World Vision

putting children at the centre of health care

RECOMMENDATIONS

Donor countries need to:

1. Allocate at least 10% of their sector-allocable official development assistance (ODA) to strengthening community- and district-level health systems;
2. Work with countries with a high burden of child and maternal mortality to assist them in developing comprehensive, adequately funded and evidence-based primary health care plans;
3. Work in a co-ordinated and transparent manner with other donors and through multilateral funding mechanisms to ensure full funding and more effective and long-term predictable support for health and nutrition in developing countries;
4. Work with international financial institutions to ensure that they do not unduly influence or impose on developing countries' fiscal conditions that hinder the provision of effective basic health services;
5. Adopt the World Health Organization code of practice on the international recruitment of health personnel and provide support to countries with a high burden of child and maternal mortality to develop costed plans to rapidly expand their health workforce to meet internationally agreed targets for health workers; and
6. Support and adequately fund the WHO in its efforts to revitalise the Alma-Ata Declaration on primary health care and subsequent commitments.

Countries with a high burden of child and maternal mortality need to:

1. Allocate at least 15% of government budgets to health by the end of 2010;
2. Provide detailed annual reports to national parliaments on the progress in improving health and ensure that these are widely disseminated to civil society and communities;
3. Develop comprehensive, evidence-based, costed strategies (based on the principles of primary health care) that grant high priority to community- and district-level maternal, neo-natal and child health services for the poorest and most marginalised segments of society;
4. Ensure that cost is not a barrier to accessing treatment for children and pregnant women;
5. Develop costed plans to expand their health workforce to internationally agreed levels;
6. Strengthen leadership and strategic capacity to develop national nutrition policies and action plans that target maternal and child care, recognising that primary health care approaches must integrate nutrition interventions to effectively address under-nutrition;
7. Support capacity building and training for "baby friendly" health facilities at every level of the national health structure; and
8. Set up and adequately resource national health monitoring systems that include growth monitoring for children under five years, and birth and death registration.

Civil society and private sector organisations need to:

1. Ensure that their activities are in line with national strategies and plans for health and that clear communication and co-ordination between all stakeholders avoids duplication of efforts; and
2. Actively support citizen and community empowerment strategies to enable citizens, especially the poorest and often most marginalised groups, to become active participants in improving their own health and in holding governments accountable for the delivery of quality health care.

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introduction

opportunity for leadership

Governments must prioritise primary health care in order to stand a chance of meeting the health-related Millennium Development Goals (MDGs). Families and communities must be a central part of the solution to maternal and child health under a broadened health agenda. As such, all national strategies must seek a greater understanding of local health needs and practices.

Health ministers need to show leadership to ensure a co-ordinated response across different government departments that is necessary for the primary health care agenda to be fully implemented at a national level.

As leaders from around the world focus on the global financial crisis, delegates at the Sixty-Second World Health Assembly will meet to address a far more lethal crisis: a health crisis that is claiming the lives of 9.2 million children and half a million mothers each year. With the right policies and commitment from all governments, we can begin to address this global crisis that is preventing mothers and children from accessing basic health services at a cost of approximately US$15 billion per year in aid,[1] about two thirds of the figure paid to bankers in bonuses last year in the UK financial sector alone.[2]

Health is a cornerstone of economic growth and social development, as well as a fundamental human right. In 2001, the World Health Organization's seminal report by the Commission on Macroeconomics and Health (CMH) provided compelling evidence that better health for the world's poor is not only an important goal in its own right but can act as a major catalyst for economic development and poverty reduction.[3] Evidence presented by the CMH suggested that each 10% improvement in life expectancy is associated with an increase in economic growth of about 0.3–0.4% per year, other growth factors being equal.[4]

But just as improvements in health have a role to play in fostering economic growth, so contractions of economies at the scale being predicted in the current global financial crisis can have an adverse impact on health. Current estimates from the World Bank are that an additional 200,000 to 400,000 children per year may die between 2009 and 2015 as a result of the financial crisis.[5] This potential increase of 2.8 million child deaths as a result of the financial crisis is a stark reminder of the fragility of recent gains in addressing child mortality and reinforces the need to ensure more is done to address child health.

Child mortality is not a side effect of economic under-development, it is the direct effect of a lack of political will to address the issue effectively. Identifying, resourcing and supporting champions of health and development at the highest levels must be a priority for all those with a responsibility for or declared interest in the rights and well-being of children.

Convincing governments that good health means good economics, and subsequently good politics, can be a challenge even in a stable economic climate. Within the context of the current global financial crisis ministries of health must present their governments with evidence-based, cost-effective primary health care plans that prioritise women and children, placing them at the heart of health care, and deliver accelerated progress towards the health-related MDGs.

The health-related Millennium Development Goals (MDGs):

MDG 4: Reduce child mortality

MDG 5: Improve maternal health

MDG 6: Combat HIV/AIDS, malaria and other diseases

review of progress made towards health-related MDGs

Almost 10 million women and children still die each year from causes that are largely preventable and treatable.[6] Yet only a quarter of the 68 developing countries that account for 97% of maternal and child deaths world-wide are making adequate progress to provide the critical health care needed to save these lives.[7] As the chart below indicates, the maternal and child health Millennium Development Goals are the most "off track" of all the MDGs.

The majority of maternal and child deaths occur in South Asia and Africa, with sub-Saharan Africa increasingly bearing the global burden of mortality. While only 20% of the world's children are born in sub-Saharan Africa, half of all child deaths occur in the region, as do half of the world's maternal deaths.[8]

The continuum of care for maternal, neo-natal and child health includes delivering integrated health services throughout the life cycle – through adolescence, pregnancy, childbirth, the postnatal period and early childhood. This care is provided by families and communities and through outpatient, outreach and clinical services. The lack of quality care for women and children in countries with a high burden (or the highest rates) of child and maternal mortality largely accounts for the lack of progress in achieving MDGs 4 and 5 compared to some of the other goals.

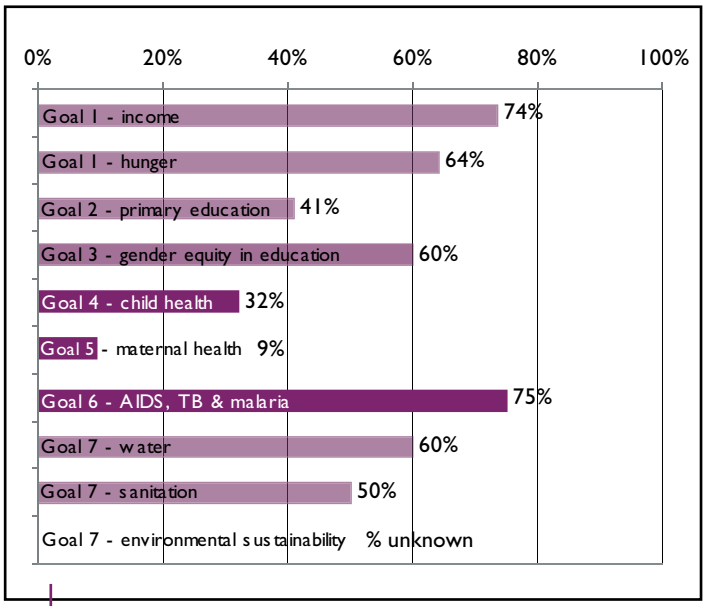

Figure 1. Summary of global progress on the MDGs
Derived from World Bank, MDG global monitoring report 2008, pp 19–22

Addressing the continuum of care in order to reduce maternal, neo-natal and child deaths requires strengthening health systems at community and district levels through a primary health care approach, and ensuring these systems respond to the needs of poor families and communities.

Some progress has been made towards meeting the health-related MDGs by:

- increasing access to HIV prevention and treatment;
- providing vaccinations and insecticide-treated mosquito nets to confront major killers such as measles and malaria; and
- promoting appropriate breastfeeding, complementary foods, vitamin A and iron supplementation to address under-nutrition (which is the underlying cause in 35% of child deaths).[9]

However, this progress has been uneven within and among regions and countries, and vital health services still fail to reach the majority of women and children. A review of delivering child survival interventions published in *The Lancet* in 2003 highlighted the relatively low coverage levels of a range of effective and affordable interventions (see Figure 2).[10]

Despite the progress made with adults on MDG 6, infant and child morbidity and mortality rates are still high in African countries heavily affected by HIV. In six sub-Saharan African countries, AIDS-related deaths are the principal cause of under-five mortality.[11] Transmission of HIV from mother to child is the route by which 90% of all HIV-positive children are infected, but in 2008 only 34% of pregnant women living with HIV in low- and middle-income countries in need of anti-retroviral treatment received it.

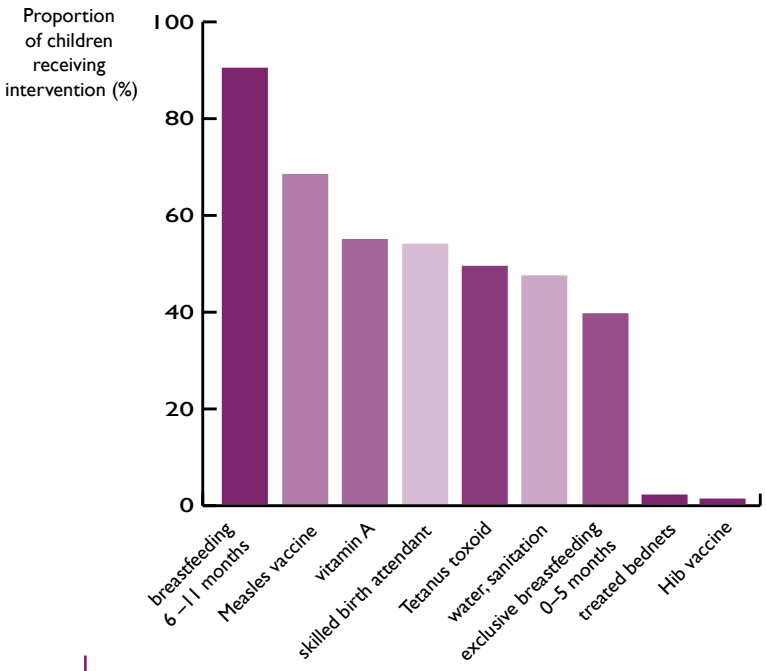

Figure 2. Estimated proportion of children younger than five years who received survival interventions in 42 countries accounting for 90% of deaths under five years, 2000
Source: J Bryce *et al.*, "Reducing child mortality: can public health deliver?", *The Lancet*, Vol 362, Issue 9378, 12 July 2003

Even more disturbing, in 2007 only 8% of infants born to women living with HIV in 77 low- and middle-income countries were tested within two months of birth.[12] Barely 10% of children living with HIV received anti-retroviral treatment,[13] yet without treatment almost 50% of children living with HIV will die by the second year of life.[14] Evidence from South Africa demonstrates a 76% reduction in mortality when anti-retroviral treatment is initiated within the first 12 weeks of life.[15]

In the 42 countries where 90% of under-five deaths occurred in 2000, breastfeeding of infants aged 6–11 months was the only intervention to reach nearly all children, yet even breastfeeding practices could be improved significantly in many countries.[16] More recent data shows that many gaps still remain.[17]

Between 2000 and 2006, the proportion of children under five with suspected pneumonia in Africa who were not taken to an appropriate health care provider was generally very high (88% of children in Chad and 72% in Rwanda).[18] The latest data also indicates that almost 40% of pregnant women in the developing world are giving birth without the support of trained birth attendants.[19]

The World Bank warns that malnutrition continues to be the world's most serious health problem, and the single biggest contributor to child mortality.[20] Evidence-based cost-effective interventions are available but are not reaching the poorest and most vulnerable. By integrating nutrition interventions into maternal and child health programmes and primary health care, particularly at the community level, coverage will be expanded to these vulnerable groups.

Poor coverage of key child and maternal survival interventions is a result of weaknesses in both the provision of and the demand for health care services.

World Vision seeks to support progress on both of these fronts, pushing for universal coverage of effective primary health care services for women and children at the same time as working alongside communities to create awareness and demand for high quality, accessible services. However, World Vision can only ever complement the efforts of the main duty bearer: governments themselves.

case study

empowering citizens as agents of change for better health

A World Vision Ghana programme, supported by the Canadian International Development Agency (CIDA), worked to extend government initiatives addressing malnutrition and preventable diseases among under-fives.[21]

The programme began with a baseline survey that World Vision Ghana staff then shared with the local community prompting a dialogue about how best to implement necessary interventions. World Vision Ghana provided training to community health workers on Community Integrated Management of Childhood Illnesses. Community Based Surveillance Volunteers, with the support of local leaders, worked with local health authorities to ensure that required services and monitoring were available at the community level.

When appropriate services were not provided by government officials, community volunteers alerted World Vision Ghana and health authorities at the district level. Further, World Vision Ghana encouraged the community to table their needs to their local political representatives.

This programme equipped mothers, care-givers and communities as a whole to demand improved health services from their government. The involvement of community members had a dual function: it was a mechanism to enable behaviour change that is necessary for the success of interventions (e.g. more mothers understood how to care for, provide appropriate and adequate nutrition for, and protect their children from diseases such as malaria); and, by understanding and addressing a problem facing them, community members became agents of change.

As of February 2008, an additional 76,838 children were sleeping under malaria bednets, 1,976 more pregnant women had received preventative therapy for malaria, an additional 9,375 children aged 6 months to 5 years received vitamin A supplementation, a further 1,706 children had been treated for pneumonia, and an additional 108,986 children had received oral rehydration treatment for diarrheal disease.[22]

For government health programmes to be genuinely country-owned, participatory approaches are a vital ingredient. This example also demonstrates that empowering citizens through knowledge and participatory methods enables them to become active participants in improving their own health and in holding governments accountable for the delivery of health systems.

renewed commitment to primary health care

"Primary health care is essential health care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost that the community and country can afford." [23]

Promoting good health, preventing illness, and building and supporting strong health systems are essential strategies for national governments charged with applying health budgets strategically and sustainably.

Primary health care encompasses health-related inputs that go far beyond the traditional remit of the health sector and advocates a multi-sectoral approach, recognising the importance of areas such as education, infrastructure, water, sanitation and hygiene, and food security. This adds emphasis to the need for ministers of health to play a role as "champion" of children's health and development, co-ordinating efforts around a strong and multi-sectoral national primary health care plan.

Governments have often ignored or under-estimated the importance of identifying the family or community unit as a valid tier of the health care system, overlooking the important role that families and communities can have in preventing and treating childhood illnesses that contribute largely to under-five mortality.

Sharp discrepancies in the child mortality rates of different countries with very similar per capita incomes suggest that political will and sound policies yield dividends regardless of the size of a nation's economy. Bangladesh, despite having a gross national income (GNI) per capita almost half that of Pakistan, has a far lower child mortality rate; and Zambia has a far higher child mortality rate than neighbouring Malawi, despite having a GNI per capita that is more than three times larger.[24]

A review of 52 African governments' budgetary commitments to children found that several countries with low gross domestic product (GDP) per capita allocated significantly more of their budget to health than countries with higher GDP per capita.[25] Three of the five proxy indicators used to measure governments' budgetary commitments for children were health-related: spending on health, as a percentage of total government expenditure; percentage of the government budget used to fund routine vaccines;[26] and the percentage change in government expenditure on health since the year 2000.[27]

Far from being simply the outcome of poverty, child mortality is exacerbated by a lack of political will, by misguided national government health policy and spending, and by a lack of investment in maternal, neo-natal and child health at the community level.

A renewed focus on primary health care is the only way of ensuring the health MDGs are met. As such, governments need to ensure increased equity, social justice, universal access, multi-sectoral action and community empowerment and participation. **Ministers of health, as the leading authorities on health within their own governments, must ensure that all stakeholders work together to implement evidence-based and cost-effective national primary health care plans.**

But for this renewed focus on primary health care to provide tangible improvements in child and maternal health ahead of the 2015 deadline for the MDGs, we must **now** set clear targets and indicators for all health systems. Expanded coverage of a continuum of care for quality maternal, newborn and child health services at the community and district level can then be monitored and improved for greater effectiveness.

Community Systems Strengthening and child health

Community empowerment and participation are key elements of primary health care that have often been overlooked and under-resourced in the past. However, Community Systems Strengthening is an approach that builds on the principle that families and communities are

the first line of defence to prevent ill health and premature death. This approach recognises that the capacities of community members need to be addressed, so that they are able to share responsibility for many aspects of their own health, as individuals, families and communities.

Information – and community access to information – can have a substantial impact on whether care-givers seek appropriate health care for themselves and their children when ill. There is a large and growing body of evidence that significant health gains can be achieved through improved community health practices.[28]

An understanding of how local cultural practices impact on maternal and child health is essential so that health care approaches respond appropriately to particular needs and contexts. This relies on developing a deeper understanding of community health-seeking practices, behaviour, knowledge and utilisation of systems to ensure effective local planning and delivery of health services.

The definition of Community Systems Strengthening approaches and their relevance to maternal and child health are still evolving. However, general key principles include:

- Understanding how a community is organised
- Considering gender dynamics and power relations
- Creating a space and structure for community dialogue that leads to the identification and recognition of current community strengths, gaps and weaknesses in health behaviours
- Promoting greater understanding and trust between community members, health care providers and the formal government system
- Promoting equity and inclusion, especially of the most vulnerable members of communities
- Enhancing the transfer of knowledge and skills to communities, especially around prevention and health promotion behaviours
- Strengthening self-generated action, based on increased transparency, the right to information and a "voice" in health systems processes

Action at the World Health Assembly and beyond

Delegates attending the Sixty-Second World Health Assembly have an opportunity to directly influence and shape the renewed focus on primary health care.

In January 2009 the Executive Board of the WHO recommended that the World Health Assembly adopt a new resolution on primary health care, including health system strengthening (EB124.R8).[29]

Delegates must ensure that this new resolution is given high priority and is clearly linked to the accelerated progress urgently needed to meet the health-related MDGs, the subject of a monitoring report being presented on the same agenda at the World Health Assembly. The report, *Monitoring of the achievement of the health-related Millennium Development Goals*, clearly states that the values of the MDGs echo those in the original primary health care Declaration of Alma-Ata and that "the renewed commitment in primary health care provides a framework and direction for future work on the Millennium Development Goals".[30]

All governments must endorse this overdue convergence of priority agendas at the World Health Assembly and make primary health care a central part of national health policies in their efforts to scale up progress towards the Millennium Development Goals, with a particular focus on the health of women and children as these goals are farthest off track.

World Vision's contribution to the health-related MDGs

World Vision believes that good health is crucial to breaking the cycle of child poverty and is a fundamental element of children's well-being. Recognising this, community-based maternal and child health is at the core of our global health strategy. In 2008, World Vision invested approximately $240 million in cash towards addressing health, nutrition, HIV and AIDS, and hygiene and sanitation in our programme areas to help achieve the MDGs (in particular MDGs 4, 5 and 6) plus an additional $300 million of in-kind contributions of medication and health products.

We aim to integrate our health and nutrition work with education, provision of potable water, food security and child protection to build on the synergies between the MDGs, and we focus our efforts on the leading causes of child death – malnutrition and diseases including diarrhea, pneumonia and malaria, as well as the complications of birth – largely through household- and community-based interventions. We do not believe in setting up parallel programmes, but work with government and private sector partners to ensure that these community-level activities contribute to achieving national plans and goals.

In the long term, improvements in health will come about not just through our interventions, but through people demanding their right to quality health care and participating fully in decisions that affect their lives. Therefore, World Vision seeks to empower communities to understand and advocate for their needs and rights. Improving the health of a population should be a continuous, inclusive process, from prevention and the promotion of healthy behaviour to treatment and support in a functioning primary health care system.

case study

handing back responsibility for primary health care

World Vision Armenia has been providing primary health care services in four rural marzes *(provinces) of Armenia since 2004. As part of a USAID-funded Medical Outreach Teams (MOT) Project, World Vision's role was to improve access to primary health care for people living in hard-to-reach rural communities, covering a total 123 villages and reaching over 91,000 people.*

Medical Outreach Teams including doctors, gynecologists, pediatricians and laboratory technicians worked in conjunction with local health institutions to provide consultations to remote border populations.

In one particular success story of October 2005, a World Vision MOT laboratory doctor – during one of the routine visits to the villages – registered two types of hepatitis (type A and B). The number of hepatitis cases clearly pointed to an epidemic, and World Vision immediately responded by taking necessary preventive measures to curb the spread of the diseases. The affected villages were given priority and laboratory tests were conducted over three consecutive days. As a result, 46 people passed laboratory testing for hepatitis, and 38 people underwent further ultrasound examination and were referred to hospital. By the end of 2005, the epidemic was under control.

Other project achievements included developing and distributing 50,000 local language health education materials, training 300 local primary health care providers, and establishing 63 revolving drug funds to increase access to essential drugs in communities.

After almost five years of implementing the project, World Vision Armenia signed a Memorandum of Understanding to hand over responsibility for continuing these services to the Government of Armenia.

It is a mark of the success of the project that there is a real and shared commitment from the government, local health authorities, communities and medical providers to ensure continued access to quality primary health care services for these remote populations.

conclusion

The potential impact of not meeting the health-related Millennium Development Goals goes beyond a loss of credibility for the international community. It points to a failure of government will to remedy a gross violation of the most basic rights – to health care, clean water, adequate food and protection – that currently leads to more than 9 million children and half a million women dying annually from mostly preventable causes. Clear economic and moral imperatives exist, with each death representing an unacceptable loss of human potential.

"Business as usual" will not bring about the accelerated rate of progress now needed if the health-related MDGs, particularly on maternal and child health, are to be met. Ministries of health have a vital role to play. They must communicate how and why new, re-focused investments in primary health care are an essential component of governments' overall strategies for social and economic development. They must also champion these investments as a necessary measure for governments to meet their MDG commitments.

Donor countries, countries with high rates of child and maternal mortality, non-governmental organisations and individuals all have a role to play in improving child health and reducing child mortality over the next six years. Investment in human capital – including increasing access to high quality primary health care services, as well as social vulnerability funds and other means of support during the current financial crisis – must be increased and not be allowed to falter.

Improving maternal, newborn and child health should form the basis of clearly defined targets and indicators for a renewed, functioning primary health care approach to health systems. Community Systems Strengthening must be an integral part of the scaling up of quality primary health care, to ensure that men, women and children are at the very heart of efforts to improve their health. These two agendas need to be brought more closely together at all levels.

Recommendations

Governments must take decisive action to ensure mothers and children receive adequate health care. The health-related Millennium Development Goals will only be met when the gap between health care systems and family and community health care needs is addressed.

Donor countries need to:

1. Allocate at least 10% of their sector-allocable official development assistance (ODA) to strengthening community- and district-level health systems[31] in order to provide universal child and maternal health and nutritional services and to provide a foundation for the scale-up of responses to malnutrition and HIV and other major infectious diseases. It is estimated that a minimum $15 billion per year in aid is required from the global community for basic health services by 2010 – additional resources of a similar scale will also be required for the response to HIV;
2. Work with countries with a high burden of child and maternal mortality to assist them in developing comprehensive, adequately funded and evidence-based primary health care plans that focus on effective and equitable health systems, with particular focus on monitoring health indicators of children under five years (specifically levels of underweight, stunting and wasting) and delivering an essential package of care through strengthened household, community and district health care systems;
3. Work in a co-ordinated and transparent manner with other donors and through multilateral funding mechanisms, such as the International Health Partnership and the Global Fund to Fight AIDS, Tuberculosis and Malaria, to ensure full funding and more effective and long-term predictable support for health and nutrition in developing countries, in line with the principles of the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action;

4. Work with international financial institutions to ensure that they do not unduly influence or impose on developing countries' fiscal conditions that hinder the provision of effective basic health services;
5. Adopt the WHO code of practice on the international recruitment of health personnel and fully support the implementation of the provisions contained within it, and provide financial and technical support to countries with a high burden of child and maternal mortality to develop costed plans to rapidly expand their health workforce to meet internationally agreed targets for health workers; and
6. Support and adequately fund the WHO in its efforts to revitalise the Alma-Ata Declaration on primary health care and subsequent commitments.

Countries with a high burden of child and maternal mortality need to:

1. Allocate at least 15% of government budgets to health by the end of 2010;
2. Provide detailed annual reports to national parliaments, on the progress in improving health, incorporating indicators of child and maternal health as key measures of health system performance, and ensure that these are widely disseminated to civil society and communities;
3. Develop comprehensive, evidence-based, costed strategies (based on the principles of primary health care) that grant high priority to community- and district-level maternal, neo-natal and child health services for the poorest and most marginalised segments of society;
4. Ensure that cost is not a barrier to accessing treatment for children and pregnant women;
5. Develop costed plans to expand their health workforce to internationally agreed levels through expansions in training and retention, and in particular to invest in the training and inclusion of community health workers within the public health system;
6. Strengthen leadership and strategic capacity to develop national nutrition policies and action plans (as a core component of national Poverty Reduction Strategy Papers and/or International Health Partnership resource allocations) that target maternal and child care, recognising that primary health care approaches must integrate nutrition interventions to effectively address under-nutrition;
7. Support capacity building and training for "baby friendly" health facilities at every level of the national health structure; and
8. Set up and adequately resource national health monitoring systems that include growth monitoring for children under five years, and birth and death registration.

Civil society and private sector organisations need to:

1. Ensure that their activities are in line with national strategies and plans for health and that clear communication and co-ordination between all stakeholders avoids duplication of efforts; and
2. Actively support citizen and community empowerment strategies to enable citizens, especially the poorest and often most marginalised groups, to become active participants in improving their own health and in holding governments accountable for the delivery of quality health care.

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World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families and communities world-wide to reach their full potential by tackling the causes of poverty and injustice. As followers of Jesus, World Vision is dedicated to working with the world's most vulnerable people. World Vision serves all people regardless of religion, race, ethnicity or gender.

Children are often most vulnerable to the effects of poverty. World Vision works with each partner community to ensure that children are able to enjoy improved nutrition, health and education. Where children live in especially difficult circumstances, surviving on the streets, suffering in exploitative labour, or exposed to the abuse and trauma of conflict, World Vision works to restore hope and to bring justice.

World Vision recognises that poverty is not inevitable. Our Mission Statement calls us to challenge those unjust structures that constrain the poor in a world of false priorities, gross inequalities and distorted values. World Vision desires that all people be able to reach their God-given potential, and thus works for a world that no longer tolerates poverty.

World Vision

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