

# Institutionalizing Community Health Conference



27-30 March 2017 | Johannesburg, South Africa



#HealthForAll  
[ichc2017.org](http://ichc2017.org)

# Recommendations for Strengthening CBPHC to Improve MNCH

**Henry Perry, Senior Scientist  
Health Systems Program  
Department of International Health**

# Outline

The review

Key findings

Evidence/knowledge gaps

Recommendations



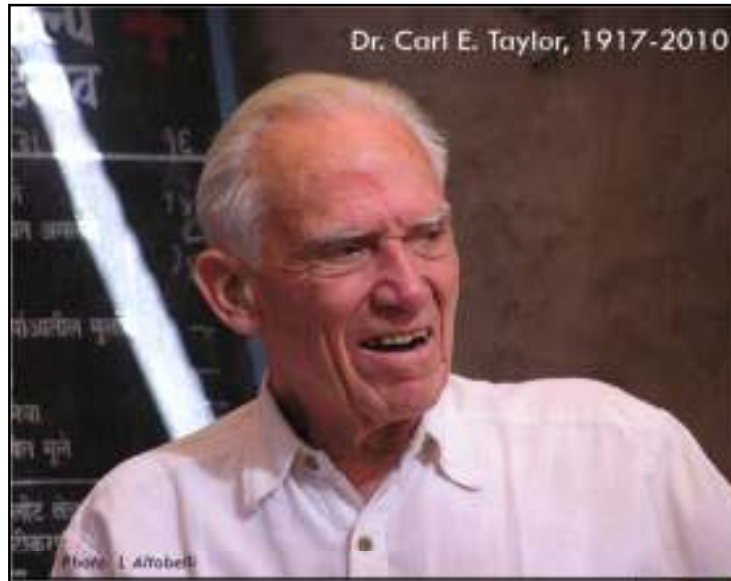
# Comprehensive review of CBPHC effectiveness

Expert panel

Selection criteria

Review process

Outcomes



Robert Black



# Database description

Maternal: 152 assessments

Child and neonatal: 548 assessments

Published in peer-reviewed journals: 79%

- Unpublished evaluations and books or chapters also included
- 80 USAID-funded child survival projects included

The majority of assessments were of projects serving 5,000 or fewer women and children, with a single intervention, for 3 years or less



## Key findings

Evidence that CBPHC is effective in improving MNCH is extensive

Evidence that investing in facilities alone without CBPHC will improve MNCH in geographically defined populations is lacking

Evidence is strong that CBPHC has a strong pro-equity effect while evidence is also strong that facility utilization is inequitable



# Strategies for achieving effectiveness of CBPHC

Community engagement – in program design, implementation and evaluation

Engagement with women's groups

Use of innovative ways to share education messages

Use of community-level workers

Use of local resources

Strengthening of peripheral facilities – training, logistics/drug supply, supervision, links with communities



## Key findings (cont.)

### Key strategies for delivering interventions

- Home visits
- Community case management
- Participatory women's groups
- Outreach services from peripheral health facilities





# Equity effects of CBPHC on neonatal and child health

42 projects identified in which equity effects assessed  
78% of the equity measurements demonstrated a pro-equitable effect, 9% an equitable effect, and only 13% an inequitable effect

An example: Brazil's Family Health Program and its system of routine visitation of all homes: as program spread, its effects were greatest in lower-income municipalities with the highest infant mortality (Aquino 2009)

No evidence of pro-equity effects for facility-based care



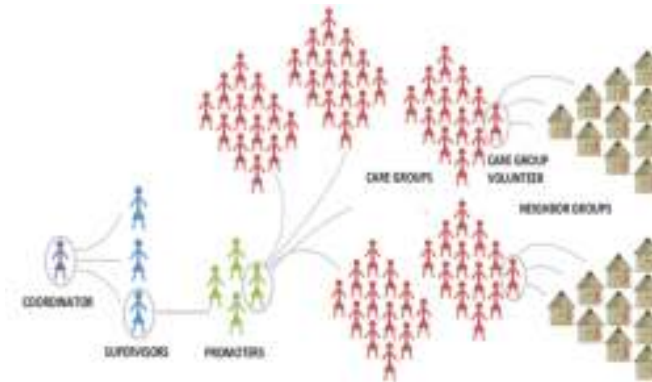
# An example of strategy: Participatory women's groups and home visitation

## PLA Groups



Prost 2013

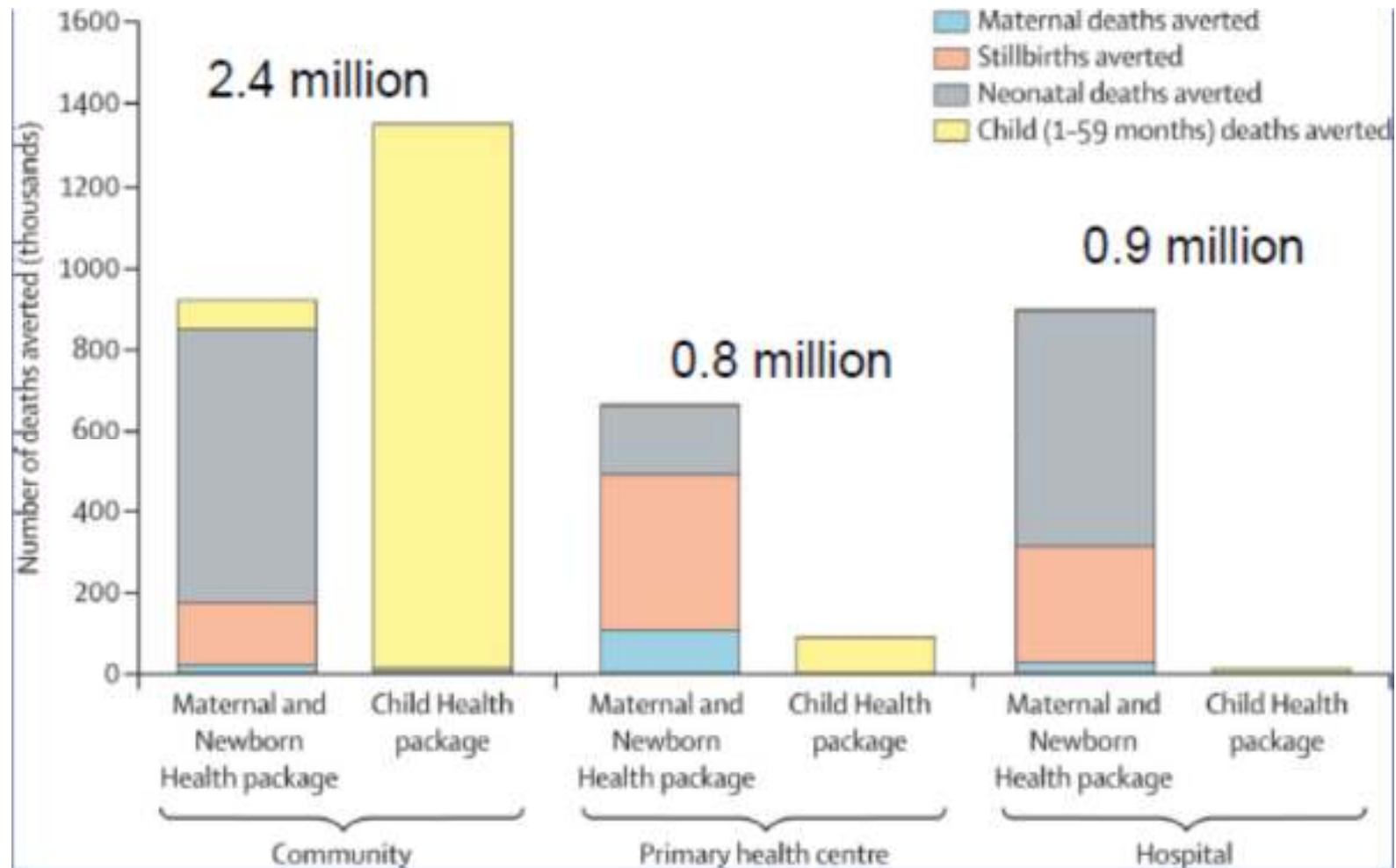
## Care Groups



Perry 2015



# Lives that can be saved through the community platform compared to other platforms



Black, Lancet 2016



## Evidence/knowledge gaps

- Lack of evidence of comprehensive CBPHC at scale for longer periods of time (5 years or more)
- Lack of evidence from Africa on effectiveness of CBPHC in improving neonatal health (mostly from South Asia)
- Lack of understanding on why more emphasis has not been placed on improving CBPHC given the strength of the evidence



# Recommendations

CBPHC needs to become a more important part of health programs, the foundation of health systems, a priority for health systems strengthening, and a priority for health sector funding

Communities (and especially women) are global health's greatest assets and need to become valued resources and partners, not just targets



## Recommendations (cont.)

Need stronger partnerships between communities and the health system, with communities more involved in planning, monitoring, evaluation

Need a strong integrated community platform – not a separate platform for each intervention (or for just a few of the known effective interventions) – to which new interventions can be easily added



## Recommendations (cont.)

The community platform needs to reach every household – will require a “dual cadre” of community level workers (a “professionalized” cadre and a volunteer cadre) – to make this possible

A vigorous implementation research agenda is needed to inform the effectiveness of packages of interventions under routine conditions at scale for longer time periods



# Conclusions

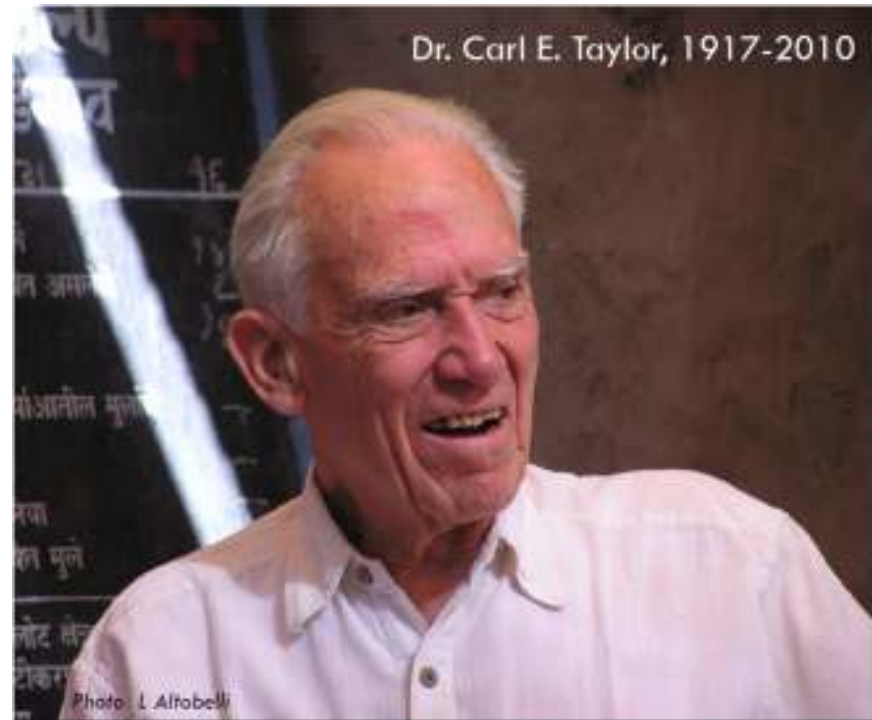
Stronger CBPHC is essential for achieving universal health coverage and for ending preventable child and maternal deaths by 2030

The vision of CBPHC as outlined in the 1978 Declaration of Alma-Ata is more relevant than ever





“Real social change occurs when officials and people with relevant knowledge and resources come together with communities in joint action around mutual priorities.”



Taylor, Lancet 2010



The time has come for CBPHC and CHWs to no longer be an “underfunded afterthought”!



# References

## **The review of the effectiveness of CBPHC in improving MNCH:**

- Perry H, Rassekh B, Gupta S, Wilhelm J, Freeman P. A comprehensive review of the evidence regarding the effectiveness of community-based primary health care in improving maternal, neonatal and child health: 1. Rationale, methods and database description. *Journal of global health*. 2017 (forthcoming).
- Jennings M, Pradhan S, Schleiff M, Sacks E, Freeman P, Gupta S, et al. A comprehensive review of the evidence regarding the effectiveness of community-based primary health care in improving maternal, neonatal and child health: 2. Maternal health findings. *Journal of global health*. 2017 (forthcoming).
- Sacks E, Freeman P, Sakyi K, Jennings M, Rassekh B, Gupta S, et al. A comprehensive review of the evidence regarding the effectiveness of community-based primary health care in improving maternal, neonatal and child health: 3. Neonatal health findings. *Journal of global health*. 2017 (forthcoming).
- Freeman P, Schleiff M, Sacks E, Rassekh B, Gupta S, Perry H. A comprehensive review of the evidence regarding the effectiveness of community-based primary health care in improving maternal, neonatal and child health: 4. Child health findings. *Journal of global health*. 2017 (forthcoming).
- Schleiff M, Kumapley R, Freeman P, Gupta S, Rassekh B, Perry H. A comprehensive review of the evidence regarding the effectiveness of community-based primary health care in improving maternal, neonatal and child health: 5. Equity effects. *Journal of global health*. 2017 (forthcoming).
- Perry H, Rassekh B, Gupta S, Freeman P. A comprehensive review of the evidence regarding the effectiveness of community-based primary health care in improving maternal, neonatal and child health: 6. Strategies used by effective projects *Journal of global health*. 2017 (forthcoming).
- Perry H, Rassekh B, Gupta S, Freeman P. A comprehensive review of the evidence regarding the effectiveness of community-based primary health care in improving maternal, neonatal and child health: 7. Programs with evidence of long-term impact on mortality in children younger than five years of age. *Journal of global health*. 2017 (forthcoming).
- Black R, Taylor. C, Expert Panel. A comprehensive review of the evidence regarding the effectiveness of community-based primary health care in improving maternal, neonatal and child health: 9. Conclusions and recommendations of an Expert Panel. *Journal of global health*. 2017 (forthcoming).



# References (cont.)

## Other references:

Aquino R, de Oliveira NF, Barreto ML. Impact of the family health program on infant mortality in Brazilian municipalities. *Am J Public Health*. 2009;99:87-93.

Black RE, Levin C, Walker N, Chou D, Liu L, Temmerman M, et al. Reproductive, maternal, newborn, and child health: key messages from Disease Control Priorities 3rd Edition. *Lancet*. 2016;388:2811-24.

Prost A, Colbourn T, Seward N, Azad K, Coomarasamy A, Copas A, et al. Women's groups practising participatory learning and action to improve maternal and newborn health in low-resource settings: a systematic review and meta-analysis. *Lancet*. 2013;381:1736-46.

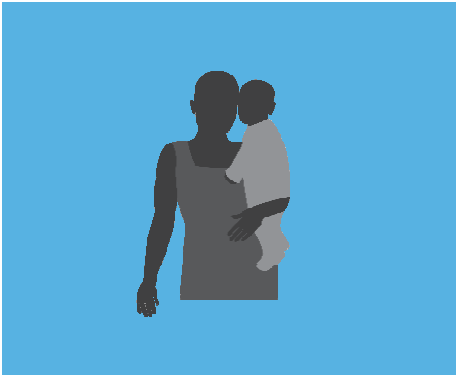
Perry H, Morrow M, Davis T, Borger S, Weiss J, DeCoster M, et al. Care Groups II: A Summary of the Maternal, Neonatal and Child Health Outcomes Achieved in High-mortality, Resource-constrained Settings. *Global Health: Science and Practice*. 2015;3:370-81.

Perry H, Morrow M, Davis T, Borger S, Weiss J, DeCoster M, et al. Care Groups II: A Summary of the Child Survival Outcomes Achieved Using Volunteer Community Health Workers in Resource-Constrained Settings. *Global health, science and practice*. 2015;3:370-81.

Taylor CE. What would Jim Grant say now? *Lancet*. 2010;375:1236-7.

WHO, UNICEF. Declaration of Alma-Ata: International Conference on Primary Health Care. 1978. Available: [http://www.who.int/publications/almaata\\_declaration\\_en.pdf](http://www.who.int/publications/almaata_declaration_en.pdf).





# Institutionalizing Community Health Conference



27-30 March 2017 | Johannesburg, South Africa



#HealthForAll  
[ichc2017.org](http://ichc2017.org)