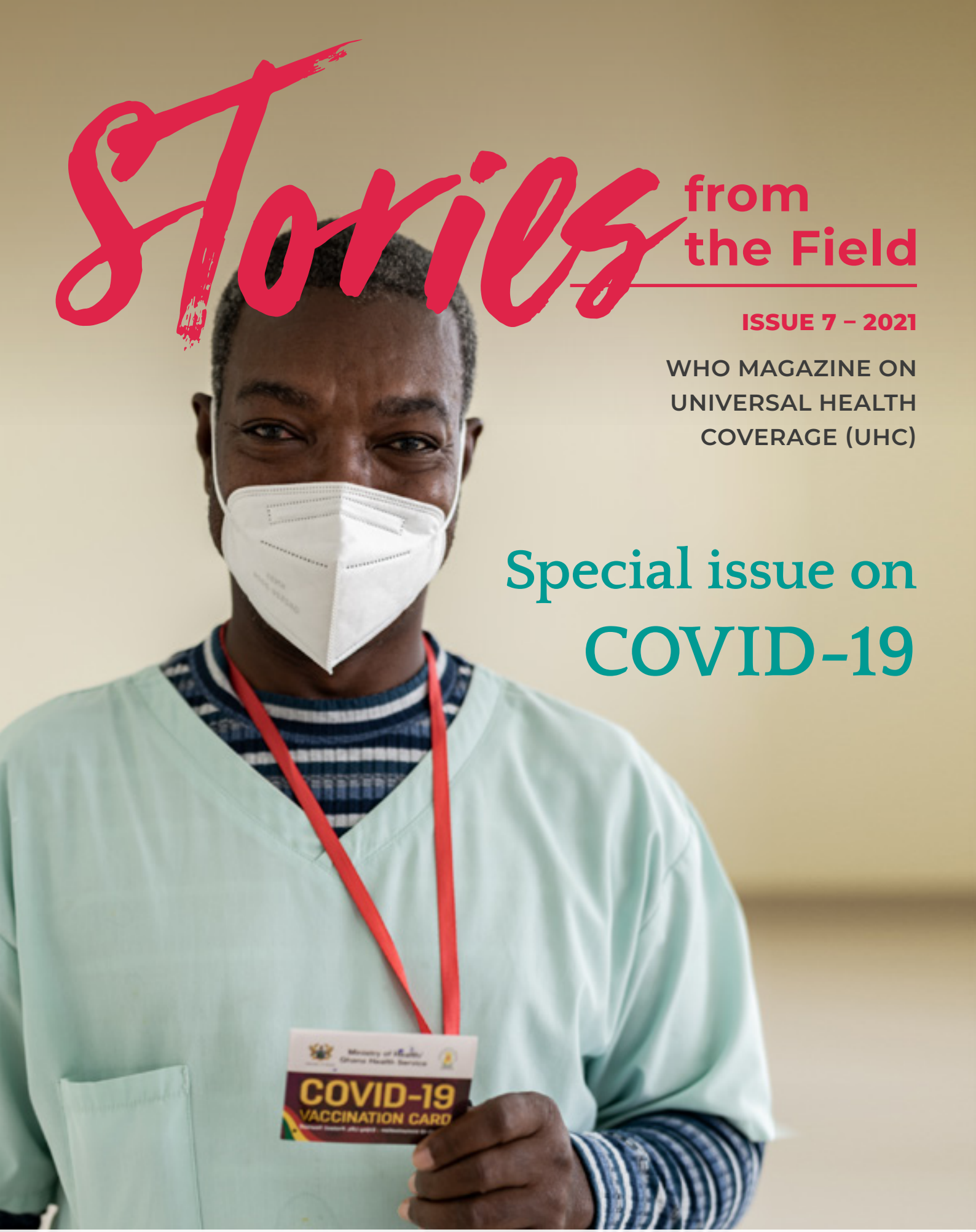
Stories from the Field

ISSUE 7 – 2021

WHO MAGAZINE ON UNIVERSAL HEALTH COVERAGE (UHC)



Special issue on COVID-19

World Health Organization

Powered by the Joint working team for PHC & UHC

#UHCPartnership

PRIMARY HEALTH CARE

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About the UHC Partnership

The Universal Health Coverage (UHC) Partnership is one of WHO's largest initiatives on international cooperation for Primary Health Care (PHC) and UHC. It promotes UHC through strengthening health systems by improving governance, access to health products, workforce, financing, information and service delivery, and enabling effective development cooperation in countries.

Since 2019, the UHC Partnership has expanded its technical support to include a special focus on non-communicable diseases and health security, while maintaining efforts in favour of health systems strengthening for UHC through a primary health care approach.

The UHC Partnership's aim is to build country capacity and reinforce the leadership of ministries of health to build resilient, effective and sustainable health systems in order to make progress towards UHC. As part of the WHO Special Programme on Primary Health Care, the UHC Partnership is working to bridge the gap between global commitments and country implementation.

The UHC Partnership is in its tenth year of operation. Since it started in 2011, it has evolved into a significant and influential global partnership working in 115 countries and areas in all 6 WHO regions, with the support of 9 significant donors. There are over 100 health policy advisors operating on the ground with support from WHO advisors in headquarters and regional offices and over 3 billion people benefiting from interventions that increasingly relate to community level, people-centred, integrated primary health care.

UHC Partnership and COVID-19

As soon as COVID-19 was declared a Public Health Emergency of International Concern in January 2020, the UHC Partnership, through the cooperation and agreement of all its donors, reprogrammed its funding and technical expertise to support countries in preparing for and responding to the pandemic. With countries at different stages of their response and each with distinct needs, flexibility in terms of funding and adapting to local contexts and changing priorities allowed WHO to deliver assistance in a timely manner, where it is needed.

The UHC Partnership is funded by

- The European Union
- The Grand Duchy of Luxembourg
- Irish Aid
- The Government of Japan
- The French Ministry for Europe and Foreign Affairs
- United Kingdom – Foreign, Commonwealth & Development Office
- Belgium
- Canada
- Germany

Welcome

to another special issue of WHO's stories from the field on universal health coverage (UHC)

These stories document how countries are reshaping their health systems amid one of the most devastating pandemics in history.

COVID-19 pandemic is relentlessly magnifying the consequences of neglecting to address the political, social and economic inequities that divide the world.

Health for all - and health systems that protect everyone regardless of race, religion, gender or wealth - is a both a human right and a prerequisite to achieving sustainable socio-economic development.

Renewed and stronger political will is needed now, more than ever, to place health equity high on the global agenda and achieve universal health coverage. Building a fairer, healthier world where everyone can get the health care they need, when they need it, without falling into financial hardship, relies on greater investments in primary health care (PHC).

Cover Image ©WHO / Blink Media - Nana Kofi Acquah

People-centred PHC, with equity in service delivery, ultimately paves the way for a fairer, healthier world for all. PHC is essential to an equitable recovery from the COVID-19 pandemic and to ensure that countries are better prepared to prevent and respond to future health emergencies. It is also the best way for countries to achieve UHC and the health-related Sustainable Development Goals.

The UHC Partnership, one of WHO's largest initiatives for international cooperation for UHC, is providing vital and timely support to enable countries to take advantage of the opportunity to emerge stronger from the pandemic. It is working to ensure that the investments made throughout the COVID-19 response will result in health system reforms that improve both health security and progress towards UHC.

The stories in this publication demonstrate the depth and breadth of work that WHO, through the UHC Partnership, is undertaking to achieve health for all. They document the results of collaboration with governments, communities and our partners.

All people, everywhere, deserve the right care, right in their community. This is the fundamental premise of primary health care.

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In all of these country stories, WHO country offices, with support from the UHC Partnership, has provided technical assistance and advice to each government's response to COVID-19 and has collaborated with other public and private sector partners to contribute to a coordinated response and enhance development cooperation.

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WHO Eastern Mediterranean Region

Reforming the hospital sector to make progress towards universal health coverage

The Occupied Palestinian Territory is working to transform the hospital sector to deliver people-centred care through strengthening its secondary care, with stronger linkages to primary health care, reaffirming its contribution towards achieving universal health coverage.

People's Democratic Republic of Lao – 38

WHO Western Pacific Region

Strengthening capacity to deliver mental health care nationwide

In the People's Democratic Republic of Lao, the COVID-19 pandemic is increasingly affecting the mental health of the population. The country is now taking major steps to deliver mental health care nationwide as part of a long-term national effort.

Trinidad and Tobago – 46

WHO Americas Region

Empowering communities to prevent and self-manage noncommunicable diseases

Trinidad and Tobago is strengthening the health system response to noncommunicable diseases (NCDs), reorienting approaches to prevention and control, and integrating them into existing primary health care approaches.

Azerbaijan

Strengthening health workforce to boost primary health care

Azerbaijan is strategically building a stronger health system from the ground up. This is helping ensure that rural communities are not left behind in COVID-19 response and vaccination efforts, and that everyone can get the health care they need. A pilot project in Shamakhi, a mountainous rural region, is providing strong evidence that a primary health care approach - which is focused on training health workers and empowering communities to take charge of their health - is an effective way to build a solid foundation for a more responsive and resilient health system throughout the country.

The Shamaki district, a mountainous area in the east of Azerbaijan, is home to about 106,000 people, most of whom live in rural settings. Accessing health care is difficult for many, owing to inadequate primary health care facilities. However, things are changing for these communities with the PROACT Care project implemented by WHO through the Universal Health Coverage Partnership (UHC Partnership).

Seferov Semed is the local government representative of Goyler, a small town in Shamakhi region, about 100 kilometers west of Baku, the capital. He recently attended a WHO opening ceremony for 3 mobile primary health care clinics which are now visiting these remote areas and providing essential health services. The mobile clinics are vehicles that move from village to village carrying medical equipment, supplies and community health workers. They ensure that health care is brought closer to those who cannot travel to health facilities that are far away.

"What can primary health care do for Shamakhi? People will get their health checked, health services will be easily accessible and people will be enlightened about health issues."

Seferov Semed, local government representative of Goyler

Effective primary health care serves as a community's first point of contact to the health system and means that everyone can access the health care they need at all stages of their life. The approach empowers people to choose healthier lifestyles, prevent diseases and access a range of health services. For example, people can attend a rural or mobile health clinic to receive advice on protection from disease or health emergencies, maintain and improve health through healthier lifestyles, and access early detection, adequate treatment, recovery and palliative care. Health workers will also refer patients to appropriate health facilities or hospitals when needed.

This pilot project will build stronger primary health care services.

This pilot project in Shamakhi will build stronger primary health care services and provide lessons that can be applied to expand and replicate the work nationwide. The project has been training health workers at all levels and engaging community mem bers on important health service issues in order to provide better primary health care services, including preventing and managing chronic diseases.

"Primary health care workers play a significant role in combating the COVID-19 pandemic. The main goal of the WHO's PROACT-Care project in Shamakhi is to strengthen primary health care [...] It will be expedient to apply the primary health care model developed in Shamakhi throughout the country," said Anar Israfilov, Head of Healthcare Organization Department, Ministry of Health.

Community members and health workers in Shamakhi have seen progress, especially during the COVID-19 pandemic and the roll out of vaccines. Azerbaijan had its first case of COVID-19 in February 2020, and as of 19 August 2021 has had 377,000 cases and 5,208 deaths. The country received its first delivery of vaccines in April 2021, as part of COVAX, a global collaboration to accelerate the development, production, and equitable access to COVID-19 vaccines, and continues to vaccinate its population.

"It is good that Shamakhi has been selected as pilot area. It will be good for this region. I saw that the mobile clinics are visiting villages and assessing people's health. People are ignorant about health, and previously, they were not provided with enough information about COVID-19. Everyone needs to be informed on health issues, and health workers can provide the right information," said Seferov Semed.

"Many thanks to the PROACT-Care project team. They have made visits to all the villages, organized trainings for nurses and doctors and improved our knowledge [...] We were trained on innovations in our own professional discipline relating to primary care. We are now more knowledgeable about the discipline of family medicine," said Qeniyeva Vüsale, Doctor of internal medicine in Shamakhi Family Health Center.

Mobile clinics are visiting villages and assessing people's health.

Azerbaijan is among the 115 countries and areas to which the UHC Partnership helps deliver WHO support and technical expertise in advancing universal health coverage (UHC) with a primary health care (PHC) approach. The Partnership is one of WHO's largest initiatives on international cooperation for UHC and PHC. It is funded by the European Union, the Grand Duchy of Luxembourg, Irish Aid, the French Ministry for Europe and Foreign Affairs, the Government of Japan - Ministry of Health, Labour and Welfare, the United Kingdom - Foreign, Commonwealth & Development Office, Belgium, Canada and Germany.

Context of health in Azerbaijan

The health system in Azerbaijan is based on the 'Semashko' model where polyclinics provide both primary care and outpatient specialized services. Other primary health care facilities are village medical clinics and village/town doctor clinics. Currently, the main challenges for the health system, which limit the scope and quality of primary health care services, are poor infrastructure, absence of medical equipment, shortage of health workers and lack of training. The shortage of physicians in rural areas has worsened through a combination of low salaries and existing physicians retiring and not being replaced. Only 8% of all primary health care facilities have a central water supply. As a result, primary health care facilities and services in rural areas are either not operating or rarely used by the community.

Azerbaijan has focused efforts on improving the quality and accessibility of primary health care services.

Azerbaijan has focused efforts on improving the quality and accessibility of primary health care services, to ensure that everyone in the country can receive the health care they need, in a timely manner and without causing them financial hardship. This is part of the country's commitment to achieve UHC. Primary health care is regarded as one of the most effective and cost effective ways to achieve UHC, which is a keystone of health security. A primary health care approach, in tandem with essential public health functions,

Image 1 A health worker inside one of the mobile clinics. ©WHO Azerbaijan.
Image 2 Hand over of mobile clinics in Demirci village, Azerbaijan. ©WHO Azerbaijan.


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helps strengthen capacities to prepare for and respond to health emergencies. It plays a key role in preventing and managing outbreaks through immunization and community engagement. During emergencies, it ensures that essential health and social care services remain accessible and helps prevent hospitals from becoming overwhelmed.

The Government has further demonstrated its commitment to improving the overall quality and effectiveness of its health care system.

In recent years, the Government has further demonstrated its commitment to improving the overall quality and effectiveness of its health care system by advancing health emergency preparedness and capacity building through implementation of the International Health Regulations (IHR 2005). In 2018, 2019 and 2020 Azerbaijan has submitted a review of its preparedness capacities through the State Party Self-Assessment Annual Reporting Tool, which consists of 24 indicators needed to detect, assess, notify, report and respond to public health risks of domestic and international concern. The Government also completed a Simulation Exercise in 2018 and in 2019 to assess and test the functional capabilities of its emergency systems, capacity procedures and mechanisms.

Strengthening primary health care

As part of the PROACT-Care Project, the WHO country office in Azerbaijan formed a coordination group, creating a network that included all health care authorities, financial and educational institutions related to primary health care in the country and local government representatives in the implementation district. The project team conducted a stakeholder analysis and the representative of the Management Union of Medical Territorial Units took part in the mission team, as the primary stakeholder for the provision of health care services. The local government helped to foster community participation.

WHO supported a community and health worker engagement process, including focus group discussions and a survey which took place over 2 months to identify people's health care needs. This led to several actions to support health workers to provide better primary health care services including: nurturing motivated and knowledgeable primary health care workers from Shamakhi as local trainers and monitoring officials; establishing continuous improvement through monitoring; mentoring primary health care workers in translating their learning into authentic practice, and developing clinical guidelines for primary health care workers beginning with priority services.

"We are especially visiting the remote villages, assessing the most prominent health problems of the community, children's and adults' health status and accessibility to health services. We have also been working on increasing access to and comprehensiveness of preventive, diagnostic and therapeutic services both by training primary care workers, and by establishing a new primary care system,"

Image 3 Alrada Nasirova, health worker in Azerbaijan Photo. ©WHO/Azerbaijan.
Image 4 Mobile clinic, Azerbaijan Photo. ©WHO/Azerbaijan.


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World Health Organization

said Aygun Mustafayeva, internal medicine specialist working with the Charhan Family Health Center Mobile Clinic.

Based on a rapid health needs assessment and learning needs assessment of primary health care workers in Shamakhi, WHO planned and developed a series of tailored training programmes. To do this, WHO organized a 'community of learners' with local trainers from the Public Health and Reforms Center of the Azerbaijan Republic Ministry of Health, the Administration of the Regional Medical Divisions, Azerbaijan State Advanced Training Institute for Doctors, Azerbaijan Medical University and Baku Number 2 Medical College. Two training programmes were implemented in early 2021; these were 'Cardiometabolic risks and hypertension management in primary care' and 'Parental counselling on vaccines in primary care'. A total of 61 primary health care workers attended the training sessions. Some even made the journey to the training centre on tractors in heavy snow conditions.

"Perfectly functioning primary health care services have the potential to prevent diseases, improve patient care and save lives while making health care accessible for all. Even in the most remote villages of our country, people should have access to primary health care, and economic growth as well as health care transformation will allow us to achieve our goals. This project is important for the creation of a sustainable primary health care model in Azerbaijan using existing health and human resources more efficiently," said Firengiz Aliyeva, Head of Medical Services Department, Administration of Regional Medical Divisions.

Impact

"We have a wonderful chance to strengthen primary health care in Azerbaijan to address the needs of most people. We hope that very soon, we will be able to demonstrate a useful, practical and cost-effective model for this country in collaboration with our national counterparts," said Dr Hande Harmancı, WHO Representative in Azerbaijan.

The project in Shamakhi has improved the capacity of 60 primary health care workers.

The project in Shamakhi has improved the capacity of 60 primary health care workers, serving rural communities with a population of 106,000 people. The results and lessons learned from the pilot project will serve as a basis for the nationwide rollout of this primary health care approach and will have a strong impact on building the primary health care foundation of the country. For Azerbaijan, this is a solid strategy to achieve UHC and boost health security, to ensure that the country will be better prepared to protect its population from future health emergencies while enabling everyone to attain good health and well-being.

60 SEC SUMMARY

Azerbaijan

Fact

A pilot project in Shamakhi region in Azerbaijan is enabling remote communities to access primary health care services, including COVID-19 vaccinations.

Why it matters

Many communities have been unable to access health services in remote and rural areas due to an inadequate primary health care services. Lessons learned from this pilot project will be scaled up and applied nationwide.

Expected results

All people in Azerbaijan will be able to access the preventive, diagnostic and therapeutic health services they need as part of the country's commitment to universal health coverage.

In practice

In Shamakhi region, WHO has trained and supported a range of health workers including paediatricians, family doctors and mobile clinic drivers, to provide essential primary health care services to remote populations.

World Health Organization

Bangladesh

Community health workers at the heart of a stronger health system and the fight against COVID-19

Bangladesh has instituted an ambitious public health intervention, providing a community clinic for every 6,000 people. The Government has been able to establish more than 13,200 of these clinics all over the country, covering the whole population. They have become the people's first point of contact for essential health services in rural areas and means that everyone can access the services they need, closer to their homes, through community health clinics. With the COVID-19 pandemic, the system was put under severe pressure, and people naturally experienced fear and anxiety about the virus. But community health workers made significant contributions in sharing information and advice on staying protected, while ensuring that essential health services continued.

Learn how Bangladesh is playing its part in building a fairer, healthier world **HERE**

Archana Rani was worried when her 3-year-old son, Subol, developed a high fever, but she knew exactly where to take him. The Borogoan Community Clinic in Bochagani District is just a 5-minute walk from where she lives, and she trusts the community health care provider, Mr Harish Chandra Devshorma, to conduct a proper check-up and give the right advice. She also knew that if her son needed any medication, it would be provided free of charge.

Archana Rani

"The community clinic is a blessing to us. We do not need to go to the town for essential medical care. It saves our time and money. We are economically poor as we have to work hard every day for our livelihood."

Local community clinics operate across Bangladesh, providing primary health care services to rural and often marginalized populations. Each clinic has a full-time community health care provider, who is assisted by 2 other community health workers who serve part-time in the clinic and part-time visiting households in the community catchment area. These community health workers provide antenatal and postnatal care, conduct diabetes and blood pressure checks, look out for signs of fever, diarrhoea and cough. They also support family planning and safe delivery, provide advice on nutrition, adolescent health and hygiene, among other services. They are regarded as the backbone of the primary health care system of Bangladesh and they have been making a major contribution to the delivery of essential health services to rural populations throughout the COVID-19 pandemic.

Image 1 © WHO_Luca Passerini

Community health clinics

One of the most pioneering health efforts in Bangladesh was the introduction of a community-based health care programme in the 1970s. Since then, the programme has gone from strength to strength with a growing cadre of community health workers playing a critical role in improving the overall health and the socio-economic status of the Bangladeshi population.

Bangladesh has a pluralistic health system where both public and private sector providers play important roles.

Bangladesh has a pluralistic health system where both public and private sector providers play important roles. According to a study in 2021, the country has about 148,000 community health workers of which about 60,000 are supported by the Government; the rest being in BRAC and other non-government organizations. They are respected as very important assets of the health system.

In 1998, Bangladesh instituted an ambitious new public health intervention: a community clinic for every 6,000 people. The Government has been able to establish more than 13,200 of these clinics all over the country, and they have become people's first point of contact for essential health services in rural areas. Community clinics have now become the prime strategy of the Government towards achieving universal health coverage (UHC). Bangladesh has built up

its community health workforce with a focus on women's empowerment, sustainability, community mobilization and engagement with community clinics.

The Government of Bangladesh and WHO have established a solid and long-standing partnership to improve the health of the population. WHO has strongly supported the Government's high priority to provide effective community-based services in a range of ways. WHO has been providing technical support for capacity building since 1998, when community clinics and community health workers programmes started up. WHO also supported the establishment of the first 14 community clinics in rural Bangladesh from 1999-2000 as a pilot project.

WHO has been providing technical support for capacity building since 1998.

Since 2010, the country has received even more intensified support. This has contributed to the development of community health care providers who lead the community clinics and related monitoring and evaluation guidelines. WHO supported development of a 3-month-training manual for community health care providers, and organizes training of trainers for health inspectors and medical officers based at Upazila Health Complexes.

Community health workers are the indispensable part of the health system.

"Community health workers are the indispensable part of the health system. They are the key to primary health care and a major strategic partner to the journey towards achieving universal health coverage in Bangladesh. They are regarded as the first line defenders against any disease, pandemic or local outbreak in the community. We really appreciate WHO's technical assistance in the development and strengthening of community health workers programmes in Bangladesh. WHO's support was instrumental to the development of the national community health workers strategy (2019-2030) and capacity development of the community health workers by making them fit-for-purpose," said Sabina Alam, Joint Secretary, Human Resources, Health Services Division, Ministry of Health and Family Welfare, Bangladesh.

WHO, through the UHC Partnership, also provided catalytic support through an initiative called "Better Health in Bangladesh: Health Systems Strengthening Technical Assistance 2018 – 2022," which aims at strengthening the health system to accelerate progress towards UHC and health-related Sustainable Development Goals. This has contributed to strengthening the country's community-based services programme further.

Image 1 Community health worker attends to a child in Bochaganj, Dinajpur. ©WHO Bangladesh/Nuruzzaman.
Image 3 Nazmun Nahar Panna received best community health care provider's award in 2018 and 2019 in Chirirbandar Upazila, Dinajpur. ©WHO Bangladesh/Nuruzzaman.
Image 2 Dr Abul Basar Md Sayeduzzaman, Upazila Health and Family Planning Officer, Bochaganj, Dinajpur. ©WHO Bangladesh/Nuruzzaman.
Image 4 A community health worker in Chirirbandar, Dinajpur conducts a blood pressure check up. ©WHO Bangladesh/Nuruzzaman

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Community health workers respond to COVID-19

Community health workers have been playing an important role in the COVID-19 pandemic response. Since they remain close to the community, they are the first point of contact for people living in rural areas in Bangladesh. When COVID-19 first emerged as a highly transmissible disease in March 2020, people became anxious and curious. Their lives, livelihoods and the existing healthcare system were all threatened. Fear, prejudice and lack of awareness meant that people were not visiting health facilities for essential services, and when COVID-19 vaccines were made available, people were not coming to the vaccination centres either.

So community health workers performed the essential function of working as ambassadors of the public health system.

District health managers asked them to reach out to community members, raise awareness about public health and help revive trust in the health system. Community health workers also conducted contact tracing, facilitated home quarantine, isolation, referral and follow up in the rural and hard-to-reach areas.

The Government's community health workers were utilized to create awareness.

"The Government's community health workers were utilized to create awareness on the implementation of COVID-19 health and hygiene rules and advice, and were engaged with the national vaccination programme. Without their involvement, we cannot make our vaccination programmes successful. [...] community health workers are the key gateway to reach the people based in rural communities. They have been with us from the emergence of COVID-19, helping us create public awareness by eliminating the public's anxieties and fears against the disease," said Dr Abul Basar Md Sayeduzzaman, Upazila Health and Family Planning Officer, Bochaganj, Dinajpur.

Masks and hand sanitizers are the most important supplies.

There are of course other challenges. "Masks and hand sanitizers are the most important supplies for healthcare providers as they deal with both COVID-19 and non-COVID-19 patients. They need to change masks every few minutes, but we can't ensure adequate supplies every day. This really is a big challenge now. Our local leaders and philanthropists may come forward on this, which will really help save the lives of the health workers by preventing them from getting infected," said Dr Sayeduzzaman.

WHO support to the COVID-19 response

"WHO has been working closely with the Government of Bangladesh to build and strengthen the capacities of community health workers in the country. Since the outbreak of the pandemic in early 2020, WHO has provided technical assistance for training and the development of guidelines and protocols. In addition, WHO also provided medical supplies to the Ministry of Health and Family Welfare, and we will continue doing so in the future," said Dr Bardan Jung Rana, WHO Representative in Bangladesh.


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WHO has been working closely with the central and district health systems of Bangladesh. WHO's technical officers, including surveillance and immunization medical officers, have supported the capacity building of district and field level medical officers and staff. WHO officials provided training on infection prevention and control; COVID-19 management, including contact tracing, quarantine, isolation, and referral; and evaluation and follow-up based on standard guidelines approved by WHO and Ministry of Health and Family Welfare. As a trusted partner, WHO has been tasked to mobilize resources from different donor agencies to assist the country in COVID-19 management by providing medical goods and products such as quality masks, COVID-19 testing machines, testing kits, personal protective equipment, respirators, oxygen supplies and more human resources.

Primary health care helps maintaining essential services during COVID-19

When the COVID-19 pandemic began, Bangladesh's health system faced competing demands; with a shift in focus towards emergency response while at the same time maintaining the delivery of essential health services. In April and May 2020, data from Bangladesh's National Health Information System showed sharp reductions in the use of key essential health services across all levels of care. However, Bangladesh's primary health care network provided a critical platform for the country to build back most of its essential health services by October 2020. This highlights the critical role of primary-level health facilities to both monitor the population's access to health services, and to implement strategies and interventions that rebuild and strengthen health service delivery. This in turn supports progress towards universal health coverage and more resilient health systems.

Bangladesh and health security

The Government of Bangladesh has recently demonstrated its commitment to growing and strengthening its pandemic preparedness capabilities. In 2016 the country volunteered for a Joint External Evaluation of its capacities to prevent, detect and respond to health emergencies. The gaps identified during this evaluation were used to develop the Bangladesh National Action Plan for Health Security in 2019. The National Action Plan is a country-owned, multi-year, planning process that is based on One Health for all-hazards, and a whole-of-government approach. Bangladesh also completed a Simulation Exercise in 2018 to further develop, assess and test the functional capabilities of its emergency systems, procedures and mechanisms to be able to respond to outbreaks or public health emergencies.

The country conducted a bridging workshop on International Health Regulations.

In addition, the country conducted a bridging workshop on International Health Regulations (IHR)- Performance of Veterinary Services in 2019 and developed a roadmap for integrated response activities for zoonotic events. The Government regularly submits the State Party Self-Assessment Annual Reporting Tool (SPAR) through the National on IHR focal point. The country is continuously improving in all 24 indicators under 13 core capacities of IHR 2005 to detect, assess, notify, report and respond to public health risks of domestic and international concern, such as COVID-19.

Bangladesh

Fact

Community health workers in Bangladesh have played a crucial role during the COVID-19 response. They have ensured the continued delivery of essential health services, health promotion and prevention, including behavioural communication activities.

Why it matters

As the backbone of the primary health care system of Bangladesh, community health workers are key to driving progress towards universal health coverage and ensure health system resilience. Rural communities can access health services close to home, including during the pandemic.

Expected results

If everyone can access essential health services including during the COVID-19 pandemic, the Bangladeshi population as a whole will experience improved overall health and better socio-economic status.

In practice

WHO has worked closely with the Government to build and strengthen the capacities of community health workers for decades. This included the provision of technical assistance for training and the development of guidelines and protocols for community health workers during COVID-19.

World Health Organization

Kenya

Increasing uptake and equity for COVID-19 vaccinations

When COVID-19 vaccines arrived in Kenya, many people were unsure about them. So much misinformation was circulating in communities that they did not trust the vaccine. Working closely with political, administrative and community leaders, WHO set out to explain how the vaccines and other prevention measures, such as masks, work and how they protect people from the disease. In Kisumu County, concerted communication and vaccination outreach over 10 days helped quintuple demand for the vaccine, and the number of people vaccinated increased from 896 to 4,338.

Learn how Kenya is playing its part in building a fairer, healthier world **HERE**

Like many other people in Siaya County, Western Kenya, Margaret Awino, a member of the Doho Ukwaka Magombe Masat Association (DUMMA) women group, was fearful of receiving the COVID-19 vaccine due to negative rumours circulating in the community.

> **"When the COVID-19 vaccination was introduced, I heard people say it will kill older people. I was afraid. But I have now been well-informed and I have also seen that those who were vaccinated earlier did not die. I want to go for vaccination. And today, I heard WHO say that when one is vaccinated and gets the disease, it will not be severe enough to cause death."**
>
> Margaret Awino, member of the Doho Ukwaka Magombe Masat Association (DUMMA) women group

Engaging local communities to support the COVID-19 response and accept the vaccine has been a core part of the Government of Kenya's response to COVID-19. This is something that WHO, with support from a Canadian grant through the UHC Partnership, has been supporting strongly. Efforts have focused on mobilizing local leaders, including government officials, women and youth groups, religious leaders, and even taxi drivers to counter myths and misinformation, as well as undertaking risk communication.

Kenya is among the 115 countries and areas to which the UHC Partnership helps deliver WHO support and technical expertise in advancing universal health coverage (UHC) with a primary health care (PHC) approach. The Partnership is one of WHO's largest initiatives on international cooperation for PHC and UHC. It is funded by the European Union (EU), the Grand Duchy of Luxembourg, Irish Aid, the Government of Japan, the French Ministry for Europe and Foreign Affairs, the United Kingdom – Foreign, Commonwealth & Development Office, Belgium, Canada and Germany.

Creating demand for COVID-19 vaccinations

When Kenya launched the COVID-19 vaccine, the County of Kisumu in Western Kenya received an initial 15,000 doses and took action to vaccinate the population as quickly as possible.

"At that time, it was unfortunate that community understanding about the COVID-19 vaccine was shrouded in myths and misconceptions, and uptake was very slow," said Dr Gregory Ganda, Acting County Executive Member for Health, Kisumu County.

The situation was further complicated by the fact that the COVID-19 vaccine was targeted at adults.

The situation was further complicated by the fact that the COVID-19 vaccine was targeted at adults, who were expected to present themselves at designated health facilities. This was a new experience for Kenyans who are more familiar with childhood vaccination drives against diseases like polio and measles.

Image 1 DUMMA women's group in Siaya Country. ©WHO/John Kisimir.

With technical support from WHO and other partners, the Kisumu County Health Management Team formed a County COVID-19 vaccine roll-out task force, which aimed to produce innovative ways to reduce vaccine hesitancy in the community. WHO, through the UHC Partnership, provided technical support for advocacy, risk communication and social mobilization to improve vaccine uptake and increase equity through community outreach campaigns.

WHO worked with the County Health Management Team to develop key messages that were aired by local radio stations. The messages targeted key priority groups, such as older people and health workers, to raise awareness and provide information about where to receive vaccines during special outreach drives. WHO also trained members of the 7 Sub County Health Management Teams on skills and techniques to conduct community dialogues with the goal of improving community understanding and acceptance of the vaccine. In addition, local stakeholders such as the County Director of Education, County Commander, Interfaith Council, County Teachers Service Commissioner and the County Police Commander were engaged to support the vaccination drive.

Dr Ganda

"It took 12 weekly virtual meetings and 3 physical meetings bringing together all the 7 Sub County Health Management Teams with partners to review progress and address the challenges in delivering the vaccine."

The County Health Management Team conducted COVID-19 vaccine community outreach drives in all 7 sub-counties for one week in May 2021, integrating it with the delivery of Human papillomavirus (HPV) vaccination targeting girls aged 10 – 12 years. WHO recommends vaccinating girls of this age against HPV to reduce their risk of cervical cancer later in life. As a result of the outreach, the HPV vaccination coverage increased for HPV 1 from 4.3 percent to 36 percent and HPV 2 from 2.6 percent to 12 percent.

WHO also helped the team to carry out supervisory visits to outreach site.

WHO also helped the team to carry out supervisory visits to outreach sites. A local partner, the Center for International Health, Education, and Biosecurity - Kenya, supported by USAID, also played a key role by providing financial support for transport, allowances for the vaccination teams, payment to radio stations and convening review meetings.

"Effective mobilization, partner coordination, programme integration and a dual vaccine delivery approach are key lessons from this experience. WHO will continue to support PHC-oriented health system strengthening for effective delivery of services and the attainment of universal health coverage for all Kenyan populations," said Dr Juliet Nabyonga, acting Representative of the WHO Kenya Country Office.

Image 2 WHO-led COVID-19 risk communication and community engagement ©WHO/John Kisimir.
Image 3 WHO-led COVID-19 risk communication and community engagement in Kisumu County. ©WHO/John Kisimir.

Empowering local leaders to support the COVID-19 response

Before the COVID-19 pandemic, women groups in Siaya County used to meet regularly to support each other around business or other financial and social issues. However, these groups had to stop meeting as a way of avoiding social gathering to prevent the spread of COVID-19.

Marie Owino is the leader of several women's groups with over 100 members collectively in Siaya County, that operate under the umbrella of the national Maendeleo ya Wanawake Organization. In October 2020, she took part in a meeting organized by WHO that aimed to raise awareness about the importance of protecting communities against COVID-19 and how to engage people to do so. This inspired her to start supporting the women's groups in Siaya Country so they could better protect themselves and their communities from the impact of the pandemic.

She then mobilized 15 leaders from 7 other women's groups in Siaya County to engage them in leading their communities to respond to COVID-19. The women recognized they could play a critical role in influencing their households to observe COVID-19 prevention measures such as hand-washing and wearing masks. They resolved to provide hand-washing facilities in every home and, as a sign of commitment, they made fabric facemasks that matched each group's uniform.

"We are grateful that no member of the women group has suffered or succumbed to the COVID-19 disease to date and thank WHO for engaging us as women."

Marie Owino, leader of several women's groups

Through the UHC Partnership, WHO provided technical and financial support to the Siaya County Health Management Team to engage local political, social and administrative leaders as part of the COVID-19 response. Together, they reviewed the COVID-19 situation. The leaders then committed to take action and encourage communities to comply with public health and social measures.

Women recognized they could play a critical role in influencing their households to observe COVID-19 prevention measures.

After an initial meeting with local leaders, WHO and the Siaya team further engaged a range of community groups including women groups, youth groups, boda boda operators (motor cycle taxis) and religious leaders.

"Beyond COVID-19 risk communication, WHO in Kenya has invested resources in community engagement to try to better understand the facilitators and barriers that people experience in observing public health and social measures. Through dialogues with different groups, we have been able to secure their commitment moving forward," said Dr Juliet Nabyonga.

Impact and uptake in COVID-19 vaccine

The experience of responding to COVID-19 in both Kisumu and Siaya Counties has shown that creating the demand and providing a mix of vaccine delivery mechanisms to reach key priority groups, is an effective way to improve vaccine uptake and achieve greater equity in coverage. It also shows how choice of location is key.

For example, in Kisumu County, static health facilities accounted for only 17% of doses administered, while the outreach delivery mechanisms, which used schools and community sites, accounted for 83%. This represented a 4.8-fold increase in demand and uptake as a result of the outreach programme. Uptake rose from 896 doses to 4,338 doses within the first outreach week. Using schools as vaccination site meant that more teachers were reached with the COVID-19 vaccine, and more schoolgirls were reached with the HPV vaccine. Promoting an integrated systems approach means that services are more people-centred and able to respond to health needs, supporting strong progress towards universal health coverage.


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Kenya

Fact

Raising awareness of how public health and social measures can protect against COVID-19 and increasing trust in the vaccine are crucial steps to ending the pandemic, especially in communities where misinformation circulates and creates mistrust in systems.

Why it matters

Low uptake of the COVID-19 vaccine prevents the effective control of COVID-19, and is especially concerning for society's most vulnerable members. Reaching out to communities enhances equity in access and promotes universal health coverage.

Expected results

People better understand how to observe public health and social measures during the pandemic, and there is now greater trust in the COVID-19 vaccine, with uptake increasing nearly five-fold.

In practice

Working closely with County Health Management Teams, WHO provided technical support for advocacy, risk communication and social mobilization to improve vaccine uptake throughout communities across Kenya.

World Health Organization

Occupied Palestinian Territory

Reforming the hospital sector to make progress towards universal health coverage

In the occupied Palestinian territory, health workers in hospitals are battling to provide the right kind of people-centred care to COVID-19 patients. Many are older people, cannot have visitors due to the virus, and urgently need both medical attention and social support. In an area already facing conflict and crisis, the Ministry of Health is transforming the hospital sector to better respond to present and future challenges.

As COVID-19 spread across the occupied Palestinian territory, Dr Bassel Bawatneh, Acting Director of the Hugo Chavez Hospital, found himself not only serving as a medical professional but also performing social care to help fill the gap in hospital staff to carry out all the necessary duties. The hospital had been turned into the COVID-19 treatment and isolation centre for patients from Ramallah District.

The hospital had been turned into the COVID-19 treatment and isolation centre.

In March 2021, Dr Bawatneh, found his retired Arabic language teacher, Mohammed Mhanna, critically ill in one of the wards. He visited Mohammed's bedside regularly, providing friendship, comfort and kindness until Mohammed succumbed to the disease. Despite the tragic circumstances, Dr Bawatneh knew that Mohammed was pleased that one of his former students was looking after him.

"More than half my time is given to social support for elderly people. It's hard for them to understand why their children can't visit. If we don't focus on the social aspect of our elderly patients, we might lose them. I cannot lose a patient with respiratory problems just because of lack of social support, so we try to control all other aspects in order to give them the medical care they need,"

Dr Bassel Bawatneh, Acting Director of the Hugo Chavez Hospital

Social care is one of the many important functions that the health system needs to provide.

Social care is one of the many important functions that the health system needs to provide. The gaps in this area demonstrate how much the hospital sector in the occupied Palestinian territory struggles to meet all the needs of patients.

WHO, through the Universal Health Coverage Partnership (UHC Partnership), is working closely with the Ministry of Health to support the development of the hospital sector. This is part of overall efforts to strengthen the health system, enhance linkages to primary health care (PHC), and make progress towards universal health coverage (UHC).

The occupied Palestinian territory is among the 115 countries and areas to which the UHC Partnership helps deliver WHO support and technical expertise in advancing UHC with a PHC approach. The Partnership is one of WHO's largest initiatives on international cooperation for UHC and PHC. It is funded by the European Union (EU), the Grand Duchy of Luxembourg, Irish Aid, the Government of Japan, the French Ministry for Europe and Foreign Affairs, the United Kingdom – Foreign, Commonwealth & Development Office, Belgium, Canada and Germany.

Image 1 Dr Bassel Bawatneh, Acting Director of the Hugo Chavez Hospital, treats Mohammed Mhanna for COVID-19 at the Hugo Chavez Hospital in Ramallah, occupied Palestinian territory. ©WHO/Noor-Tanya Habjouqa.

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Strengthening the hospital sector to accelerate universal health coverage

Hospitals, combined with effective PHC, are essential in achieving UHC. In practice, this means that an effective PHC system, operating within or closer to communities, serves as the first point of contact of patients and their pathway to hospital care. This can be improved through strengthening the referral system, which will send patients from PHC to hospital and vice versa.

A renewed focus on hospital roles, functions and operations through an integrated and people-centred lens is critical.

A renewed focus on hospital roles, functions and operations through an integrated and people-centred lens is critical. It brings a fresh perspective on the features of hospitals that are needed to meet present and future challenges to health and health systems. The experience of COVID-19 shows the importance of hospital care when needed. By mid-July 2021, the occupied Palestinian territory had over 340,000 cases and 3,800 deaths.

The WHO Regional Office for the Eastern Mediterranean has previously developed a regional framework for action for the hospital sector, which is now informing WHO's work in the occupied Palestinian territory in collaboration with the Ministry of Health.

WHO has also promoted the use of simulation exercises to help ensure that effective emergency response systems are in place and that plans and procedures are practiced. In 2019, for example, the occupied Palestinian territory, in collaboration with WHO, conducted a simulation exercise to help develop, assess and test functional capabilities of emergency systems, procedures and mechanisms to be able to better respond to outbreaks or public health emergencies.

Developing the hospital sector

According to the cooperation strategy between WHO and the occupied Palestinian territory, 'The health of Palestinians in the occupied Palestinian territory has been uniquely affected by occupation by Israel, which has been ongoing since 1967. Health concerns relate not only to the direct effects of conflict and military action but also to the impact of the occupation on human security, well-being and the wider determinants of health. Periodic escalations of violence especially affect the Gaza Strip, and geographical fragmentation and restrictive policies further compound public health risks and constrain opportunities for development. In addition to the health consequences of the occupation and frequent bouts of violence, the Palestinian people face the challenge of a rising burden of noncommunicable diseases, similar to neighbouring countries.'

Image 2 Head nurse Hayel Ishtaye checks on a patient in the COVID-19 treatment and isolation centre at Hugo Chavez Hospital, Ramallah. ©WHO/Noor-Tanya Habjouqa.
Image 3&4 Nurse Eman Hamarsheh prepares a COVID-19 vaccine and administers the vaccine at a vaccination site by the Health Directorate in Ramallah. ©WHO/Noor-Tanya Habjouqa

In 2020, there were 87 hospitals in the occupied Palestinian territory with 6,552 beds, a ratio of 13.2 beds per 10,000 people. This ratio compares favorably to Jordan and Egypt with a ratio of about 14 beds per 10,000 population.

The Ministry of Health is the main provider of hospital care, running just over 3,500 hospital beds in 28 hospitals throughout the area. Other providers are the United Nations Relief and Work Agency for Palestine refugees, the private sector, and non-governmental and faith-based organizations.

A complementary relationship exists between the different health care levels, with a referral system between the PHC and hospital care. Nevertheless, self-referral is common and both public and non-government or private hospitals may receive patients who are not referred through PHC. Anecdotal reports indicate that a sizeable proportion of patients seeking care in the outpatient clinics or emergency departments of hospitals could have been managed properly at the PHC level instead of being attended to at the hospital level. This has implications on the increased workload of hospital staff and cost for the system.

"There are many challenges facing the hospital sector in the occupied Palestinian territory. The increasing demand for hospital services is noticeable, mainly due to increased incidence and morbidity rates of noncommunicable diseases, rapid population growth and the aging population. Additionally, there is a huge financial burden caused by an influx in referrals especially to areas outside the occupied Palestinian territory. Among others, these challenges put a strain on the ability of hospitals to operate and makes hospital service planning an issue of high priority for the Ministry of Health," said Dr Anan Rashid, Hospital Directorate, Ministry of Health.

The Ministry of Health decided to put service planning as a top priority for achieving UHC.

Following a high-level mission in 2019 conducted by a team from WHO headquarters and the WHO Regional Office for the Eastern Mediterranean to support the occupied Palestinian territory on its trajectory to UHC, the Ministry of Health decided to put service planning as a top priority for achieving UHC. In March 2021, WHO supported the Ministry to develop a hospital sector profile for the occupied Palestinian territory to understand the current situation, identify challenges and set the future outlook. This profile will be used to initiate policy and societal dialogue to agree on entry points for strengthening hospital sector policy.

"We consider hospitals key players of the Palestinian health care systems. Hospitals, however, face major challenges; at certain times occupancy rates even exceed 100%. The population is growing with an increased ratio of the elderly. We are also short of specialized human resources and this puts a pressure on existing staff and is causing an influx in referrals. This was apparent during the COVID-19 pandemic

Image 5 Head nurse Hayel Ishtaye treats patient Raed Taweel in the COVID-19 treatment and isolation centre at Hugo Chavez Hospital, Ramallah. ©WHO/Noor-Tanya Habjouqa

and caused challenges in response. There is definitely a need for service planning to efficiently use our resources and to ensure that services are provided to the people as needed," said Dr Ola Aker, Director of Planning at the Ministry of Health.

The Ministry of Health is currently preparing to adopt the WHO-promoted strategic framework for action on the hospital sector according to national priorities. The main goal is to ensure the provision of comprehensive services for all citizens within the occupied Palestinian territory by reducing referrals abroad and increasing the availability of services in Palestinian public and private hospitals based on public-private partnership.

"Service planning is important to ensure all the people in need receive quality health services on time. In countries where conflict exists, the need for service planning becomes more apparent and difficult due to the presence of additional challenges in infrastructure, management, human resources, medical supplies and equipment and the limited financial resources. WHO supports the Ministry of Health in service planning to ensure the hospital sector is transformed to provide hospital care efficiently and effectively and to meet the most challenging needs in referral, inpatient and outpatient care, " said Dr Richard Peeperkorn, WHO Representative for the occupied Palestinian territory.

While a strategic policy framework for hospital development and distribution has yet to be prepared, the development of the hospital sector and distribution of hospital beds over the occupied Palestinian territory has been addressed as part of the National Health Strategy. The current plan for the period 2017-2022 has been updated for the period 2021-2023, which takes into consideration the impact of COVID-19 on the context and strategic direction. WHO will facilitate the dialogue with and further support the Ministry of Health in the process of developing a hospital strategy and hospital master plan. These two documents will be key to setting the direction for investments and reforms in the hospital sector, which will ultimately lead to improved health outcomes.

The Ministry of Health has recently adopted the family practice approach in its PHC services

The Ministry of Health has also recently adopted the family practice approach in its PHC services, to streamline the relationship with hospitals and augment two-way referral and communication. The essential health service package includes secondary health care services in public hospitals, emergency care, free services for children under the age of 6, and free services for patients with chronic mental disorders. All these efforts contribute towards the occupied Palestinian territory taking steps to achieve UHC and health for all.

Expected impact

Drawing on the WHO regional framework for action in the hospital sector, WHO, through the UHC Partnership, has provided technical support to the Ministry of Health in the occupied Palestinian territory to strengthen its hospital sector development and policy. At least 53 hospitals in the West Bank with around 520,000 annual patient admissions, as well as 34 hospitals in Gaza, will benefit from improved services once the hospital sector policy is implemented. This effort strengthens the capacity of the occupied Palestinian territory to ensure that more people receive the health services they need, even in the face of conflict and a pandemic.

Occupied Palestinian Territory

Fact

The Palestinian health system is working to transform the hospital sector to deliver people-centred care through strengthening its secondary care and reaffirming its contribution towards achieving universal health coverage.

Why it matters

The hospital sector is struggling to meet the needs of all patients. Achieving health for all requires an integrated and people-centred approach to provision of care in hospitals.

Expected results

At least 53 hospitals in the West Bank with around 520,000 annual patient admissions, in addition to 34 hospitals in Gaza with an estimated 210,000 patient admissions yearly, will benefit from improved services once the new hospital sector policy is implemented.

In practice

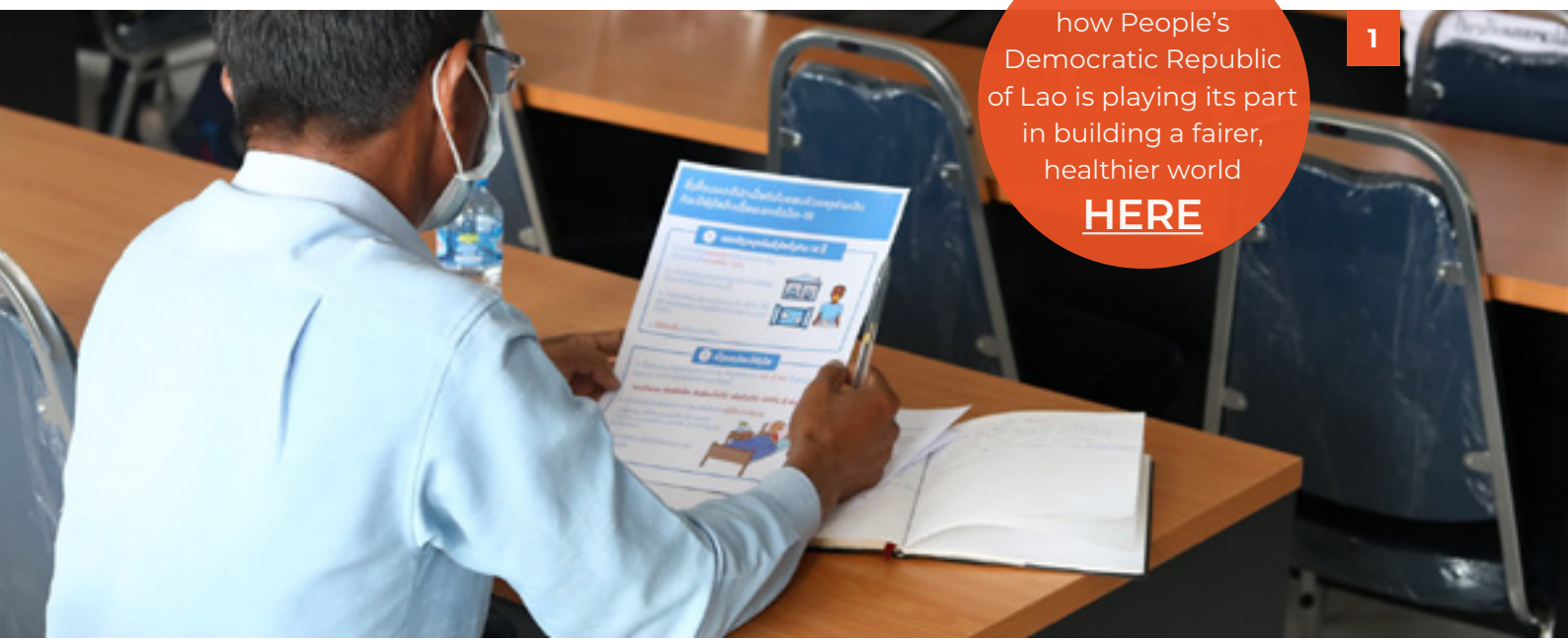
WHO supported the Ministry of Health to reform its hospital sector and helped develop a profile for the occupied Palestinian territory. The Ministry is also preparing to adopt the WHO strategic framework for action on the hospital sector.

World Health Organization

People's Democratic Republic of Lao

Strengthening capacity to deliver mental health care nationwide

In the People's Democratic Republic of Lao, the COVID-19 pandemic is increasingly affecting the mental health of the population. In a country with few mental health-care facilities, reaching out to the community and supporting people at primary health care level will provide a lifeline to many, especially those who are vulnerable. The country is now taking major steps to deliver mental health care nationwide as part of a long-term national effort.



Learn how People's Democratic Republic of Lao is playing its part in building a fairer, healthier world **HERE**

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For Dr Maniphone Vongphathep, a health worker at Hadsayfong district hospital in Vientiane, the capital and largest city of the People's Democratic Republic of Lao (Lao PDR), mental health is essential to overall health and well-being. She has noticed an increasing trend of distressed and stressed people in the community as a result of the socio-economic impacts of the COVID-19 pandemic.

"I think it is important that we provide mental health care to people in the community. Many people in our community or even worldwide are going through the same difficulties."

For Dr Maniphone Vongphathep, health worker at Hadsayfong district hospital in Vientiane

Dr Vongphathep and other staff at the hospital received training from the Department of Hygiene and Health Promotion of the Ministry of Health. The initiative, which aimed to strengthen mental health and psychosocial support skills for people with mental health conditions and community members, was supported by WHO, through the Universal Health Coverage Partnership (UHC Partnership).

"I believe that we can provide support by going to villages, promoting the importance of mental health, and equipping our people with basic de-stressing skills. And of course, we need to consider the best way to communicate with them during the pandemic by utilizing the skills that we have learned," said Dr Vongphathep.

Lao PDR is among the 115 countries and areas to which the UHC Partnership helps deliver WHO support and technical expertise in advancing universal health coverage (UHC) with a primary health care (PHC) approach. The Partnership is one of WHO's largest initiatives for international cooperation for UHC and PHC. It is funded by the European Union (EU), the Grand Duchy of Luxembourg, Irish Aid, the Government of Japan, the French Ministry for Europe and Foreign Affairs, the United Kingdom – Foreign, Commonwealth & Development Office, Belgium, Canada and Germany.

Image 1 COVID-19 mental health and psychosocial support homecare kit training for District Health Officers. ©WHO/Vannaseng Insal
Image 2 Dr Maniphone Vongphathep, a health care worker at Hadsayfong district hospital in ©WHO/Phatsaline Vongsaly.

Mental health care challenges

Mental health conditions can be just as serious – and just as deadly – as physical illness. They account for 14% of the total global burden of disease and constitute one of the leading causes of premature death, disability and human misery around the world.

In most countries, there is still a lot of shame and stigma associated with mental health problems.

In most countries, there is still a lot of shame and stigma associated with mental health problems. As a result, many people with mental health conditions do not seek help. In addition, such conditions disproportionately affect poor and marginalized people who often have inadequate access to the health system, so again, the true extent of the problem is hidden.

Over the past 10 years, Lao PDR's health outcomes have improved significantly, but there has been limited progress in the area of mental health. An estimated 210 000 people in the country suffer from a mental, neurological or substance use condition, such as psychosis, epilepsy or substance abuse. Significantly more suffer from the common mental health disorders of depression and anxiety.

Over 95% of people with serious mental illness are untreated, and access to mental health facilities is uneven across the country. It is estimated that 75% of the population of Lao PDR live in rural areas where no mental health services of any kind are available. Only people who live in or near the capital city have access to specialist mental health services. Those in rural areas need to travel to get care, which is often unaffordable.

Out of a total health workforce of just over 13, 000 clinical staff, only 42 personnel are working in mental health facilities in the country, providing mental health services to 7 million people. The Government of Lao PDR currently only spends 0.3% of the total health budget on staffing mental health services, despite the country's high mental health burden.

Over 95% of people with serious mental illness are untreated.

Primary health care workers have not had previous systemic training in mental health and have had little interaction with mental health services. Psychotropic medications are available, but only a small fraction of the population has free access to them.

Image 3 Dr Lhoi Chantala, Deputy Chief of Nakhanthoung Health Center, talks to a health volunteer. ©WHO/Vannaseng Insal.
Image 4 COVID-19 Mental health and psychosocial support homecare kit training for District Health Officers. Vientiane. ©WHO/Vannaseng Insal.
Image 5 COVID-19 mental health and psychosocial support homecare kit training in Saythani District, Vientiane. ©WHO/Philippe Aramburu


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AUTO DISABLE SYRINGE


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WHO

Emergencies and mental health

The COVID-19 pandemic has exacerbated mental health problems in Lao PDR with a rising number of people suffering from distress either directly as a consequence of illness from COVID-19 or due to the economic hardships they experienced as a result. The pandemic has also further limited access to mental health care as a result of long lockdowns and some of the specialized institutions in the capital have prioritized treating COVID-19 cases instead.

The pandemic has also further limited access to mental health care.

In Lao PDR, COVID-19 is not the first emergency in recent years. In 2018 the Attapeu dam burst and devastated the district around it. Catastrophic flash flooding affected 13 villages and more widespread flooding expanded across 17 of the 18 provinces in the country. Within a few days, the Government assessed the number of homes and farms destroyed and counted the families who had become homeless. What took longer to emerge was the mental health impact the disaster had inflicted on the survivors of the flood, people who had quite literally seen their life's work swept away. Death, displacement, loss of homes and livelihoods, shortages of water and food and damage to health facilities all took their toll on the population.

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Primary health care and mental health service provision

The Ministry of Health understood that mental health and psychosocial support needed to be a critical part of the recovery plan following the Attapeu dam burst, but also to fulfill a general health need among the population. The Ministry identified primary health care as an ideal platform to improve mental well-being and promotion at village level.

"We have a need for broad-based mental health services. These should be available in every province in Lao PDR. Our core strategy is to enhance the capacity of the existing health workforce to deliver mental health services."

Dr Bounfeng Phoummalaysith, Minister of Health in Lao PDR

The Ministry of Health engaged WHO, through the UHC Partnership, for support. WHO's Mental Health Gap Action Programme (mhGAP) gives countries a practical framework for scaling up mental health services. It is particularly designed for ministries of health in low- and middle-income countries to adapt according to their local contexts and systems for training of health workers.

Based on the mhGAP, WHO supported the development of mental health and psychosocial support guidelines for Lao PDR, which continue to help build national capacity to provide psychosocial support and clinical management across all levels of the health system. At the central level, training took place for staff in 7 central hospitals, 2 of which provide mental health services. In the other 5 hospitals, discussions are shaping the future provision of mental health services. At the provincial level, staff in Attapeu and Savannakhet provincial hospitals were trained and, in the latter, WHO and the provincial health office are exploring ways to strengthen mental health services.

"Primary care providers can offer mental health support to the community and overcome stigma and discrimination against people with mental disorders, promoting better understanding of these conditions," said Dr Mark Jacobs, former WHO Representative to Lao PDR.

The National Mental Health and Psychosocial Support Counselling Guidelines were field tested in Nongsangphai Village, Pak Ngum district, Vientiane, with the village health committee comprising the village chief, village health volunteers and members of mass organizations. In Vientiane, WHO has trained all 9 district health officers to provide the same training to village committees, with support from WHO. More activities are in the pipeline, as part of the collaboration between WHO and the Ministry of Health. This includes training for the village health committees in Attapeu and Savannakhet provinces and the development of an overall action plan on scaling up the initiatives nationwide to reach all communities.

WHO has trained all 9 district health officers.

It is important to ensure that mental health and psychosocial support is integrated into the health system, to provide services in communities through a primary health care approach. To implement this, a series of trainings, as well as training of trainers for the guidelines took place at central and sub-national levels, mainly in Attapeu and Savannakhet provinces from late 2020 and early 2021.

Health workers trained in mental health care

Mental health and psychosocial support training for central trainers: 30 master trainers trained from central hospitals, the Department of Health Care and Rehabilitation, Department of Hygiene and Health Promotion, and community workers from mass organizations including Lao Women's Union and Lao Youth Union.

Mental health and psychosocial support sub-national training (Attapeu and Savannakhet provinces): 19 people trained from the Provincial Health Care and Rehabilitation, Health Promotion, Health Education, Lao Women Union, Lao Youth Union, Labor and Social Welfare and Lao Front for National Development.

COVID-19 mental health and psychosocial support homecare kit training (Vientiane Capital): 60 people trained from the district health office, mainly in the health promotion unit.

Mental health and psychosocial support hotline joint training with UNFPA (Vientiane Capital): 40 participants trained from Lao Youth Union, Lao Women's Union, Vientiane Youth Clinic and the National University of Laos.

Mental health and psychosocial support during COVID-19

Following the arrival COVID-19, the Government prioritized providing immediate mental health services during the pandemic. WHO, through its coordinating function, supported the Ministry of Health to convene a high-level consultative meeting with key stakeholders in the health and non-health sectors, and development partners in strengthening mental health and psychosocial support services in Lao PDR.

WHO tools, guidelines and recommendations on mental health and psychosocial support during emergencies were adapted to the local context as information, education and communication materials, and disseminated by the Centre of Information and Education for Health. The materials have been designed for health care workers, people with mental health conditions and their families, people in quarantine including migrants and the public generally. They include messages promoting support for frontline workers, self-care activities for vulnerable groups in dealing with psychological distress during the pandemic and non-discrimination towards frontline workers and people who have recovered from COVID-19.

The Government, with support from WHO, has also developed a standard operating protocol in providing basic de-escalation techniques to manage people in psychological distress. Call operators were also trained to work on a 166/165 national hotline, which has over 200 callers each day.

Expected impact

WHO, through the UHC Partnership, has provided technical support to the Ministry of Health in Lao PDR to train health workers and develop national guidelines that have catalyzed the wider delivery of mental health services across the country. This is expected to significantly strengthen national capacity to provide psychosocial support and clinical management for people living with mental health conditions across all levels of the health system. This means that everyone in the country, including those in rural communities, can have access to mental health care and receive the support they need without stigma and discrimination.

Lao PDR

Fact

Mental health conditions are worsening as a result of the COVID-19 pandemic. In the People's Democratic Republic of Lao (Lao PDR), an estimated 75% of people live in rural areas with no access to mental health care services.

Why it matters

The COVID-19 pandemic has exacerbated mental health problems in Lao PDR with a rising number of people suffering from distress; either directly due to illness from COVID-19 or due to the economic hardships they experienced as a result.

Expected results

Health workers will be trained in providing mental health support to communities nationwide to enable more people to access care at the primary level, and increase understanding to help overcome stigma and discrimination.

In practice

WHO is supporting the Government to deliver long-term mental health services at the primary health care level, and to implement tools, guidelines and recommendations on mental health and psychosocial support.

World Health Organization

Trinidad and Tobago

Empowering communities to prevent and self-manage noncommunicable diseases

Trinidad and Tobago, like many countries around the world, is facing a growing burden of noncommunicable diseases (NCDs) such as heart disease, stroke, cancer, diabetes and chronic lung disease. These chronic conditions account for over 62% of deaths, each year, with three quarters occurring in people under 70. The country's experience shows that empowering and equipping communities to take charge of their health through prevention and self-management of chronic conditions is an effective way to build healthier populations and achieve health for all.

Learn how Trinidad and Tobago is playing its part in building a fairer, healthier world **HERE**

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Behind the blue skies, sparkling seas and rolling golden beaches of Trinidad and Tobago, the population faces a harsh reality. Chronic noncommunicable diseases (NCDs), such as heart disease, stroke, cancer, diabetes and lung disease, are destroying the health of individuals and negatively impacting families and communities.

Dr Michael Jaggernauth, a primary health care physician working in the South West Regional Health Authority in Trinidad, suffers from diabetes. Despite being a medical professional, he struggled to maintain and manage his own condition. This is very common. While people know, in theory, that adequate exercise and a healthy diet matter, they find it difficult to make the necessary lifestyle changes needed to improve their health. However, Dr Jaggerauth took part in a training course that changed his perspective. This was the chronic disease self-management course, implemented by PAHO/WHO, with the support of the Universal Health Coverage Partnership (UHC Partnership).

"Chronic illnesses make you tired, with poor sleep and physical limitations. This programme has given me many more tools to work with, and I am seeing much improvement in my health. I am sleeping better, I am exercising better, and my weight is better controlled.

Dr Michael Jaggernauth, a primary health care physician working in the South West Regional Health Authority in Trinidad

Having realized the benefits of the programme I see myself as an advocate or mentor.

Having realized the benefits of the programme I see myself as an advocate or mentor to other people with chronic illnesses who may be struggling to manage their conditions. I would like to help train them and the wider community so that more people can benefit. It is going to expand, and illnesses will become less challenging to the population," said Dr Jaggernauth.

Dr Jaggernauth was one of 25 people with NCDs, from a range of state and non-state organizations across Trinidad and Tobago, who took part in this training to both manage their own NCDs, and also become 'lead trainers' in their communities.

The Ministry of Health with PAHO/WHO have designed the programme to ensure that people in communities are empowered and support each other to make healthy lifestyle choices and manage their own NCD conditions. The approach is also integrated into the health system so that people can get the right kind of support when necessary.

Over half the country's population has 3 or more risk factors, such as poor nutrition, physical inactivity and harmful use of alcohol and tobacco, placing them at greater danger of developing a chronic illness.

Image 1 Dr Michael Jaggernauth, primary care physician, was a participant in the chronic disease self-management course implemented by PAHO/WHO, with the support of the UHC Partnership. ©PAHO/WHO/Denith McNicolls

The growing burden of noncommunicable diseases

The global epidemic of NCDs poses devastating health consequences for individuals, families and communities, and threatens to overwhelm health systems. Trinidad and Tobago has a population of 1.35 million, with 1 million over the age of 18. In the past 50 years, the country's diseases profile has seen a marked shift from communicable diseases to NCDs being more prevalent. The rise of NCDs has been driven by primarily four major risk factors: tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets.

Over half the country's population has 3 or more risk factors.

Over half the country's population has 3 or more risk factors, placing them at greater risk of developing a chronic illness. NCDs are the main cause of death and account for over 62% of deaths each year. Three quarters of these deaths occur in people under 70, which are classed as premature deaths. Of course, the COVID-19 pandemic is also complicating the health situation of the population, and Trinidad and Tobago had close to 6,000 active cases (as of July 2021) and approaching 1,000 deaths.

PAHO/WHO, through the UHC Partnership, has been working with Trinidad and Tobago's Ministry of Health to address the issue of NCDs by providing technical support and implementing a range of interventions.

Trinidad and Tobago is among the 115 countries and areas to which the UHC Partnership helps deliver WHO support and technical expertise in advancing universal health coverage (UHC) with a primary health care (PHC) approach. The UHC Partnership is one of WHO's largest initiatives for international cooperation for UHC and PHC. It is funded by the European Union, the Grand Duchy of Luxembourg, Irish Aid, the French Ministry for Europe and Foreign Affairs, the Government of Japan - Ministry of Health, Labour and Welfare, the United Kingdom - Foreign, Commonwealth & Development Office, Belgium, Canada and Germany.

Chronic disease self-management

Trinidad and Tobago's Ministry of Health has been working to control NCDs, collaborating across the public and private health sectors, with participation from non-government and civil society organizations. The Ministry has adopted and implemented many resolutions, policies and evidence-based interventions to combat NCDs. The country is taking part in the HEARTS in the Americas initiative, which is a PAHO/WHO technical package to reduce rates of hypertension, a major risk factor for many forms of heart disease. It focuses on proven, affordable and scalable solutions to improve the control of hypertension.

"I am convinced that the global HEARTS initiative we have established in this country, and globally, is a universal good and has the promise of and potential to make one of the most important public health interventions of our time," said Dr Rohit Doon, Advisor, Health Promotion, Communications and Public Health, Ministry of Health, Trinidad and Tobago.

One intervention to promote healthy lifestyles as part of the HEARTS initiative was to provide a 6-week online Chronic Disease Self-Management Programme, based on the principles of self-efficacy. This approach empowers people with


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NCDs to make healthier lifestyle choices and better manage their own chronic conditions.

It is important for people with life-long chronic conditions to develop the knowledge, skills and confidence to care for themselves and manage their condition effectively. It is critical for people to modify their lifestyles, take medication daily and closely monitor their condition to ensure it is properly controlled.

The training also encourages people who have received the training to become lead trainers, to go into their communities, share knowledge and resources and empower people to support each other to better manage their own health conditions. As there are no community health workers in Trinidad and Tobago, this is an effective way to embed the approach in community groups and organizations.

The self-management programme is linked to the health system through established chronic disease patient support groups within some health centres. Following the training and involvement of health workers at primary health care facilities, people will be referred from health centres to the programme.

The training came about after several initiatives, including a series of focus group discussions conducted by PAHO/WHO with NCD patients. These were conducted to help better understand the issues and challenges patients face in managing their conditions, and also how they relate to the health sector. Participants reported that they lacked the tools needed to make the healthy choices they knew were right. Many were uncertain how to communicate with their health care provider, for example if they were not taking their medication. From this, PAHO/WHO and the Ministry of Health recognized the importance of building individual competencies to manage their own disease and build trust in the patient-health worker relationship. PAHO/WHO devised a face-to-face training plan which was adapted to a 6-week online version to enable implementation even during the COVID-19 pandemic.

25 participants were trained across both islands of Trinidad and Tobago.

In March 2020, the 25 participants were trained across both islands of Trinidad and Tobago, including from the patient group and a range of state and non-state organizations. Participants learned about the different aspects of self-managing chronic diseases including: fatigue and getting a good night's sleep, the mind-body connection, physical activity and exercise, healthy eating and reading food labels and making informed treatment decisions. The course also covered important areas like problem solving, dealing with difficult emotions, communication skills and making an action plan.

Aside from developing skills to manage their conditions, participants also learned how to roll out the same training in their own communities and contexts, such as

Image 2 Dr Rohit Doon, Advisor, Health Promotion, Communications and Public Health, Ministry of Health, Trinidad and Tobago. ©PAHO/WHO/Denith McNicolls.
Image 3&4 Siparia Health Centre, Trinidad and Tobago. ©PAHO/WHO/Denith McNicolls.


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with religious groups and health care settings. At least 10 different communities will immediately benefit with a plan for further expansion by 2022.

"In this programme we have worked with faith-based organizations, community-based organizations, non-government organizations and Regional Health Authorities to assist them in improving how they manage patients with NCDs. Coming out of this initiative, we have been able to provide a platform for these organizations to assist their patients to manage their chronic disease. We have also assisted people in the communities by way of improved educational materials so they can live a better-quality life, managing their chronic illnesses," said Ladonna Gulston, Acting Director of the Health Education Division of Trinidad and Tobago.

"My motivation to do this self-management course was to gain good and useful knowledge. With this, I was able to impart this knowledge to my family, my community and hopefully in the near future the nation at large. The course has taught me that little things make a big difference, like reading food labels can impact your diet choices. There are positive ways in which you can learn to manage stress levels in everyday life, both physically and mentally. Simple things like exercising can reduce stress and also improve physical health," said Mawasi Abdullah, a diabetes patient.

PAHO/WHO is coordinating with the Ministry of Health to roll out the training programme to communities across both islands of Trinidad and Tobago. Resource materials are also provided to every community member who receives the training, such as a book on healthy living and a CD on meditation and breathing to relieve stress. PAHO/WHO worked with the Ministry of Health to develop a Standard Operating Procedure to ensure the quality of the training being rolled out to communities, and to establish links and integration with the health service. A monitoring and evaluation framework is also being developed to measure the impact of the approach on health and NCDs and on the relationship between patients and health care providers.

"We support the Ministry of Health in taking care of people with NCDs and we are doing that within the context of strengthening health systems overall, which is a critical part of the work that we do at country level," said Dr Erica Wheeler, PAHO/WHO Representative for Trinidad and Tobago.

Expected impact

Achieving health for all through UHC begins with communities that are empowered to improve and protect their health. The UHC Partnership has provided catalytic funding to implement this training programme for 25 leader trainers who now work in their respective communities throughout Trinidad and Tobago as part of the HEARTS initiative. This continues to provide evidence that self-management of NCDs has the potential to contribute to reducing the burden of NCDs across the country. Over time, the initiative will be scaled up nationwide, with a plan to train more leader trainers over the next 2 years to reach to all communities. The lessons learned from this pilot phase will help continuously improve and strengthen the programme before expanding implementation. With strong links to primary health care services, this integrated approach fosters community empowerment, equipping individuals and families with the tools and capacity they need to support each other in preventing and managing chronic diseases.

60 SEC SUMMARY

Trinidad and Tobago

Fact

Trinidad and Tobago is strengthening the health system response to noncommunicable diseases (NCDs), reorienting approaches to prevention and control, and integrating them into existing primary health care.

Why it matters

In Trinidad and Tobago, NCDs account for 62% of deaths every year. Over half of population has at least 3 risk factors for NCDs but many people find it challenging to choose healthier lifestyles.

Expected results

People across the country will be more equipped and empowered to prevent and manage chronic conditions. They will have better relationships with their health care providers. These will ultimately help reduce the impact of NCDs on the population's health.

In practice

PAHO/WHO collaborated with the Ministry of Health to provide training to people with NCDs, who could in turn volunteer and train their communities nationwide. This community-based approach has increased the knowledge, skills and confidence for people to care for themselves and manage their condition effectively.

World Health Organization

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Prior to the pandemic, many countries had made progress. But it was not robust enough. This time we must build health systems that are strong enough to withstand shocks, such as the next pandemic, and stay on course towards universal health coverage.

Dr Tedros Adhanom Ghebreyesus, WHO Director-General

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