



**PMAC** | PRINCE MAHIDOL  
AWARD CONFERENCE

## **PARALLEL SESSION 1.3**

**ACHIEVING UHC THROUGH STRONG LOCAL HEALTH SYSTEMS**

## | BACKGROUND

All agencies seeking to improve primary health care (PHC) should advocate for and act on its three core elements, as described in the “Vision for PHC for the 21st Century” produced for the 2018 Global Conference on PHC. These include: (i) Comprehensive health care throughout the life course, aimed at individuals and families through primary care, and at populations through public health functions; (ii) Systematically addressing the broader determinants of health through evidence-informed policies and actions across all sectors, and (iii) Empowering individuals, families, and communities to optimize their health, as co-developers of health and social services, and as self-carers and caregivers. The goal is to establish PHC that prevents disease and promotes health and well-being for all individuals and populations, through efficient, high impact and sustainable approaches aligned with local context, capacity and country priorities.

Operationalization of PHC to deliver primary care for all includes service delivery through formal health systems, from health post to households and including private providers. It interfaces with community networks and structures (women’s groups, social workers and community organizations) that support community engagement and social accountability. It integrates the delivery of preventive, promotive and curative health, nutrition, HIV, ECD and WASH services with community systems to produce improved development outcomes including survival, growth and development results for all children in all settings. Frontline line workers, commodity procurement and supply and data are critical health systems building blocks to operationalize PHC at community level.

Essential activities to strengthen these building blocks are:

- Integrating the community health workforce into national human resources for health, to ensure adequate national coverage with a priority focus on those currently underserved;
- Strengthening systems for procurement and supply chains that deliver to the last mile with remedial actions taken swiftly to identify and resolve bottlenecks;
- Ensuring that information systems capture health, nutrition and additional information at the household level, using innovations including digital technologies, and the production and use of data for action by both community leaders and the formal health sector;
- Building systems for social accountability, gender equity, community engagement and youth participation and that promote community identification of needs, increase demand for services and ownership, and produce equitable results;
- Ensuring quality clinical and preventive health care, delivered in a safe environment where community members are cared for with dignity, and with options for referral care if needed;
- Fostering sustainability and resilience in the face of emergencies or other events;
- Supporting integrated programming and linking with other relevant sectors’ formal and community systems (e.g. education, agriculture) for multi and inter sectoral action; and
- Partnering with local government entities, community-based organizations and the private sector, for equitable policy, legislative, financing and governance practices, accounting for decentralization.

## | OBJECTIVES

- Impart the perspective that a systems-strengthening approach that brings together the formal health sector, informal and private providers and existing community structures and networks is needed to operationalize PHC at community level
- Demonstrate that PHC must not only be institutionalized as part of the formal health sector but must also operate within strong community systems that engage the local leadership and community groups
- Present innovations in community-based health service delivery and governance that demonstrate both community participation and ownership and national government buy-in to locally-developed initiatives



Moderator

Jennifer Requejo

*Chief of Health and HIV, Data and Analytics Division*

UNICEF  
United States of America



Keynote Speaker

## Karin Hulshof

*Regional Director, East Asia and the Pacific Regional Office*

United Nations Children's Fund (UNICEF)

Thailand

Karin Hulshof is the UNICEF Regional Director for East Asia and the Pacific, based in Bangkok, Thailand. Since June 2016 she has been responsible for oversight, ensuring overall policy and programme coherence and advocacy for UNICEF across the region. UNICEF has 14 country offices in the East Asia and the Pacific region: Cambodia, China, DPR Korea, Indonesia, Lao PDR, Malaysia, Mongolia, Myanmar, Thailand, Timor-Leste, Viet Nam, Pacific Islands (based in Fiji), Papua New Guinea and the Philippines.

Ms. Hulshof has worked for UNICEF for almost 30 years. Prior to taking up her current position, she was UNICEF's Regional Director in South Asia. She has served as UNICEF Representative to India, as the Director of UNICEF's Public-sector Alliances and Resource Mobilization Office at UNICEF Headquarters in New York, and as Chief of Staff to the Executive Director in New York. She has also held field positions in Romania, Moldova, Belgium, Brazil, Guatemala and Costa Rica.

Prior to her work with UNICEF, she worked at the Council of Youth Affairs and Institute of Criminology in the Netherlands.

Ms. Hulshof graduated from the University of Groningen in the Netherlands with a Master's degree in Social Science and specializations in Economics, Spanish, Cultural Anthropology and Education. She is an Honorary Fellow of the Senate of the University of Bucharest, Romania.

Karin is passionate about mountains and has climbed them in the Himalayas.



Panelist

## Aye Aye Sein

*Deputy Director General (A/F), Department of Public Health*

Ministry of Health and Sports, Myanmar  
Myanmar

Aye Aye Sein is the Deputy Director General of Department of Public Health, Ministry of Health and Sports, Myanmar. Prior to this, she was the Deputy Director General of Department of Health Planning of the Ministry of Health. She has been in the service with the Ministry for over 25 years and has been extensively involved in public health program management, health planning, health information and communication technology supported programs and activities of the Ministry. She is also responsible for supervision and management of e-Health infrastructure development and ICT services of the Ministry. One of her focus area is the application of geo-spatial data and technologies and development of geo-enabling HIS to support a more comprehensive and equitable delivery of health services in Myanmar. Currently, she is taking the leading role of the flagship project of the Ministry: "Enhancing Efficiency of Basic Health Staff through Mobile Technology". This project aims to promote effective and efficient use of mobile technology and ICT for capacity building, communication, program management, health information and continued medical education for Basic Health Staff and health literacy for the community served. She graduated with Master of Computer Science from the Institute of Computer Science and Technology, Yangon and Master of Primary Health Care Management from the Mahidol University, Thailand.



Panelist

## Donna Isabel Capili

*Lead, Implementation of MNCHN Service Delivery Network for Indigenous Cultural Communities in Selected Areas in Region 12, Philippines*

Alliance for Improving Health Outcomes  
Philippines

Dr Donna Isabel S. Capili is lead of UNICEF Philippines' "Implementation of MNCHN Health Systems Strengthening for Indigenous Cultural Communities in Selected Areas in Region XII" by local non-government organizations, Alliance for Improving Health Outcomes (AIHO) and Kalusugan ng Mag-ina, Inc. (KMI). The objective of the two year undertaking was to support local government units in implementing community-determined strategies that strengthen indigenous peoples access to the health system, based on the felt needs of select barangays (villages) for appropriate, culturally competent, equitable and quality MNCHN services through participatory approaches. In the course of this assistance, Contextualized Structured Learning Experience (CSLE) sessions were co-created and served as a novel platform for learning exchanges for systems strengthening between non-indigenous and indigenous stakeholders. Recognition of power plays and facilitated discourse enabled the capacity of the indigenous and the non-indigenous institutions to collaborate resulting in sustainable partnerships to support indigenous expertise and participation in health systems strengthening.

Dr Capili is a pediatrician-neonatologist who completed fellowship training in the University of Toronto Perinatal and Neonatal Medicine program. Upon return to the Philippines, she engaged in clinical practice and hospital administration. She also became active in public health and has since shifted course to it full time. Her public health practice spans health policy development, health financing, capacity development of human health resources and health systems strengthening towards the optimization of maternal, newborn and child health and nutrition. Her key advocacies center on Essential Intrapartum and Newborn Care (EINC), breastfeeding and childhood malnutrition.



Panelist

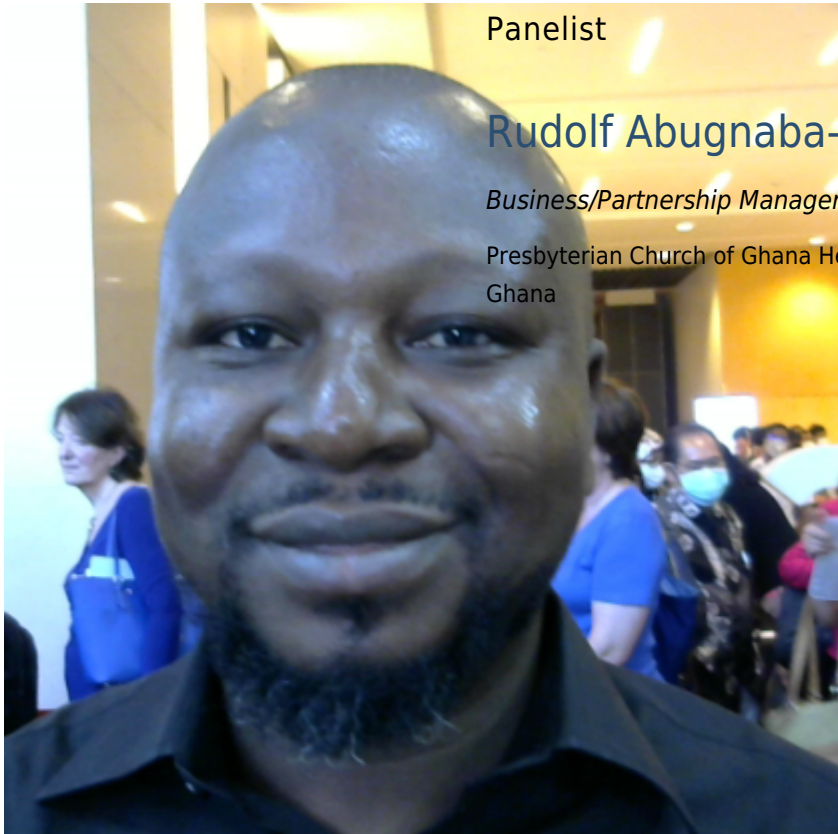
## Hajime INOUE

*Director General, Bureau of Strategic Planning,*

National Center for Global Health and Medicine (NCGM)  
Japan

Dr. Hajime Inoue started his professional career as pediatric resident in Tokyo and then served as a field officer in rural Philippines while working for the Maternal and Child Health Program. After post-graduate study in public health, specializing in global health, he joined the Japanese Ministry of Health, Labor and Welfare (MHLW), where he acquired a wide variety of technical experience in public health including hospital management, health insurance, pharmaceutical regulation, infectious disease control, and others.

Before taking on his current position, Dr. Inoue worked as the director of infectious disease control at the MHLW, and as the Special Representative for the Antimicrobial Resistance in the office of the WHO Director-General. He also worked as a Senior Advisor to the WHO Director-General, and served as a member of the governing bodies of WHO, the Global Fund, UNAIDS, and IARC.



Panelist

**Rudolf Abugnaba- Abanga**

*Business/Partnership Manager*

Presbyterian Church of Ghana Health Service  
Ghana

Mr. Abugnaba-Abanga is currently a PHD. candidate in Environmental Management and Sustainability with a Research interest in Climate Smart Health Care. He is a Health and Development/ project management professional with 18 years' experience in health governance/Social accountability, Maternal Health, SRHR for young people and community health systems. He has additional expertise in Participatory Monitoring, Evaluation & Learning (PMEL), Policy Influencing, and Inclusion.

Mr. Abugnaba-Abanga has about two decades of experience working with government, academic institutions, civil society organizations and communities in Ghana. He has managed donor funded projects in Maternal and Child Health , SRHR for young people, Women Economic & Social Empowerment, Technology for Maternal Health, Infant and Young Child Nutrition, hygiene, governance, and anti-corruption.

Mr. Abugnaba-Abanga has led a number of policy influencing agendas in Ghana, notable among are "Integrating Comprehensive Sexuality Education into school curricula" and the" Removal of hidden cost to Maternal Health Services".He has served on the board of a number of Ghanaian NGOs and was a member of the Global Steering Council of the Peoples Health Movement(PHM) between 2012 and 2014.

Mr. Abugnaba-Abanga has participated and presented papers in a number of international conferences in areas of maternal health, young people's SRHR, Water and Sanitation, health financing, community health systems and has number of publications in international and peer review journals. He is an employee of the Presbyterian Church of Ghana Health Services with a schedule of business development and partnerships.



