Comprehensive review of the evidence regarding the effectiveness of community-based primary health care in improving maternal, neonatal and child health


8. Summary and recommendations of the Expert Panel
Specific recommendations of the Expert Panel
CBPHC should be a priority for:

• Strengthening health systems
• Accelerating progress in achieving UHC
• Ending preventable child and maternal deaths
Resources devoted to CBPHC should be tracked at national and regional levels, and policy makers and political leaders need to ensure that funding for CBPHC is expanding appropriately.
Communities are an undervalued resource, and their full participation and partnership needs to be fostered in order for CBPHC to reach its full potential.

Building partnerships between health systems and communities is essential in order to reach those most in need with effective, equitable, and sustainable programs.
Prioritization should be given to strengthening CBPHC in populations with the highest mortality in order to achieve greater impact.
A strong CBPHC service delivery platform should be established not only for accelerating progress in improving MNCH and child development but also for:

- Reducing the unmet need for family planning
- Ending the HIV/AIDS epidemic
- Controlling malaria, tuberculosis, and priority non-communicable diseases
- Surveillance
The establishment of the CBPHC platform is for MNCH is urgent, while the inclusion of the other elements will need to be a gradual and longer-term process.

A strong CBPHC service delivery system will make it possible to incorporate new interventions as they are developed and will be needed for UHC and Health for All.
Future progress in improving the effectiveness of CBPHC for MNCH will require an expanded research agenda to continually advance the contextualized evidence on CBPHC program effectiveness at scale over a longer period of time with multiple evidence-based interventions.

Adequate financial support for advancing the evidence base for CBPHC programs effectiveness will be essential if CBPHC programs are to fulfill their potential.
Detailed recommendations in three areas:

1. Empower communities and women in these communities to be more actively engaged in improving the health of mothers, newborns, and children

2. Build stronger partnerships between the community and health system

3. Involve communities in monitoring, evaluation, and use of health related information
Detailed recommendations in three areas:

1. Extend the delivery system to every community and household

2. Promote delivery of interventions to those at greatest risk

3. Build a stronger, more efficient, and more effective health delivery system
Strengthening and scaling up community and primary health care platforms could prevent 77% of preventable maternal, newborn, and child deaths and stillbirths.

**Key Evidence for Community Interventions**

Institutionalizing Community Health Conference, Johannesburg, 2017

• Principles
• Advocacy PowerPoint requested by country delegations for in-country dialogue/use
• Lancet commentary
• Global agenda setting with countries

Acting on the Call Addis Summit, 2017

• Ministerial Declaration
• Best Practices booklet
• Community Health Systems Box in AOTC Report focusing on Health Systems
Relevance & Use

Rationale for investment/investment cases (global, national)

- Harmonizing what we mean and linking it to evidence; fostering dialogue and debate

- Inclusion in new visions/strategies (e.g. USAID’s Vision for Health System)
Community-Based Primary Health Care (CBPHC)

- Encompasses a range of interventions delivered outside facilities
- Common implementation approaches included home visits, participatory women's groups, community case management (CCM) and outreach from peripheral health facilities.

Key findings from the Comprehensive Review of CBPHC Programs:

- Evidence that CBPHC is effective in improving MNCH is extensive
- Evidence that investing in facilities alone will improve MNCH in geographically defined populations is lacking
- Evidence is strong that CBPHC has a pro-equity effect; and that facility use is inequitable

Selected Recommendations:

- CBPHC needs to become a more important part of health programs, the foundation of health systems strengthening, and a priority for health sector funding.
- A rigorous implementation research agenda is also needed to inform the effectiveness of packages of interventions under routine conditions at scale for longer periods of time.
Key Evidence for Community Interventions

Selected Sources: evidence and recommendations for advancing community health systems

- WHO led Community Based Practitioner (CBP) Guidelines Review (ongoing)
- Effectiveness of Community Based Primary Health Care (CBPHC) in Improving Maternal, Neonatal, and Child Health Outcomes (forthcoming –8 publications in Journal of Global Health, June 2017)
- WHO led mapping of evidence gaps for social, behavioral, and community engagement interventions for RMNCAH (forthcoming, 2017)
- Synergies, strengths and challenges: findings on community capability from a systematic health systems research literature review. (2016)
- WHO recommendations on health promotion interventions for maternal and newborn health 2015
Additional Evidence Reviews

• **Community participation in health systems research: a systematic assessing the state of research, the nature of interventions involved and the features of engagement with communities** (2015)

• **Anchoring contextual analysis in health policy and system research: A narrative review of contextual factors influencing health committees in low and middle income countries** (2015)

• **Examining the links between community participation and health outcomes: a review of the literature** (2014)

• **Community accountability at peripheral health facilities: a review of the empirical literature and development of a conceptual framework** (2012)

• **A systematic review of the literature for evidence on health facility committees in low- and middle-income countries** (2012)