



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

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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.