HEALTH RESULTS 2021
PRIMARY HEALTH CARE

Enciani Radja holds her four-month-old daughter Fayra after she received the polio vaccine at the Kamboja IVc Health Post in Kupang, East Nusa Tenggara province, Indonesia, on 3 November 2021.

CONTEXT

Children need strong, resilient and inclusive health systems to survive and thrive. UNICEF focuses on the centrality of primary health care (PHC) as the key to universal health care and the delivery of integrated prevention-focused services and support.

UNICEF has played a central role in shaping the discourse on PHC, including at high-level events such as the G20 summit, the World Health Summit and the United Nations General Assembly. At global and country levels, UNICEF strengthened strategic partnerships on PHC, especially through the Sustainable Development Goal (SDG) 3 Global Action Plan for Healthy Lives and Well-being for All (SDG 3 GAP), the PHC Accelerator, and the Primary Health Care Performance Initiative. Aligned with United Nations reform and to advance SDG 3 GAP, UNICEF has played a key role in leading the PHC Accelerator in 37 countries. The SDG 3 GAP is providing a critical platform to improve collaboration in the multilateral system to support countries recovering from the pandemic and drive progress towards the health-related SDGs, enabled by stronger PHC and focused on equity

UNICEF and WHO finalized and rolled out the Operational Framework for Primary Health Care: Transforming Vision into Action and worked with other Primary Health Care Performance Initiative partners to finalize a monitoring and evaluation framework for PHC. UNICEF continued to advocate for increased financing for PHC and greater attention to human resources for health. Thanks to global health thematic funding from Norway, UNICEF was able to accelerate PHC efforts in 40 countries.

UNICEF WORK AND RESULTS IN 2021

UNICEF promotes and supports primary health care with a package of services for maternal, newborn, child and adolescent health and nutrition, immunization, water, sanitation and hygiene (WASH), HIV, and early childhood development delivered through community, outreach, and facility-based strategies and multisectoral approaches.

The full impact of the COVID-19 pandemic on the health and well-being of children and adolescents may not become apparent until quality data becomes available. Progress towards UNICEF's strategic goals of ensuring that all children survive and thrive has been slowed by the pandemic, but notable results were achieved.

Community health workers were integrated into the health systems of 25 countries, while UNICEF helped 27 countries to strengthen their supply chains and 39 countries to implement plans to strengthen the quality of maternal and newborn primary health care.

UNICEF supported 84 embedded implementation research projects in 25 countries, of which 40 projects in 19 countries were completed by 2020.

UNICEF supported responses to at least one outbreak or other public health threat in 156 countries, including the Ebola virus, cholera, Zika, polio and measles.
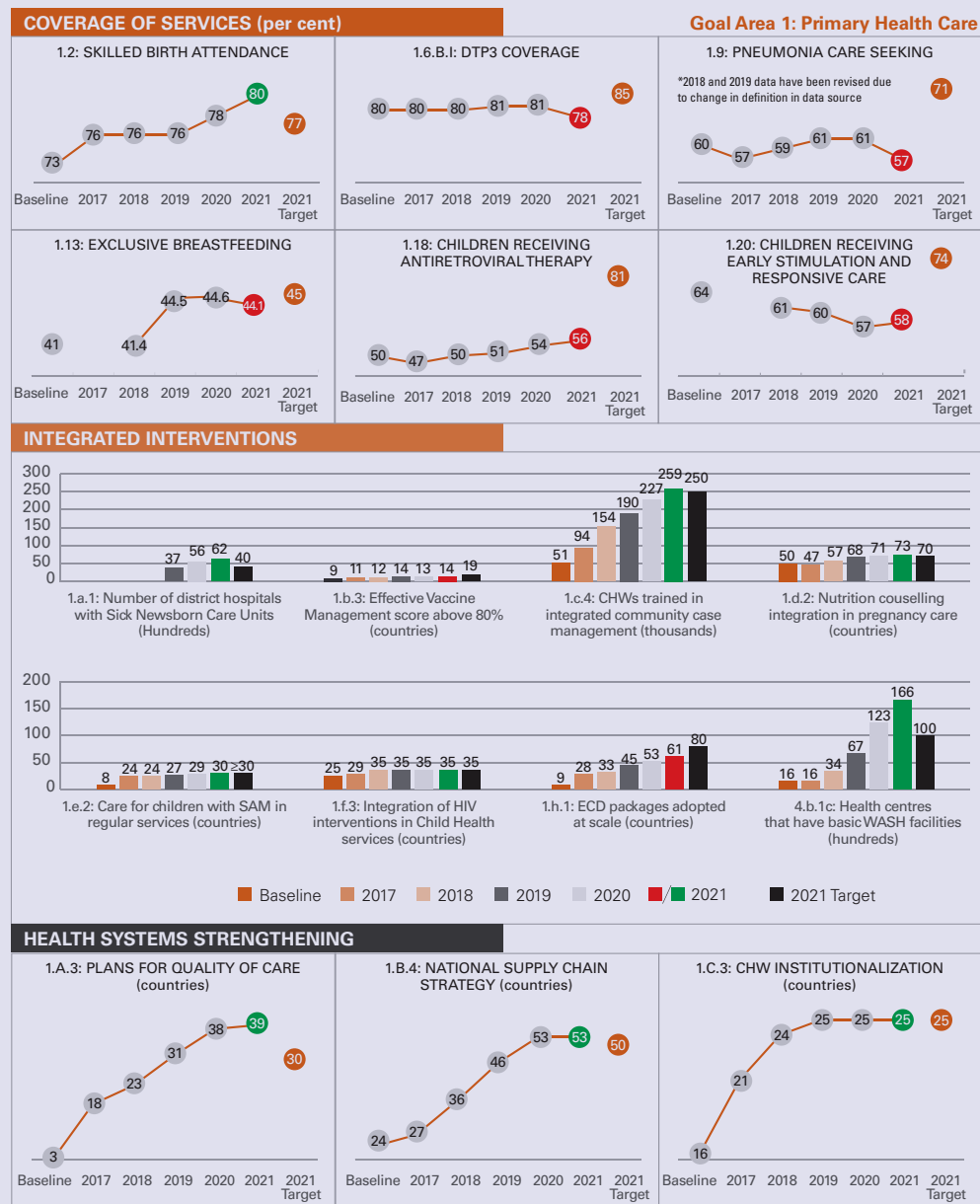
The UNICEF/WHO Digital Health Centre of Excellence provided coordinated technical assistance to more than 40 governments and partners on COVID-19 delivery.

Integration between programmes is essential to enhance collaboration between disease control programmes. Among the eight indicators tracking integration progress, six met or exceeded the 2021 Strategic Plan target. These included the number of district hospitals with sick newborn care units, the number of community health workers trained in integrated community case management, nutrition counselling integrated into pregnancy care, care for children with severe acute malnutrition in regular services, integration of HIV interventions in child health services, and water, sanitation, and hygiene access at healthcare facilities.

All three indicators for health system-strengthening – improving quality of care, the integration of community health workers into the health system, and supply chain management – saw excellent progress, with 2021 strategic targets being met or exceeded.

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Results of addressing inequities, promoting integrated health policies and programmes and health system-strengthening, 2021

COVERAGE OF SERVICES (per cent)
Goal Area 1: Primary Health Care

1.2: SKILLED BIRTH ATTENDANCE

73 (Baseline), 76 (2017), 76 (2018), 76 (2019), 78 (2020), 80 (2021), 77 (2021 Target)

Baseline 2017 2018 2019 2020 2021 2021 Target

1.6.B.I: DTP3 COVERAGE

80 (Baseline), 80 (2017), 80 (2018), 81 (2019), 81 (2020), 78 (2021), 85 (2021 Target)

Baseline 2017 2018 2019 2020 2021 2021 Target

1.9: PNEUMONIA CARE SEEKING

*2018 and 2019 data have been revised due to change in definition in data source

60 (Baseline), 57 (2017), 59 (2018), 61 (2019), 61 (2020), 57 (2021), 71 (2021 Target)

Baseline 2017 2018 2019 2020 2021 2021 Target

1.13: EXCLUSIVE BREASTFEEDING

41 (Baseline), 41.4 (2017), 44.5 (2018), 44.6 (2019), 44.1 (2021), 45 (2021 Target)

Baseline 2017 2018 2019 2020 2021 2021 Target

1.18: CHILDREN RECEIVING ANTIRETROVIRAL THERAPY

50 (Baseline), 47 (2017), 50 (2018), 51 (2019), 54 (2020), 56 (2021), 81 (2021 Target)

Baseline 2017 2018 2019 2020 2021 2021 Target

1.20: CHILDREN RECEIVING EARLY STIMULATION AND RESPONSIVE CARE

64 (Baseline), 61 (2017), 60 (2018), 57 (2019), 58 (2021), 74 (2021 Target)

Baseline 2017 2018 2019 2020 2021 2021 Target

INTEGRATED INTERVENTIONS

1.a.1: Number of district hospitals with Sick Newsborn Care Units (Hundreds)
37, 56, 62, 40

1.b.3: Effective Vaccine Management score above 80% (countries)
9, 11, 12, 14, 13, 14, 19

1.c.4: CHWs trained in integrated community case management (thousands)
51, 94, 154, 190, 227, 259, 250

1.d.2: Nutrition couselling integration in pregnancy care (countries)
50, 47, 57, 68, 71, 73, 70

1.e.2: Care for children with SAM in regular services (countries)
8, 24, 24, 27, 29, 30, ≥30

1.f.3: Integration of HIV interventions in Child Health services (countries)
25, 29, 35, 35, 35, 35, 35

1.h.1: ECD packages adopted at scale (countries)
9, 28, 33, 45, 53, 61, 80

4.b.1c: Health centres that have basic WASH facilities (hundreds)
16, 16, 34, 67, 123, 166, 100

Legend: ■ Baseline ■ 2017 ■ 2018 ■ 2019 ■ 2020 ■ 2021 ■ 2021 Target

HEALTH SYSTEMS STRENGTHENING

1.A.3: PLANS FOR QUALITY OF CARE (countries)

3 (Baseline), 18 (2017), 23 (2018), 31 (2019), 38 (2020), 39 (2021), 30 (2021 Target)

Baseline 2017 2018 2019 2020 2021 2021 Target

1.B.4: NATIONAL SUPPLY CHAIN STRATEGY (countries)

24 (Baseline), 27 (2017), 36 (2018), 46 (2019), 53 (2020), 53 (2021), 50 (2021 Target)

Baseline 2017 2018 2019 2020 2021 2021 Target

1.C.3: CHW INSTITUTIONALIZATION (countries)

16 (Baseline), 21 (2017), 24 (2018), 25 (2019), 25 (2020), 25 (2021), 25 (2021 Target)

Baseline 2017 2018 2019 2020 2021 2021 Target

IMPROVING THE QUALITY OF CARE

Steady progress was made throughout the 2018–2021 Strategic Plan to improve maternal and newborn PHC. Thirty-nine of the 52 high-burden countries had a national quality improvement programme with guidelines, standards, and implementation plans. In these countries, UNICEF also improved access to water, sanitation and hygiene (WASH) in 3,618 healthcare facilities.

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Improving the quality of care for newborns and mothers in Malawi

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With the support of ECHO and the Halu Foundation, UNICEF installed hand-washing points in the Maternal and Child Health Centre in Arauca, Colombia, to prevent the spread of COVID-19. These points were installed to benefit the migrant population and the host community.

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INSTITUTIONALIZING COMMUNITY HEALTH WORKERS

The institutionalization of community health workers into the formal health system remains imperative to bringing health care to the last mile. To enable this process, policies defining roles, tasks based on local needs, and relationships to the health system must be in place at the country level. By the end of 2021, all 25 high-burden countries had policies in place. UNICEF also supported governments in establishing a package of care, incentive and compensation structures, supervision, and supply chain models.

In the intensely drought-affected south of Madagascar, mobile health clinics mean life

Rocham Hin from the Village Health Support Group helps staff conduct COVID-19 prevention education during integrated health outreach activities in Ten Ngol village, Ya Yung commune, Borkeo district, Ratanakiri province, Cambodia.

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In Nigeria, the typical workday of a community health worker

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PROCUREMENT AND SUPPLY CHAIN MANAGEMENT

In preparation for the roll-out of COVID-19 vaccines, UNICEF helped countries strengthen health sector supply chains. By the end of 2021, 53 countries were implementing a national health sector supply-chain strategy, and 27 UNICEF country offices reported there was a national strategy/plan in place.

The UNICEF Supply Chain Maturity Model (SCMM) has been central to efforts with partners to scale-up support to countries in identifying, addressing and improving their supply chain bottlenecks. Since 2019, UNICEF and partners have supported the implementation of SCMM in 35 countries, including 11 in 2021, across various public programmes (nutrition, education, and WASH). The results were instrumental in building evidence-driven national systems-strengthening strategies and plans and deploying UNICEF and other partners' technical assistance in a complementary and holistic fashion. This coordinated approach yielded a greater collective impact as half of the countries reported an increase in the maturity of their supply chains.

Essential medical supplies delivered to Zambia during the COVID-19 pandemic

A staff member takes stock of medical supplies at the primary health centre in Mayo Belwa, Nigeria, where EU-UNICEF provides support with medical supplies.
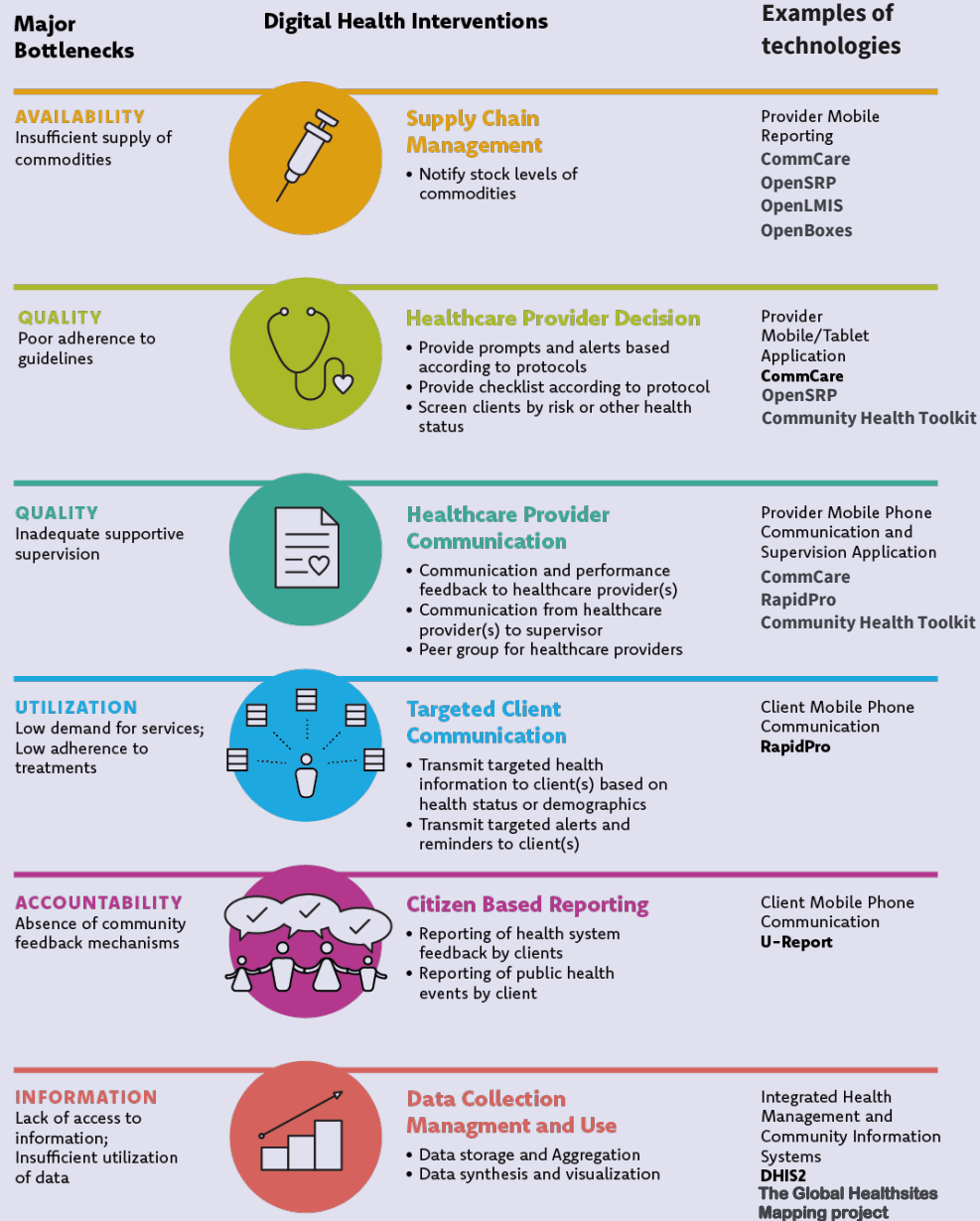
ENHANCING QUALITY AND USE OF DATA: STRENGTHENING HEALTH MANAGEMENT INFORMATION SYSTEMS AND DIGITAL HEALTH

Accurate data and strong information systems are critical to drive action for improved public health outcomes for children. Evidence-based programming is used to strengthen systems for national health management and information, civil registration, and vital statistics. To increase demand for health services, UNICEF uses chatbots, SMS, interactive voice response and other technologies through multiple channels, including U-report, RapidPro, Infolines and HealthBuddy.

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DIFFERENT TYPES OF UNICEF DIGITAL INTERVENTIONS USED IN HEALTH PROGRAMMES

The pandemic and recovery efforts led to increased demand for data, geographic information systems and digital solutions. Among many other platforms, UNICEF supports the District Health Information Software 2 (DHIS2), which acts as a repository of health information in over 60 countries and serves to collect and visualise community and health facility data in one dashboard. DHIS2 became a critical tool in the COVID-19 response. UNICEF also co-led the Digital Public Goods Alliance Health Community of Practice and released a report on 13 new Digital Global Goods for Immunization Delivery Management.

In 2021, UNICEF and WHO launched and co-led the multi-agency Digital Health Center of Excellence (DICE) to provide coordinated technical assistance to more than 40 national governments and partners with COVID-19 vaccine delivery. UNICEF also led digital health system landscaping in 19 countries and launched and piloted guidance for community health workers on strategic information and service monitoring.

Major Bottlenecks	Digital Health Interventions	Examples of technologies
AVAILABILITY Insufficient supply of commodities	**Supply Chain Management** • Notify stock levels of commodities	Provider Mobile Reporting **CommCare OpenSRP OpenLMIS OpenBoxes**
QUALITY Poor adherence to guidelines	**Healthcare Provider Decision** • Provide prompts and alerts based according to protocols • Provide checklist according to protocol • Screen clients by risk or other health status	Provider Mobile/Tablet Application **CommCare OpenSRP Community Health Toolkit**
QUALITY Inadequate supportive supervision	**Healthcare Provider Communication** • Communication and performance feedback to healthcare provider(s) • Communication from healthcare provider(s) to supervisor • Peer group for healthcare providers	Provider Mobile Phone Communication and Supervision Application **CommCare RapidPro Community Health Toolkit**
UTILIZATION Low demand for services; Low adherence to treatments	**Targeted Client Communication** • Transmit targeted health information to client(s) based on health status or demographics • Transmit targeted alerts and reminders to client(s)	Client Mobile Phone Communication **RapidPro**
ACCOUNTABILITY Absence of community feedback mechanisms	**Citizen Based Reporting** • Reporting of health system feedback by clients • Reporting of public health events by client	Client Mobile Phone Communication **U-Report**
INFORMATION Lack of access to information; Insufficient utilization of data	**Data Collection Managment and Use** • Data storage and Aggregation • Data synthesis and visualization	Integrated Health Management and Community Information Systems **DHIS2 The Global Healthsites Mapping project**

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ENHANCING HEALTH SYSTEM PREPAREDNESS TO PREVENT AND RESPOND TO EMERGENCIES

Public health emergencies are increasing in frequency and severity, driven by population mobility and displacement, growing urbanization and population density, climate change, and often protracted humanitarian crises. In 2021, UNICEF supported responses to at least one outbreak or other public health threat in 156 countries, including the Ebola virus, cholera, Zika, polio and measles.

The Democratic Republic of the Congo faced two Ebola outbreaks in 2021, the fourth and the fifth in three years. Learning from previous outbreaks, UNICEF implemented a multisectoral and holistic approach across the humanitarian, development and peace nexus. A comprehensive public health emergency programmatic strategy combined immediate outbreak prevention and response with the critical need to build community resilience, strengthen health systems and promote quality access to basic services.

Epidemics often happen simultaneously in the same place. In 2021, Guinea faced this 'multidemic' situation, with four major public health emergencies (COVID-19, Ebola, Lassa Fever and the first West Africa outbreak of Marburg fever) and recurrent outbreaks of yellow fever, measles and polio. UNICEF aimed to simultaneously respond to the situation while developing an approach that would achieve efficiencies in responding to outbreaks and contribute to stronger systems to prevent them and detect their occurrence quickly.

Responding to the cholera outbreak in Nsanje, Malawi

STRENGTHENING IMPLEMENTATION RESEARCH

UNICEF is engaged systematically in implementation research (IR) to help identify and overcome implementation bottlenecks, improve health programmes and achieve results for children. In collaboration with partners, UNICEF supported 84 embedded IR projects in 25 countries, of which 40 projects in 19 countries were completed by 2020. Some countries, such as Ethiopia and Pakistan, have started to use embedded IR as part of their routine reproductive, maternal, newborn, child and adolescent health programming and have begun to institutionalize IR.

RESILIENT PRIMARY HEALTH CARE

The COVID-19 pandemic has, for a second year, underscored the importance of health systems strengthening as a foundation for strengthening PHC. Primary health care is of utmost importance during public health emergencies to provide a front-line response and recovery service and enable continuous access to essential health services.

Primary health care has long been recognized as the key to advancing progress towards universal health coverage. PHC will help curtail the impact of COVID-19 and support countries to better prepare for climate change and future pandemics. UNICEF will continue to advocate for countries and support them in expanding the availability and allocation of domestic and international resources for further investment in health systems, infrastructure and human resources. Additionally, UNICEF will prioritize the capacity-building of front-line workers, supply chains, quality of care, engagement, and regulation of the private sector and digital health information and data.

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Upgrading local health posts in Rwanda to improve access to health services

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LOOKING AHEAD

To safeguard access to health services and care for the most marginalized and vulnerable children, UNICEF's response to the COVID-19 pandemic will continue to reduce transmission and mortality and strengthen capacities and existing systems in a way that builds resilience and minimizes community risks. The impact of the pandemic has re-affirmed the importance of health emergency preparedness and response. There is a historic opportunity to build a strong foundation that prioritizes communities and considers the specific needs of children and vulnerable communities and their role in preventing and responding to local and global epidemics.

Through a comprehensive, multisectoral life-course approach, UNICEF will continue to focus on the 'survive' agenda while expanding the thrive portfolio based on national and local contexts. UNICEF will renew its focus on ending preventable maternal, newborn and child deaths and stillbirths in high-burden countries. Under the new strategic plan, UNICEF is emphasizing the centrality of PHC to accelerate results by expanding immunization services, the quality of maternal and newborn care, and the prevention, diagnosis, care, and treatment of childhood illnesses. To ensure that no child is left behind, UNICEF prioritizes 'zero-dose children', the most vulnerable and disadvantaged who face the highest burdens of disease, malnutrition and mortality. These children and their communities typically face multiple deprivations and are often found in remote rural, urban-poor, conflict or fragile areas and humanitarian settings.

In response to the evolving burden of disease, UNICEF will expand programmes to ensure that PHC addresses key priorities for children, including adolescents. These include non-communicable diseases, mental health, child development and disability, environmental health and injuries.

To address inequities in health outcomes and strengthen health systems, increased investments that help UNICEF plug priority gaps are urgently needed. Increased thematic funds are also imperative to enable integrated UNICEF health programmes, support countries in their pandemic response and recovery, and to bolster support in the delivery of integrated front-line services through communities, schools, and health-care facilities, as part of more resilient PHC.

A pediatrician is checking a boy's lungs in a polyclinic in Tsaghkadzor, Armenia.

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Jahan, 18, gave birth to her first baby with the support of a UNICEF primary healthcare centre in the Rohingya refugee camps in Bangladesh.

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for every child

Link to the full report