

Systematic Review of the Effectiveness of CBPHC in Improving Child Health: Implications for UNICEF and Other Major International Health Organizations

Rudolph Knippenberg, Senior Advisor for
Health
UNICEF

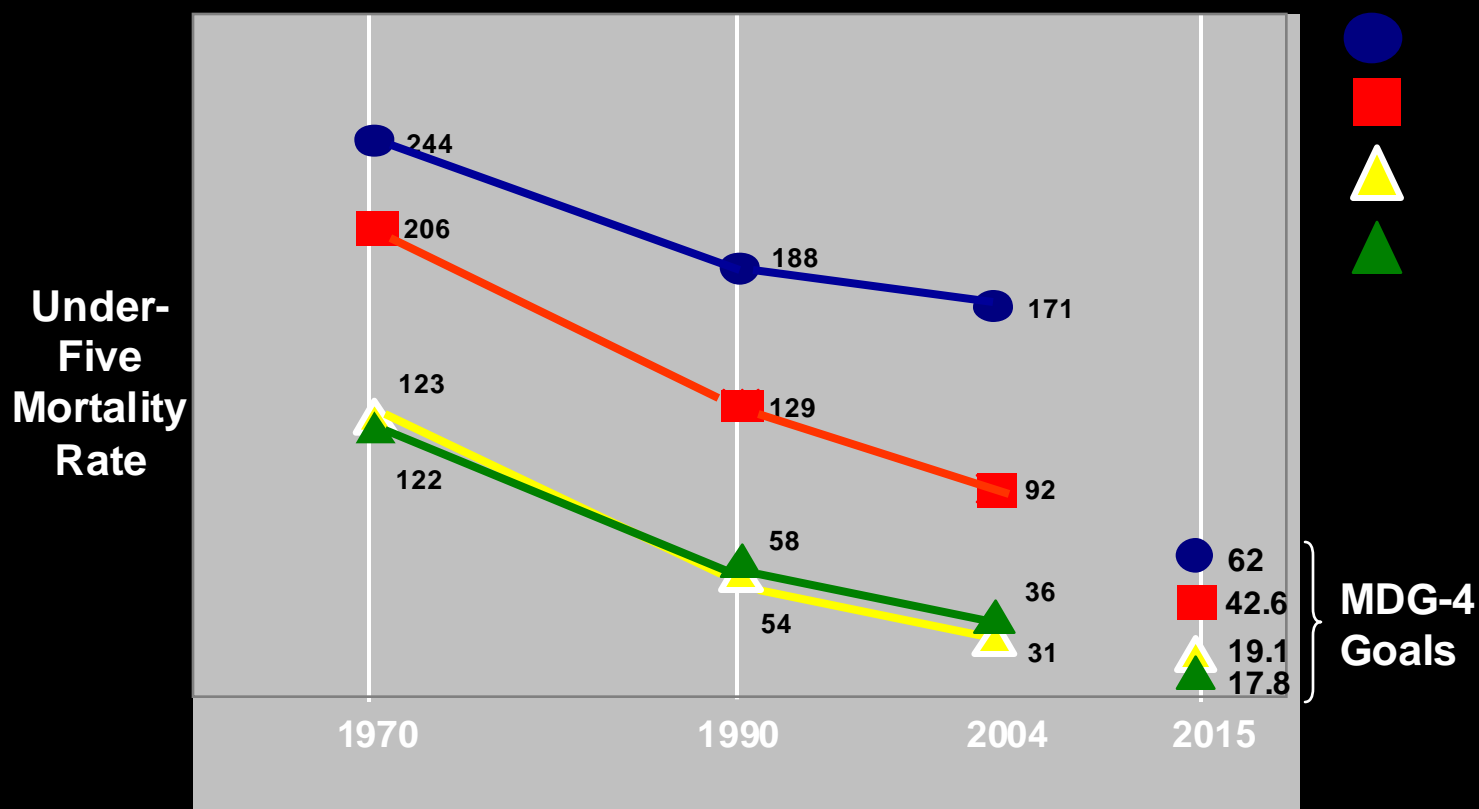
Background

- UNICEF's previous engagement in and leadership for child survival beginning in 1982 under James Grant's leadership
- Its focus on specific vertical interventions (GOBI)
- 1990 World Summit on Children
- The shift of primary focus at UNICEF away from child survival and toward child rights in the late 1990s and early 2000s
- Widely lamented "boat adrift" pattern of global commitment to child survival during past decade

The Changing Global Context

- Implications of the Millennium Development Goals in health on re-shifting focus at UNICEF back to child survival and safe motherhood
- The natural role of UNICEF in providing leadership for child health initiatives
- The need to accelerate progress in order to reach MDGs 4 & 5
- Rapidly expanding financial resources to expand and strengthen maternal and child health programs

Trends in Child Mortality Relative to MDG-4



Source: The State of the World's Children, 2006

Current and Needed Annual Rate of Reduction in Child Mortality to Achieve MDG-4

UNICEF Region	Average annual rate of reduction		
	1970-1990 %	Current 1990-2004 %	Needed to Achieve MDG4 2005-2015 %
L. America/ Caribbean	4.1	4.0	1.2
E. Asia	3.7	3.4	1.5
Mid-East/ N. Africa	4.4	2.6	2.7
S. Asia	2.3	2.4	4.5
Sub Saharan Africa	1.3	0.7	9.9

Source: The State of the World's Children, 2006

Where Do We Need to Focus to Achieve MDG-4?

Achievement of MDG-4
will depend on accelerating
interventions in South Asia and
sub-Saharan Africa.

Age Group Focus

- Currently nearly 4 million neonatal deaths
- Achievement of MDG-4 will depend on success with neonatal interventions

Community-based Approaches

- Essential for major progress in reducing neonatal mortality in low-resource settings
- Essential for major progress in reducing mortality from childhood pneumonia and malaria
- Essential for major progress in improving nutrition and therefore reducing mortality

Emerging Initiatives at UNICEF

- Personal commitment of the Executive Director to community-based approaches
- First All-Africa Conference of UNICEF Directors in 15 years last fall in Dakar, Senegal, on community-based approaches
- State of the World's Children 2008 on community-based approaches
- The UNICEF Accelerated Child Survival and Development (ACSD) Program

UNICEF ACSD, 2002-2005

- Concept and aim: three packages covering three service delivery modes, plus strengthening local accountabilities through performance contracts and participatory monitoring
- Location: 100 high-mortality districts with 17 million people in 11 countries of West and Central Africa (17 million people)

The Packages and Their Delivery

- Package 1: Routine EPI+ (EPI + vitamin A + ITNs)
- Package 2: ANC (refocuses ANC4, IPT malaria, TT immunization, IFA, PP vitamin A)
- Package 3: IMCI+ (family practices promotion, EBF + CF, ORT, ITNs for pregnant women and under-5 children, community management of malaria and ARI)
- Twice-yearly Child Health Days going door-to-door to reach every child and pregnant mother
- Start with EPI, ANC and ITNs

Outcomes and Next Steps

- Comparison of coverage of key indicators in intervention and control districts, with coverage doubling or tripling in intervention districts and staying stagnant in control districts
- Bellagio calculator method estimates saving 18,000 lives a year
- Program now being expanded with direct mortality measurements

The UNICEF Joint Health and Nutrition Strategy for 2006-2015

- Focus on mothers, newborns and children
- Focus on health and nutrition together
- Focus on evidence-based analysis for policy and action
- Focus on development of enabling institutional frameworks (including cross-sectoral exchange)
- Focus on large-scale acceleration of effective coverage of interventions

The UNICEF Joint Health and Nutrition Strategy for 2006-2015 (cont.)

- Not continue the vertical structures established in the past (“It is vital that interventions be taken to scale in an integrated and system-building manner to ensure sustainability.”)
- Empower and build the capacity of poor communities, women and families

Increasing Emphases of Major International Institutions and Donors

- On demonstrating the effectiveness of programs in reducing under-5 mortality at scale as a result of investments in health
- Recognition that strong emphasis on community-based approaches will be required in order to make that happen

Implications of the Review

- The review is timely – and provides guidance for major emerging program initiatives, particularly in high mortality countries
- Summarizes the evidence that family and community interventions are effective in improving child health and merit priority widespread application
- Application of CBPHC most relevant in resource-poor settings where major improvements in the standard of living and in the health system will not be forthcoming in the short- to medium-term

Implications of the Review (cont.)

- Provides strong support for the expansion of field research on how to improve the effectiveness of community-based approaches, especially those which integrate priority interventions with full collaboration and participation of communities