

A Systematic Review of the Effectiveness of Community-Based Primary Health Care in Improving Child Health

Sponsored by the Working Group on CBPHC of the International Health Section of APHA in collaboration with UNICEF, WHO, the World Bank and with support from Future Generations

Purposes & Methods
by Paul Freeman

Study Personnel

- Directors Henry Perry, Paul Freeman
- Coordinators Sundeep Gupta, Bahie Rassekh
- Sixty Reviewers
- Six Part-time Data Entry Personnel

Members of the Expert Review Panel

- Dr. Carl Taylor, Chairperson, Johns Hopkins University, Baltimore, MD
- Dr. Raj Arole, Comprehensive Rural Health Project, Jamkhed, India
- Dr. Rajiv Bahl, World Health Organization, Geneva
- Dr. Abhay Bang, Society for Education, Action and Education (SEARCH), Gadchiroli, India
- Dr. Robert Black, Johns Hopkins University, Baltimore, MD, USA
- Dr. Anthony Costello, University College of London, London, UK

Members of the Expert Review Panel (cont.)

- Betty Kirkwood, London School of Hygiene and Tropical Medicine, London, UK
- Rudolph Knippenberg, UNICEF, New York, NY
- Claudio Lanata, Institute of Nutritional Research, Lima, Peru
- Dr. Adetokumbo Lucas, Harvard University, Ibadan, Nigeria
- Dr. Pang Ruyan, WHO, Manila, Philippines
- Dr. David Sanders, University of Western Cape, Capetown, South Africa
- Dr. Agnes Soucat, World Bank, Washington, DC
- Dr. Mary Taylor, Gates Foundation

Current Problems

- Scale /Access / Distribution

safe- inexpensive proven care

NOT REACHING -majority population

- Cost of “health” care too great for many

- Health personnel deficient---non-industrialized

How about sickness care?

From 70 – 90% of all sickness care takes place in the home*

- Household members, especially mothers:
 - make the primary diagnoses of illnesses
 - assess the severity and likely outcomes
 - select among *available* providers and treatment options
 - procure and administer treatments

*Source: WHO, *World Health Report 2002. Reducing Risks, Promoting Healthy Life*

Miriam Were – Esteemed Kenyan Proponent for CBPHC

- “We are convinced that if the development agenda had recognized the existing strengths in the African people and had built on them, we would have gotten much further than with the approach of treating African people as if all they have is ignorance to be gotten rid of and presenting them with solutions with no bridges to their reality.”

(2005 Gates Award Acceptance Speech on behalf of AMREF)



“ Will you help us have a healthy future?”

What Is CBPHC?

- **CBPHC is a process through which health programs and communities work together to improve health and control disease.**
- **CBPHC includes the promotion of key behaviors at the household level as well as the provision of health care and health services outside of static facilities at the community level.**
- **CBPHC can (and of course should) connect to existing health services, health programs, and health care provided at static facilities (including health centers and hospitals) and be closely integrated with them.**

What is CBPHC? (cont.)

- **CBPHC also includes multi-sectoral approaches to health improvement beyond the provision of health services per se, including programs which seek to improve education, income, nutrition, living standards, and empowerment.**
- **CBPHC programs may or may not be in collaboration with governmental or private health care programs; they may be either comprehensive in scope or highly selective; and they may or may not be part of a program which includes the provision of services at fixed facilities.**

What Is CPBHC? (cont.)

CBPHC includes the following three different types of activities:

(1) Communications with individuals, families and communities to improve key practices.

(2) Social mobilization and community involvement for planning, delivering and using health services.

(3) Provision of health care in the community, including preventive services (e.g., immunizations) or curative services (e.g., community-based treatment of pneumonia).

Study Goals

- Strength of evidence of sustained improvement in health from CBPHC
- Conditions for community-based interventions to be effective
- Most effective community-based approaches for behavior change
- Lessons from both successful and unsuccessful experiences
- Additional research needed
- How can successful CBPHC be scaled up--- in resource poor circumstances
- Implications for regional, national and global health policy

Identification of Documents for the Review

- One or more interventions using a CBPHC approach
- With a direct assessment of health - measures of mortality, morbidity and nutritional status.
- Or an indirect assessment of health process or outcome known to be closely associated with child health status.
- Associated assessments which qualified for review included assessments of the equity of key health services and the cost-effectiveness of CBPHC approaches.

Database search terms used

- child health or child mortality
- community-based -nutrition programs
- community-based primary health care
- community-based programs
- community health
- community health workers
- community involvement
- community participation
- community programs
- developing countries
- infant mortality
- neonatal mortality
- primary health care
- multiple combination of above

Pub Med, Cochrane, Global Health (UW) Databases

Further sources

- Broadcasts were sent on widely used global health Listserves.
- Knowledgeable persons for their suggestions for documents to be included.
- Documents which were not published in peer-reviewed scientific journals were included if the document provided an adequate description of the intervention and had a satisfactory form of evaluation.

Excluded

- Studies with no specific programmatic intervention
- Studies with no clear assessment of effectiveness

Document Review Process

- Search produced -- well over 1,000 documents
- Each document -- assessed for inclusion by two independent reviewers
- Each document qualified for inclusion -- reviewed by 2 independent reviewers
Using two standardized forms -- either for (1) single program or (2) review article
- Each pair of reviews from the previous step reviewed & consolidated by a third senior reviewer into a single data sheet created as an EPI INFO questionnaire for further analysis

Current State of Review

Review is still in progress

Meeting of Expert Review Committee to examine report of the review and make recommendations set for late January 2008

Final Report due first quarter of 2008