Recommendations for Strengthening CBPHC to Improve MNCH

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Outline

The review

Key findings

Evidence/knowledge gaps

Recommendations
Comprehensive review of CBPHC effectiveness

Expert panel

Selection criteria

Review process

Outcomes

Robert Black
Database description

Maternal: 152 assessments
Child and neonatal: 548 assessments
Published in peer-reviewed journals: 79%
- Unpublished evaluations and books or chapters also included
- 80 USAID-funded child survival projects included

The majority of assessments were of projects serving 5,000 or fewer women and children, with a single intervention, for 3 years or less.
Key findings

Evidence that CBPHC is effective in improving MNCH is extensive.

Evidence that investing in facilities alone without CBPHC will improve MNCH in geographically defined populations is lacking.

Evidence is strong that CBPHC has a strong pro-equity effect while evidence is also strong that facility utilization is inequitable.
Strategies for achieving effectiveness of CBPHC

Community engagement – in program design, implementation and evaluation

Engagement with women’s groups

Use of innovative ways to share education messages

Use of community-level workers

Use of local resources

Strengthening of peripheral facilities – training, logistics/drug supply, supervision, links with communities
Key findings (cont.)

Key strategies for delivering interventions

- Home visits
- Community case management
- Participatory women’s groups
- Outreach services from peripheral health facilities
42 projects identified in which equity effects assessed
78% of the equity measurements demonstrated a pro-equitable effect, 9% an equitable effect, and only 13% an inequitable effect

An example: Brazil’s Family Health Program and its system of routine visitation of all homes: as program spread, its effects were greatest in lower-income municipalities with the highest infant mortality (Aquino 2009)

No evidence of pro-equity effects for facility-based care
An example of strategy: Participatory women’s groups and home visitation

PLA Groups

Care Groups

Prost 2013

Perry 2015
Lives that can be saved through the community platform compared to other platforms

Black, Lancet 2016
Evidence/knowledge gaps

• Lack of evidence of comprehensive CBPHC at scale for longer periods of time (5 years or more)
• Lack of evidence from Africa on effectiveness of CBPHC in improving neonatal health (mostly from South Asia)
• Lack of understanding on why more emphasis has not been placed on improving CBPHC given the strength of the evidence
Recommendations

CBPHC needs to become a more important part of health programs, the foundation of health systems, a priority for health systems strengthening, and a priority for health sector funding

Communities (and especially women) are global health’s greatest assets and need to become valued resources and partners, not just targets
Recommendations (cont.)

Need stronger partnerships between communities and the health system, with communities more involved in planning, monitoring, evaluation

Need a strong integrated community platform – not a separate platform for each intervention (or for just a few of the known effective interventions) – to which new interventions can be easily added
The community platform needs to reach every household – will require a “dual cadre” of community level workers (a “professionalized” cadre and a volunteer cadre) – to make this possible

A vigorous implementation research agenda is needed to inform the effectiveness of packages of interventions under routine conditions at scale for longer time periods
Conclusions

Stronger CBPHC is essential for achieving universal health coverage and for ending preventable child and maternal deaths by 2030.

The vision of CBPHC as outlined in the 1978 Declaration of Alma-Ata is more relevant than ever.
“Real social change occurs when officials and people with relevant knowledge and resources come together with communities in joint action around mutual priorities.”

Taylor, Lancet 2010
The time has come for CBPHC and CHWs to no longer be an “underfunded afterthought”!
The review of the effectiveness of CBPHC in improving MNCH:


Other references:


