



USAID
FROM THE AMERICAN PEOPLE

MATERNAL CHILD HEALTH
AND NUTRITION (MCHN) ACTIVITY

REDESIGNING HEALTH PROGRAMS FOR ALL CHILDREN AND ADOLESCENTS-UGANDA WEBINAR BRIEF

EVENT HIGHLIGHTS

WEBINAR

JULY 01, 2021

Organized and hosted by the World Health Organization (Uganda), USAID Maternal Child Health and Nutrition (MCHN) Activity and Makerere University School of Public Health – Centre of Excellence for Maternal Newborn and Child Health

GUEST PRESENTER:

Dr. Wilson-Milton Were, Senior Medical Officer, Child Health Services, WHO, Geneva

MEETING FACILITATOR:

Dr. Peter Waiswa, Makerere University School of Public Health

BACKGROUND

Countries need to strengthen their health systems to be more responsive to the changing needs of children and adolescents. Consequently, the World Health Organization (WHO); and UNICEF initiated efforts to reorient their child health strategy, shifting attention towards a life course perspective and away from a previous exclusive focus on under 5 survival. This webinar brought together national and international experts to discuss what it would take to redesign child and adolescent health programming in Uganda.

Dr. Christine Mugasha, Maternal and Child Health Program Management Specialist, USAID Uganda

- Across all thematic areas COVID-19 pandemic is greatly impacting children and adolescents, and event learnings will be useful to strengthen services. USAID remains committed to supporting quality child health and adolescent programming, and activities are already ongoing across the country

Dr. Wilson Were, Senior Medical Officer, WHO Geneva

Presentation: Re-designing child and adolescent programming for health and wellbeing strategy

- Over the last 3 decades, significant progress has been realized in child survival especially in reducing child mortality this was especially amplified by the Millennium Development Goals (MDGs) agenda that ended in 2015. With the ensue of the Sustainable Development Goals (SDGs) countries realized the need to redesign programming for children and adolescents.

- The re-design is informed by the results of a global strategic review of the work done on child and adolescent health under the MDG and SDG frameworks and analysis of outcomes for children and adolescents for the last 30 years. The review pointed to 3 key facts:
 - While child mortality had reduced over the years, morbidity had not changed and continued to negatively impact the health and wellbeing of children and adolescents.
 - There is a shift in the causes of mortality and morbidity from the typical early childhood illnesses
 - Social determinants of health are becoming critical in overall and lifetime wellbeing.
 - A lot of emphasis was on survival and development of children below 5 years and not beyond that.
- Child and adolescent health programming will need to focus on the first 2 decades of life, rather than the first five years alone.

Re-thinking design will require:

- Advocacy for an enabling policy environment
- Creating effective leadership and governance that transcends the health sector (to include other related sectors)

- Mobilize resources and create partnerships to support implementation.
- Building adequate and skilled human resources across sectors; to create a cadre within the system that can deliver comprehensive health and wellbeing of children and adolescents.
- Provision of supportive tools, equipment and supplies; packages and care pathways that multi-dimensional providers can use to address risks and deliver care and wellbeing interventions.
- Putting in place necessary information and records systems.
- Empowerment of individual, facility and community support structures
- Taking a whole-government approach; because the health sector cannot deliver this alone: Utilizing an ecological approach is fundamental so that services focus on both individual and the contexts within which that individual survives, develops and thrives.

PANEL DISCUSSIONS

What would the re-design of child and adolescent programming mean for Uganda?

Dr. Jesca Nsungwa Commissioner for Maternal and Child Health, Ministry of Health Uganda

Discussion: The feasibility of implementing the re-design approach and priorities for successful implementation.

What Uganda is doing now, and implementation plans

- Outcomes for under 5 year olds in Uganda are good; they are more likely to survive and not likely to die of preventable diseases such as malaria but birth outcomes and delivery are poor. However, the cause for this is well known and solutions being crafted.
- While the focus is on moving from the survival agenda, Uganda needs to consolidate the survival agenda; drawing lessons from the Integrated Management of Childhood Illness (IMCI) program and the school-health program.
- The Ministry of Health has developed a Sharpened plan, which already accommodates the child health re-design thinking. The IMCI has been broadened to include healthy newborns; emergency triage and assessment treatment packages.
- The new plan recognizes the need for universal health care for all children 0-18 years, which entails intervening along the life course.
- The plan recognizes equity and inclusion of children with disabilities and in humanitarian contexts.
- The scope of health has been broadened to include well-being; teachers trained to handle children; offer basic life and first aid support and address other non-health issues such as violence.
- The sharpened plan also focuses on above 5-year olds; who now bear the burden of malaria and mortality in general.
- The plan includes child development (drawn from the nurturing care framework in the IMCI guidelines) and the Ministry has revised the counseling card to attain Early Childhood Development(ECD) priorities.
- ECD is a major focus of human capital development with the aim to improve the quality of the workforce. The Ministry of Health developed a multi-sectoral policy, a communication strategy, a secretariat and has started implementing ECD interventions with Local Governments(LGs).
- The school health program has evolved into a full public health program with a well-defined unit focusing on health service provision in schools and other issues such as school health nurses, vaccination in schools, early childhood development, developing pathways for referral, sexuality education and



USAID
FROM THE AMERICAN PEOPLE

MATERNAL CHILD HEALTH
AND NUTRITION (MCHN) ACTIVITY

integrating HIV, mental health and nutrition and other relevant programs.

- Developed a Reproductive, maternal, newborn, and child health (RMNCH) strategy – an investment case for RMNCH to help mobilize long-term funding for RMNCH programs.

Challenges that remain

- The ministry still struggles to reach the age group 5-19 years with adolescent health interventions; in addition to building capacity of providers to deliver these services.
- The Adolescent health policy is not ready- yet this is a key guide for

programming. It may be completed in 2022, and will be part of a multi-sectoral policy.

- Inadequate workforce trained in this relatively new area of adolescent health and this will require ample in-service and pre-service trainings.
- Under the re-design approach, there several issues to address in the post pandemic period and based on the data obtained from the fast-tracking exercise design interventions to address the impact of COVID-19 will be holistic and as such require significant investment.

CHILD AND ADOLESCENT HEALTH REDESIGN AND PERINATAL HEALTH IN UGANDA-WHO, UGANDA

Dr. Olive Sentumbwe (WHO, Uganda)

Discussion: The perinatal period has the greatest burden for child health in Uganda (DALYs and lost QALYs). What does child health redesign mean for perinatal health? How could Uganda start on this road, and what is needed? What will be the role of WHO in this?

- By viewing a child in its wholeness, the re-design program will help Uganda recognize the importance of accountability within the health care system and across other supportive sectors.
- The life-cycle approach will enable us to focus not only on a child but also their mother; knowing that the outcomes of the child are determined by the quality of health and wellbeing of the mother. By considering health and wellbeing along the life cycle and using an ecological model, the re-design will help us to think about raising healthy mothers to produce healthy children.

Dr. Bodo Bongomin (WHO, Uganda)

- There are already interventions in place but they are not well implemented. In terms of child health re-design, there is need to think about how to improve the quality of services from the time of pre-conception, to pregnancy up to delivery.
- Re-think the training curricula in institutions of learning to consider units on maternal, child and adolescent health and wellbeing; in order to bridge knowledge gaps among providers and build skills sets to address maternal, infant, child and adolescent health issues.
- Consider rolling out and/or implementing to scale interventions that have been proven to reduce the mortality of mothers and newborns. Focus should be on quality of services that are delivered as well as multi-sectoral interventions that will address the maternal and child health and wellbeing issues in a holistic manner.
- As part of the re-design, mapping data systems and data elements is supported by WHO to improve data for decision making.
- Focus on both training and resource allocation should reflect the disease burden and the causes of child mortality – which are very much linked to maternal mortality.

NURSES AND MIDWIVES IN THE CHILD AND ADOLESCENT HEALTH PROGRAM RE-DESIGN AND IMPLEMENTATION

Ms. Beatrice Amuge (Commissioner Nursing, Ministry of Health)

Discussion: Nurses and midwives are at the center of health services delivery in Uganda. They are already over extended and this will require them to implement an additional initiative. What will it take for nurses to implement this approach?

Nurses and midwives are central to the health care delivery system and indeed in the re-design program. We need to:

- Build capacities of nurses (in terms of numbers and skills) and deploy them appropriately to deliver health care and wellbeing interventions in health facilities (critical care/pediatric nurses), communities (public health nurses), schools (school health nurses).
- Conduct continuous pre-service and in-service trainings for professional development
- Sponsor nurses to undertake critical courses to upgrade their skills
- Provide resources to facilitate supervision of nurses in facilities, schools and communities
- Interrogate the low enrolments for pediatric and public health nurses and put in place measures to motivate students to undertake these fields of study.

Dr. Were: Update the cadre of nurses from certificate to diploma holders.

IMPLEMENTING THE CHILD AND ADOLESCENT RE-DESIGN STRATEGY IN UGANDAN HEALTH FACILITIES

Dr. Francis Oriokot (Senior Consultant Pediatrician based at Mbarara Regional Referral Hospital) –

Discussion: Can the re-design strategy be implemented in Ugandan health facilities – in Mbarara?

The input presentation and statements made by presenters indicate areas of research. Research is especially needed in:

- Infrastructure - the workforce, the facilities, the training packages (in-service and pre-service infrastructure at the family level, at community, system level (both social and economic and political)
- Specific issues affecting children and adolescents at different life stages
- Intersectoral linkages and new platforms needed to implement the re-design strategy
- Approaches to empower the family to raise healthy children. Mortality has been reduced but parents have not been equipped to accomplish their task.
- Assess the implication of COVID-19 for existing and new programs
- We need to re-think the contribution of the health sector to this re-design strategy as well as the roles of supportive sectors.

IMPLICATIONS OF THE RE-DESIGN STRATEGY FOR CHILDREN (5-19-YEAR OLDS)

- **Dr. Sabrina Kitaka (Senior Lecturer, Pediatrician at Makerere University)**
- Incorporate the needs and aspirations of the age group 5-19-year olds into the already existing sharpened plan.
- Critically think about breaking the cycle of poverty, as it leads to poor health outcomes for children and adolescents. If a child is able to go to school and complete their school cycle, then they are very unlikely to have teenage pregnancies, they are very likely to get immunized and able to go beyond surviving. They will thrive and transform societies
- Work together; with other sectors because achieving a child's full potential cannot be delivered by the health sector alone. Commitment of other sectors is crucial.
- Training - we need to start training pre-service providers right from the beginning to understand the re-design process.

Dr. Henry Sekitoleko

There is need to focus on reaching underserved populations living in hard to reach areas such as fishing communities and emergency settings.



USAID
FROM THE AMERICAN PEOPLE

MATERNAL CHILD HEALTH
AND NUTRITION (MCHN) ACTIVITY

Dr. Ezekiel Mupere (Head of Department of Pediatrics at Makerere University Medical School)

- Mobilize political commitment to support such transformations - benchmark from other countries (such as Rwanda) that has successfully implemented similar interventions.
- Develop a local paper to contextualize the re-design strategy to the Ugandan context.
- Stimulate all sectors (including training institutions) to act – raise awareness about the re-design agenda and rally buy-in of critical actors.

Dr. Flavia Mpanga (Head of Programs at UNICEF)

- As we focus on the first 2 decades of life, we should not forget the first 1,000 days – ensuring early stimulation, exposure and equity and universal comprehensive quality package of services at all levels following the life course.
- We need to work together as social sectors and also bring on board the private sector – one of the most important actors in health care delivery.
- Leverage on government's efforts to remunerate the VHTs to advocate for recognition of their services and sustained remuneration.
- Fast track the adolescent health policy.
- Work together with other sectors to achieve key MDGs 3-5 – related to maternal child and adolescent health.
- Through primary health care, empower communities to practice preventative measures to maintain health and wellbeing of children.
- Skill, re-skill and motivate health workers – pay them a living wage and not a killing wage.
- Strengthen data systems to be able to generate real time and quality data to support evidence-based planning and decision making.

UNICEFs priorities and how it fits in the re-design program

- We are going to work on nutrition, ensuring that it is an important component of child health
- Maintain the focus on the first 1,000 days of life
- Strengthen systems approach
- Prioritize early childhood development in both the humanitarian and development contexts; promoting stimulation and responsiveness to children as early as possible
- Early identification and interventions for children with disabilities
- Leverage support from all actors (private and public) to facilitate integrated delivery.
- Prepare for the post COVID-19/recovery period.

We are not saying anything new, but we are re-designing/refocusing; and sometimes it feels like it is impossible to achieve all this, but it is not; it always seems impossible until it is done. Working together with all these brains in Uganda and across the globe, we can improve the health and wellbeing of our children; make them a productive and healthy workforce; and make us all proud of our achievements, Dr. Flavia Mpanga

RESOURCES

Here are new guidance on health promoting schools https://www.who.int/health-topics/health-promoting-schools#tab=tab_1.

A working document on redesigning child health programs A final document is being finalized will be published soon. https://www.who.int/docs/default-source/a-future-for-children/investing-in-our-future-a-comprehensive-agenda-for-the-health-and-well-being-of-children-and-adolescents.pdf?sfvrsn=32caab32_1&download=true -

N Halfon, C.B. Forrest, R. M. Lerner, E. M. Faustman, 2018. Handbook of Life Course Health Development. ISBN 978-3-319-47141-9 . <https://doi.org/10.1007/978-3-319-47143-3>