

# EXEMPLARS IN GLOBAL HEALTH: CORE GROUP PRESENTATION

Jan 28, 2021

# IMPLEMENTATION STRATEGIES USED BY EXEMPLAR COUNTRIES TO REDUCE U5M CAN BE ADAPTED TO BUILD RESILIENT CHILD HEALTH PROGRAMS DURING COVID

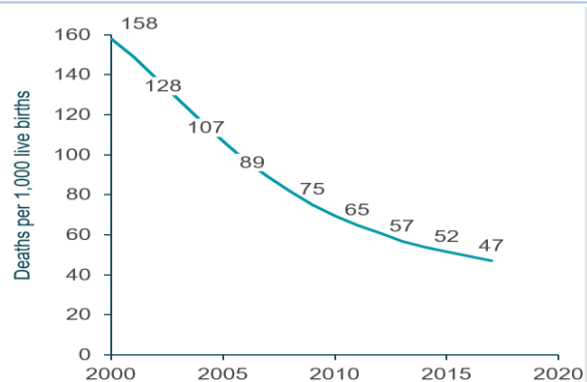


# RWANDA LEVERAGED STRATEGIES FOR REDUCING U5MR TO RESPOND TO COVID AND MAINTAIN RMNCAAH SERVICES DURING THE PANDEMIC

## U5MR IN RWANDA OVER TIME

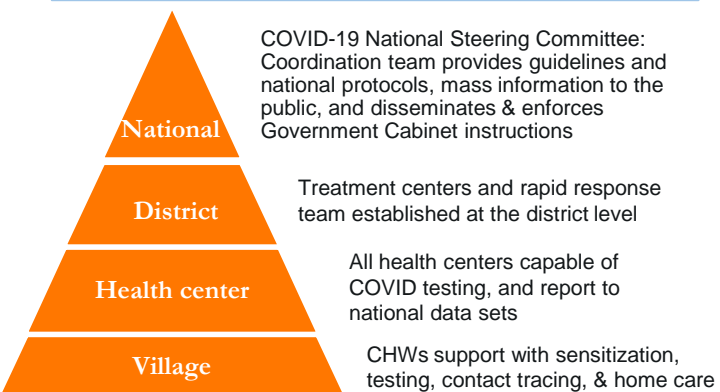
**70% reduction** in under-5 mortality rate from 2000 – 2017  
Top 3 **reductions in causes** of U5M:

1. Diarrheal diseases
2. Lower respiratory infections
3. Malaria



2. Institute for Health Metrics and Evaluation (IHME) GBD 2017

Decentralization to ensure a **geographically equitable** response



## KEY STRATEGIES TO REDUCE U5MR

## KEY STRATEGIES DURING COVID

<b>1 Equality</b>	» Keeping equal coverage of U5 EBIs across wealth quintiles, regions, and genders	» Free testing, contact tracing, quarantine, isolation, and care » Financial and food support provided to the vulnerable
<b>2 Regular &amp; Consistent Communication</b>	» Consistently providing information to the public to maintain demand for services	» Campaigns introduced to 1) maintain health-seeking behavior for other services and 2) inform on COVID preventions and risk
<b>3 Rapid, Early Adoption of Innovation</b>	» Adoption of technological innovation » Malaria, LRI treatments, and new vaccines	» Use of robots, drones, pooled testing, and new tools for data collection to facilitate the response
<b>4 Commitment to horizontal health system improvement</b>	» Aim to have a health center providing U5 services within 5km of every citizen	» Creating specific COVID-19 centers, a toll-free number, and COVID-19 special ambulance services across the country with personnel equipped with PPE. This protected primary healthcare workers from COVID exposure
<b>5 Coordinating donors and stakeholders</b>	» One national plan and one M&E plan that all stakeholders have to follow	» Coordination led by National Epidemic Preparedness and Response Committee, comprised of key ministers, COVID-19 national joint task force committee, and rapid response teams at each district level
<b>6 Strong community-based health services</b>	» CHWs compensated for shortage of doctors, nurses, and midwives; integral to delivery of EBIs	» CHWs continue performing usual tasks, sensitize and explain guidelines to communities, administer tests at household level, monitor the wellbeing of patients in home-based isolation, and care and transfer patients when needed
<b>7 Emphasis on collecting and using data and evidence</b>	» Global data informed the swift rollout of vaccines » Data collection through an equity lens all the way to the village level	» GPS installed on truck drivers crossing border (contact tracing) » Drones used for surveillance and mass communication » Use of a health facility digital reporting surveillance system » A Geographic Information System (GIS) used to monitor COVID-19 cases at the household level
<b>8 Decentralization of implementation to the district level</b>	» Culture of accountability (imihigo); performance contracts to hold districts accountable to agreed-upon targets	» Decentralization to ensure geographically-equitable response » Decrease travel across the country » See pyramid on the left

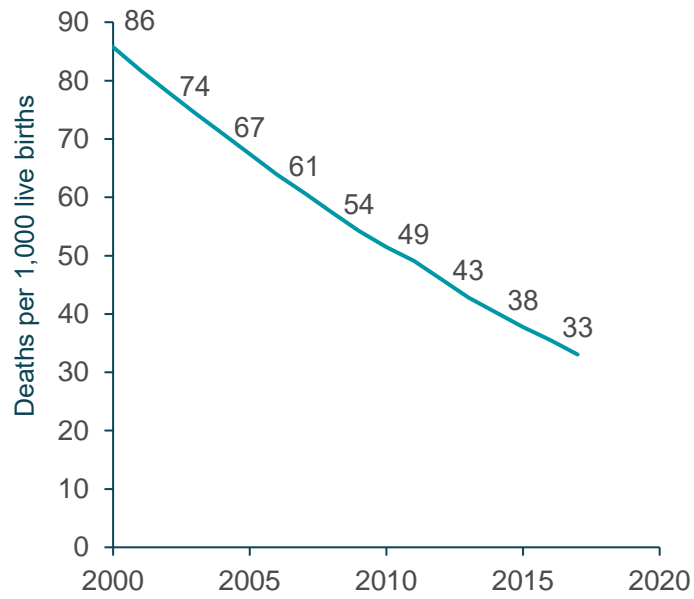
# BANGLADESH ALSO USED ITS IMPLEMENTATION STRATEGIES FOR U5MR REDUCTION TO PRIORITIZE RMNCAAH DURING THE COVID PANDEMIC

## U5MR IN BANGLADESH

**61% reduction** in under-5 mortality rate from 2000 – 2017

Top 3 **reductions in causes** of U5M:

1. Neonatal disorders
2. Lower respiratory infections
3. Diarrheal diseases



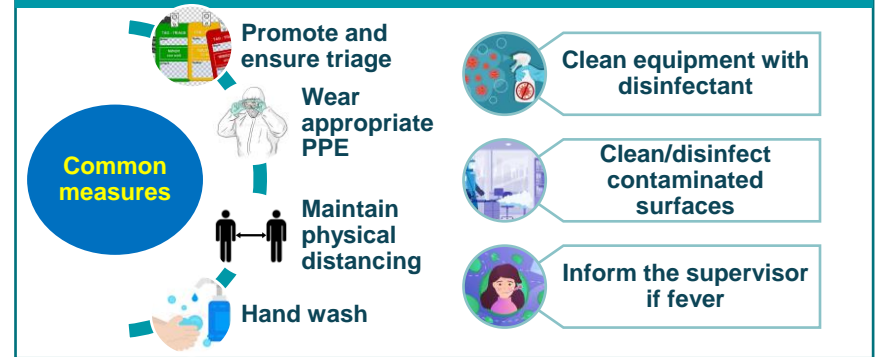
2. Institute for Health Metrics and Evaluation (IHME) GBD 2017

## KEY STRATEGIES TO REDUCE U5MR

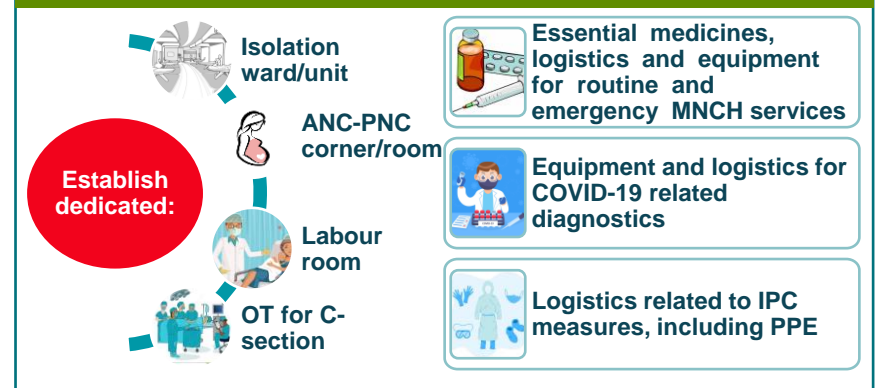
<b>1</b>	<b>Collaboration between the government and NGOs</b>	» Both <b>international and homegrown NGOs</b> (most notably BRAC) have partnered in implementing key programs (e.g. National Nutrition Program)
<b>2</b>	<b>Emphasis on community-level interventions</b>	» The government and NGOs iterated on the CHW model to improve ANC and SBA access
<b>3</b>	<b>Usage of data and research to develop and adapt EBIs</b>	» Leveraged <b>local research institutions</b> , e.g. ICDDR,B, whose demographic surveillance data informed government and NGO programs
<b>4</b>	<b>Focus on equity</b>	» <b>Phased rollout</b> of IMCI, starting with <b>areas of highest U5M</b> » Offered free or low-cost treatments, e.g. ORS and ITNs
<b>5</b>	<b>Commitment to women's empowerment initiatives</b>	» Family planning, microfinance, and education programs (e.g. Female Secondary School Stipend Project) <b>increased women's mobility and decision-making influence</b>

## ADDITIONAL STRATEGIES DURING COVID

» Common measures for caring all women, newborns and children irrespective of COVID-19 status:



» Additional measures for caring for women, newborns and children with suspected or confirmed COVID-19:



# THE IMPORTANCE OF COLLABORATION ACROSS PARTNERS, SECTORS, AND LEVELS OF THE GOVERNMENT

To prioritize child and adolescent health in the next decade, we can learn lessons from prior successful child health programs, and aim to tailor those lessons to today's COVID context

## Lessons from successful child health programs

- » Bangladesh's **Sector-wide Approach (SWAp)** established a collaborative approach with donors and ensured funding was channeled to the **broader health sector**
- » Rwanda established **performance contracts** between the MoH and districts, which enabled **decentralization** of certain implementation decisions to the district-level, while **holding these districts accountable to health goals**
- » Zambia **collaborated with partners** on immunization programs (e.g. on cold chain expansion) and **institutionalized** those programs to **ensure sustainability**, coupled with **building ownership** at the district and **local levels**

## Exemplars research on tailoring those lessons to today's context

- » **Exemplars in U5M Reduction** follow-on research, led by UGHE, studying how **Rwanda and Bangladesh** have maintained and resumed child health services during the pandemic
  - » As part of this work, will **partner with two countries** in **translating** some of these lessons to **support child health programs** during the pandemic
- » **Exemplars in COVID-19 Response** team is studying maintenance of essential health services (including child health services), with research in African region led by Makerere University and Outbreak Observatory at JHU
  - » Studying Uganda, Nigeria, Senegal and DRC, with future work planned for 2 countries in Latin America & Asia
  - » Also studying testing & surveillance, **COVID vaccine readiness**, and digital tools



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1) Ahsan, K, Streatfield, P, et al. Fifteen years of sector-wide approach (SWAp) in Bangladesh health sector: an assessment of progress, Health Policy and Planning, Volume 31, Issue 5, June 2016, Pages 612–623, <https://doi.org/10.1093/heapol/czv108>

# Thank You

For more information, please reach out



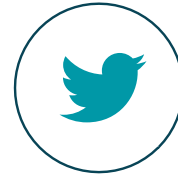
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