



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



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.