



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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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.