



**World Health
Organization**

REGIONAL OFFICE FOR

Africa

3rd Regional Meeting of the FPP Community of Practice
integrated into MNCH/Nutrition, 18 to 19 May 2022,
Lomé, Togo

Security & health crisis :

Advise for integrated management

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18 Mai 2022

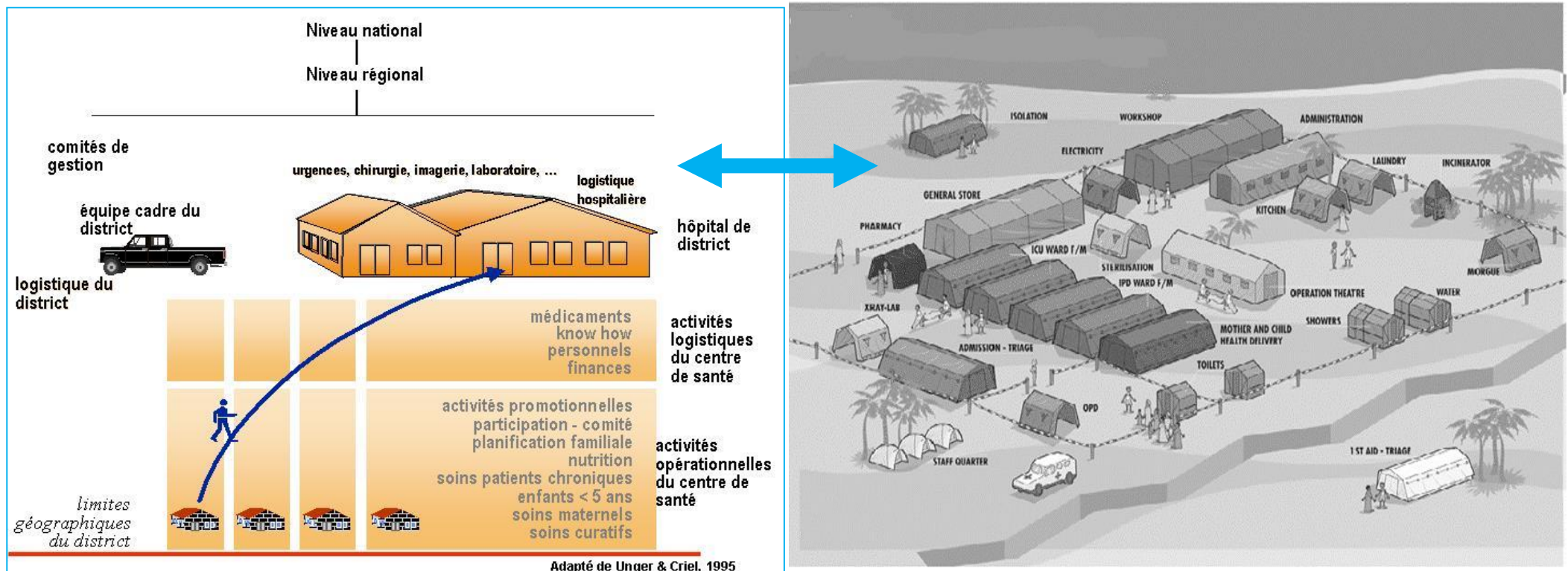
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Outline

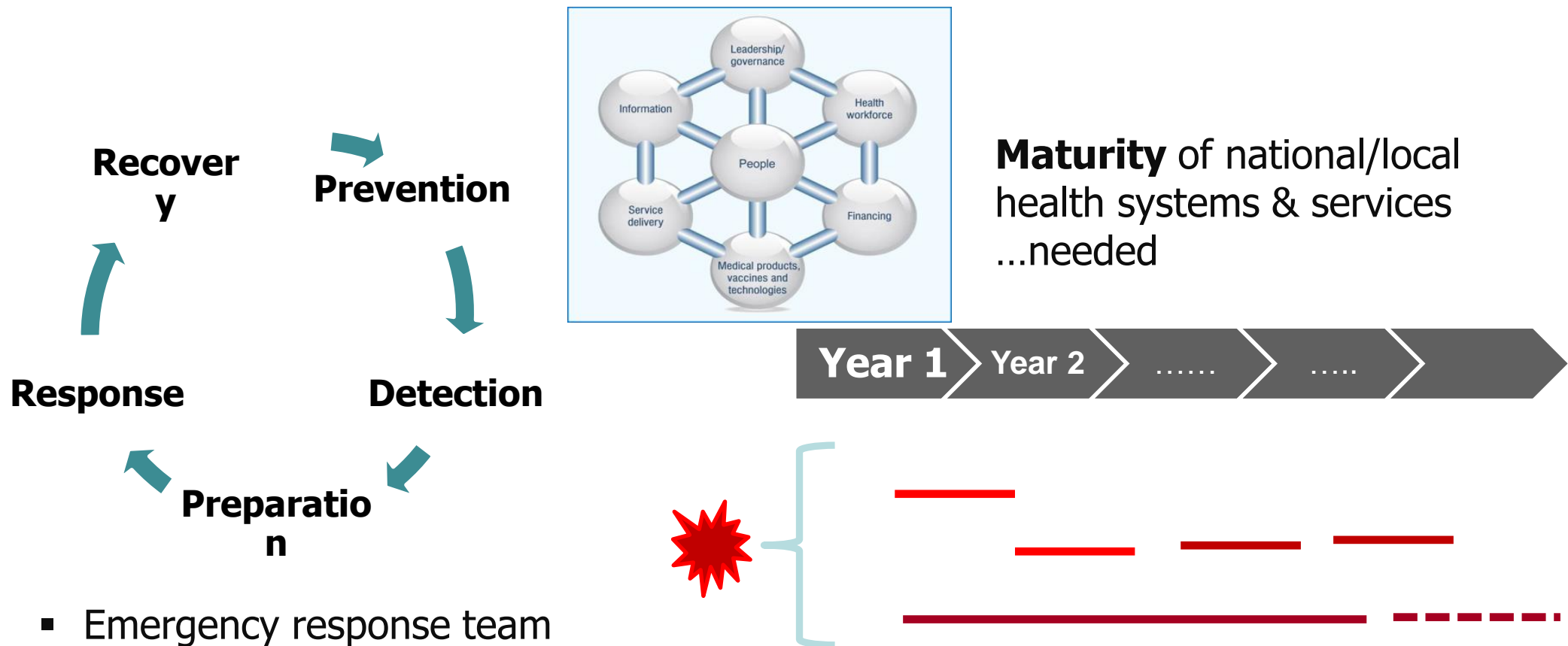
- ❑ Service delivery in stable situation/crisis,
- ❑ Impact of crisis on people & service delivery,
- ❑ PHC and emergencies – opportunities for action

Service delivery in stable situation VS during a crisis (1/2)

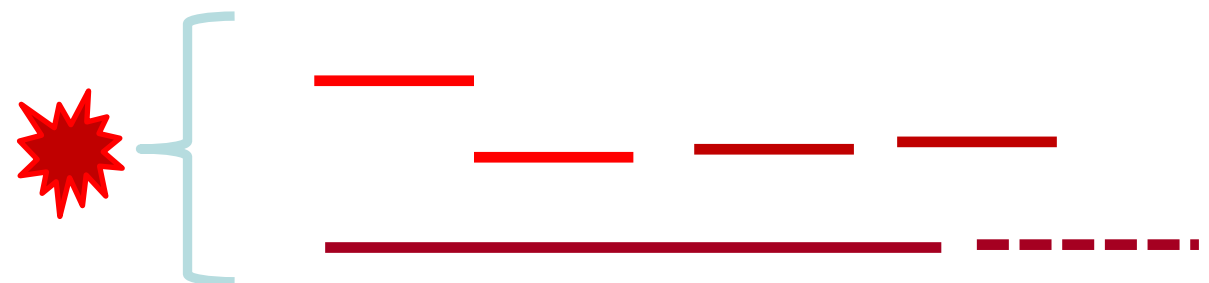


- Adequate response to community needs,
- Essential services packages (promotive, preventive, curative, rehabilitative and palliative), quality of care,
- Comprehensive and continuous care,
- Accessibility and equity (people centered),
- Empowering people a communities for effective engagement

Service delivery in stable situation VS during a crisis (2/2)



Maturity of national/local health systems & services ...needed



- Emergency response team agenda,
- Necessity of **joint work** with those in charge development of health systems & services ?

- Acute crisis limited in time,
- Recurrent crisis ...
- **Chronic crisis or protractive situation** (humanitarian situation)

Impact of crisis on people & service delivery (1/2)

Each emergency is **context-specific** :

- Severity of the hazard, capacity of the affected country and community to manage the risks,
- Level of **pre-existing vulnerability** of the populations affected.



- **displacement/ population,**
- destruction of houses, Hospitals, HCs, other buildings,
- **impoverishment/communities,**
- no functionality of Local Government (sometime),
- Specific disease profile (No-communicable diseases, trauma, mental illness, ...),
- exacerbation of pre-existing health problems (chronic diseases, etc.),
- **Excessive demand of care,**
- **Less community engagement,**
- **Lack of data (reliability for that available ?),**

Impact of crisis on people & service delivery (2/2)

Response to need in stable situation



Effect of the crisis on populations

What approach for provision of services (equity + quality)

- Health facilities
- Network of CHWs
- Essential Services Package**

Individual clinical care



Population-oriented program services



Community-based services / family

- No displacement of populations,
- Installation in schools or churches/mosques or other buildings or camps

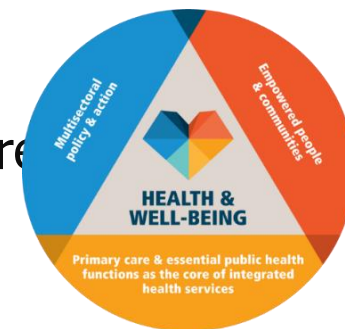


- Definition of a **basic service package** or continue with the package of services before the crisis,
- Organization of services according to scale of the crisis and **related insecurity**,
- Fixed** Strategy,
- Mobile** strategy (one-off or long-term),
- Household/locality visits** (CHWs & volunteers),
- Quality assurance** mechanisms (briefing, supervision, periodic reviews, etc.),
- Document** good practices and lessons learned,
- Inter counties/ countries exchanges** between localities, between countries,



3 Interrelated and synergistic components:

- 1) Integrated health services with emphasis on primary care and essential public health functions,
- 2) Empowered people and communities,
- 3) Multisectoral policy and actions



- ✓ **Orientating health systems to primary health care and strengthening emergency risk management**
 - Health security activities **focus mainly on national and central-level** structures and institutions.
 - Need to **recognize and include PHC in national health emergency risk management** policies, plans and programs.
 - **Primary care leaders must be included in the planning and coordination** mechanisms for health emergency management at all levels

PHC and emergencies - opportunities for action (2/3)



✓ **Focusing on communities, individuals and health workers**

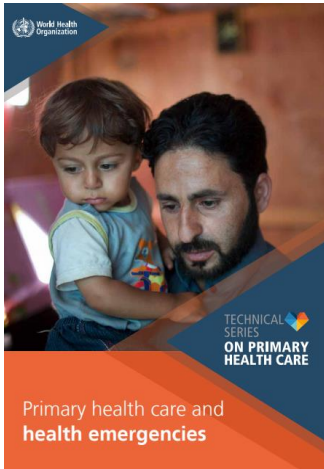
- A **people-centred approach** always,
- Local communities as **codesigners** of service delivery and other
- Proactive communication to avoid misinformation
- Capacity building of **HWFs into the frontline** on preparedness and response,
- Recruit/maintain adequate number of HWFs,



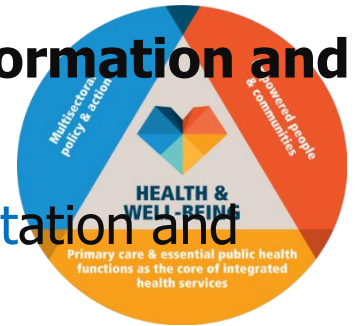
✓ **Improving financial investment, infrastructure, information and supply networks**

- Ensuring **availability of funds** (routine and emergency programs) for building capacity, surge deployment, supply ...),
- **Flexibility of External and domestic** funding to develop primary health care capacity.
- Required equipment's : **beds (hospital and others); oxygen**, diagnostic, logistic (transport, TICs),, ...etc..
- **Sustainable Provider payment mechanisms** to ensure easy access affected people (detect and treat suspected cases early) and service continuity (routine programs)

PHC and emergencies - opportunities for action (3/3)



- ✓ **Improving financial investment, infrastructure, information and supply networks**
 - Some aspects remains crucial : energy, water supply, sanitation and waste management,
 - Effective supply-chain management, with prepositioned stocks of essential goods (PPE, diagnostic equipment, medical supplies),
 - Functional strategic health information systems and epidemiological surveillance networks
 - Routine and ad hoc assessments of primary care facilities/district health offices.
- ✓ **Ensuring quality of careto encourage greater utilization**
 - IPC: Infection prevention and control (including water, sanitation and Hygiene),
 - Using clinical standards or protocols, monitoring quality.
 - Effective leadership and sharing of what is learned are central to efforts





Some sounds from Astana, Octobre 2018.....

@ Looking to new ways of working health systems,

@ **Normally**, a health system should come out strengthened after an effectively led response but....

@ Joined national and international humanitarian response will be more effective and efficient when integrated with local health Systems,

@ Collaborative and coordinate approaches remains crucial for the effectiveness of each response and early recovery measures,

@ Humanitarian and development actors should operate in a complementary way to prevent crises, reduce crisis risk and involved in recovery,

@ Functional platforms (the International Health Partnership for UHC2030 and the Health Cluster) using multistakeholder collaboration in actions related to development and humanitarian action in order to accelerate progress towards universal health coverage.

спасибо 谢谢
GRACIAS 谢谢
THANK YOU
ありがとうございました MERCI
DANKE धन्यवाद
شُكراً OBRIGADO

Contributions...

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