adult HIV treatment
- Maternal mortality reduction

# Conditions for Maximizing Effectiveness

- Community engagement
- Delivery channel to ensure interventions reach those who need them (routine systematic home visitation a common program element)
- Relationship of trust and respect between the community and the health system
- Community-based worker

# Contextual Factors Enhancing Intervention Effectiveness

- Strong technical and professional leadership
- Strong monitoring and evaluation and operations research
- Strong outreach components down to the household level
- Strong supervisory systems present – especially for lower-level workers
- Linkage to functioning health care systems (including referral hospital care)
- The health system interacts with the community and community-level workers with respect and treats them as partners
- Long-term financial, technical and professional support (> 5 years)

# Key Recommendations

- The priority effective interventions should be taken to scale BUT ONLY
- In the context of processes which strengthen service delivery and community empowerment

# Build Partnerships between health system and the community

- A culture of respect & collaboration
- Bi-directional information & communication
- Bi-directional linkages and accountability between district health system & community
- Coordination of formal & traditional sectors

# Strengthen community members especially women

- Values/activities which shift power to communities (micro-credit, decision-making)
- Community-based organizations - a key role in design, implementation, evaluation of health
- Promoting delivery of interventions to those at greatest risk- equitable service delivery

# Monitoring & Evaluation

- Systems for community generation & use of their own data
- Participatory monitoring & evaluation of CBPHC programs with emphasis on mortality

# More Efficient & Effective Health Delivery System

- Adequate, sustainable flexible global and national financing
- Provision of adequate supplies for service delivery
- Integration of services at community level
- Health Manpower skills & models appropriate to local community health needs

# How about sickness care?

From 70 – 90% of all sickness care takes place in the home

- Household members, especially mothers:
  - make the primary diagnoses of illnesses
  - assess the severity and likely outcomes
  - select among *available* providers and treatment options
  - procure and administer treatments

WHO, *World Health Report 2002.*  
*Reducing Risks, Promoting Healthy Life*

# Overall Conclusions of Multi-country Facility-Based IMCI Evaluation

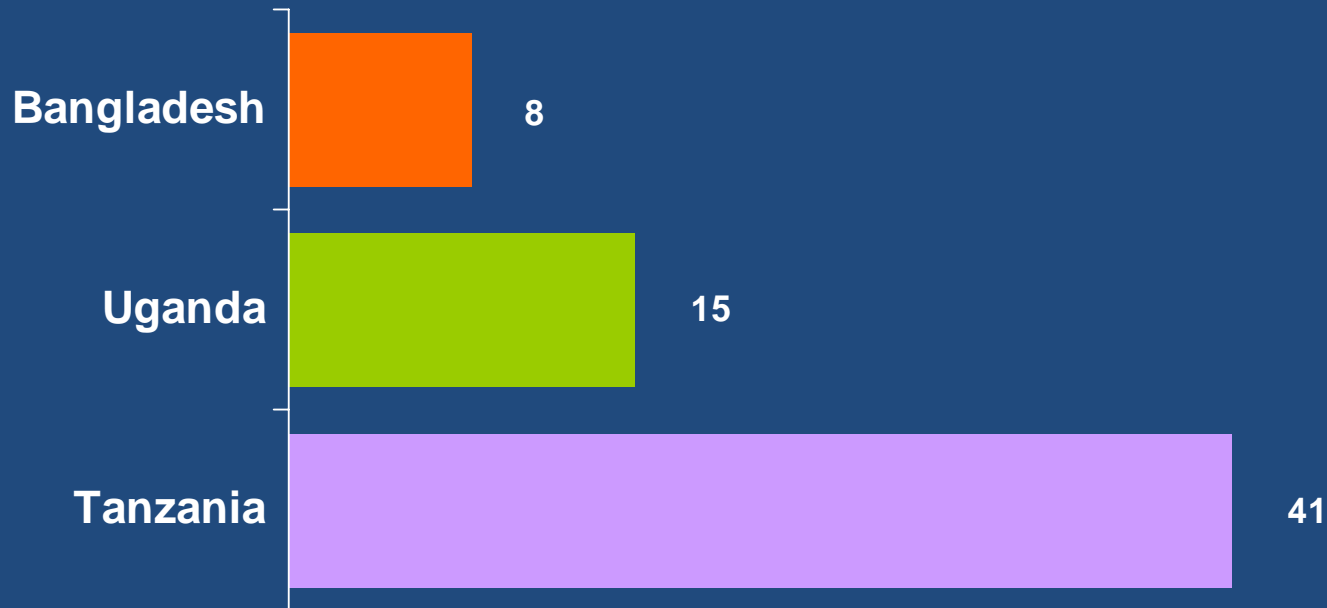
- IMCI improves quality of care
- IMCI does not increase overall costs
  - Either for providers or out-of-pocket
- IMCI dramatically reduces cost per child managed correctly
- IMCI is the gold standard for facility care of children aged 7 days – 5 years

# Overall Conclusions of Facility-Based IMCI Evaluation (cont.)

- IMCI can have an impact on mortality and nutrition
- But this requires:
  - Strengthening health systems
  - Reaching out to the community
- IMCI was least likely to be implemented well where it was needed most
- IMCI did not expand to areas of greatest need and there was no prioritization given to these areas

# Low Utilization of Health Facilities

**% sick children who were taken first to a health facility**



Source: Arifeen S, Paryio G, Schellenberg J et al

# Community members

- Are the experts on their community
- Evidence-based interventions are an important component for accelerating improved health but are only a component. **Motivated community member involvement is necessary for their sustained success.**
- Ultimately the role of us “experts” is that of facilitators of community action for health. Our role while important is peripheral not central.

# Basic Adult Learning Principles

- Build from the learners experience
- Learning should be relevant to learners needs
- Learner involved in deciding what is taught, how it is taught, and how it is evaluated.
- Good facilitation helps the learner to use , build on and reorganize their own experience.
- Learning by doing is usually far better
- KEY- Positive motivation, relationships and fun



Will they really listen to us?

# Other needs only the community can meet

- Basic child nurturing- not new but needs reinforcing
- Work of Jack and Nancy Bryant in Urban Slums of Africa- source of all subsequent slides in this presentation
- Nancy is presenting on Tuesday

# The Urban Slums of Africa

- **About 1 billion people in the world live in slums. In Africa, about 70% of the urban populations live in the slums.**
- **The slum areas have high concentrations of poverty and social and economic deprivation**
- **In the urban slums of Nairobi, 87% of households live in one room homes with no running water, no sanitation and no electricity.**

# Caregiver-Child Attachments

- We see it as fair to say that such caregiver-child attachments represent *a new paradigm of Social Determinants of Health*.
- Sir Michael Marmot, Director, WHO's Commission on SDOH, agrees with this perspective.
- Further, as the health and well-being of the child are strongly influenced by such interactions, it is reasonable to say that such caregiver-child interactions also represent *a new paradigm for Primary Health Care*.

# Caregiver-Child Attachments

- **This may be the most important work in which we have ever been involved.**
- **There has been an explosion of research on early childhood development in recent years, with some startling new findings.**
- **When this little child is born, neurologically it is wired and ready to learn. Does it make much difference what it learns?**
- **Indeed it does!!**

# Center On the Developing Child

- An important resource relating to our work on caregiver-child interactions is the newly established *Center on the Developing Child, Harvard University*.
- Director of the Center is Professor Jack Shonkoff, senior editor of the book -- *From Neurons to Neighborhoods*, National Academy of Science, 2000.
- Professor Shonkoff invited J. Bryant to visit Harvard and share insights on challenges of addressing the needs of the developing child in the African urban slum context.

# Center for the Developing Child

- Shonkoff emphasized emerging understandings of the needs and difficulties faced by *the developing child*.
- In the broad fields of public health and the health care of children, particularly in developing countries, the emphasis so often is on child survival!
- Shonkoff emphasized that it is of critical importance that child development be included in priority concerns.