

CONTEXT

In September 2020, UNICEF and the World Health Organization (WHO) signed a new collaborative framework to accelerate joint public health efforts that put the most marginalized and vulnerable populations first. In response to the COVID-19 pandemic, UNICEF contributed to the WHO guidance 'Maintaining essential health services: Operational guidance for the COVID-19 context'. This guidance provides practical actions that countries can take to reorganize and safely maintain access to high-quality, essential health services in the pandemic context.

As part of the 'Global Action Plan for Healthy Lives and Well-being for All (SDG 3+GAP)', UNICEF is working with partners to leverage the SDG 3+GAP to fill gaps and add value to existing global, regional and national coordination mechanisms. Within the SDG 3+GAP framework, UNICEF increased collaboration with WHO to co-lead the primary health care accelerator with a focus on the country level.

UNICEF and WHO also published the 'Operational Framework for Primary Health Care: Transforming Vision into Action', to bring the vision outlined in the Declaration of Astana into reality. Key results of UNICEF's support for this agenda include: A greater integration of the community health workforce into formal health systems; progress in quality of care; the strengthening of national health sector supply chains, alongside the uptake of digital health approaches.

UNICEF WORK AND RESULTS IN 2020

The indirect effects of COVID-19 may lead to devastating increases in child deaths, which could erode decades of progress. The long-term negative impact of the COVID-19 pandemic on children's health may not be clear for many years to come. Despite the overwhelming challenges faced during 2020 in the delivery and uptake of health services throughout the world, some important results were achieved.

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.



Supported 25 countries to integrate community health workers into their health systems, while 38 countries were supported to strengthen their supply chains, and 38 priority countries were supported to implement plans to strengthen the quality of maternal and newborn primary health care.



Supported responses to 211 public health emergencies, including the Ebola virus, cholera, Zika, Polio and measles outbreaks.



Completed 40 implementation research projects in 28 high-burden countries, most of which focused on services and health system strengthening at the primary care level.



Strengthened routine health management information systems and digital health solutions in 20 countries.



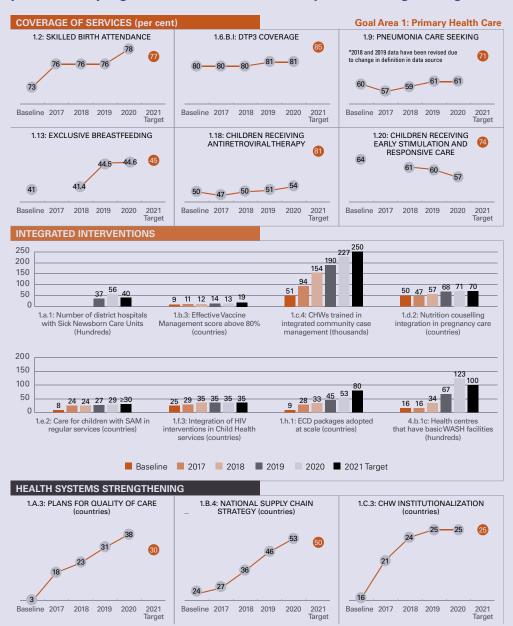
UNICEF invested US\$253 million for health system strengthening, out of US\$1.4 billion healthrelated expenses.

To enhance collaboration between disease control programmes, integration is critical – this normally occurs at the primary care level. As measured by service coverage, all four programmes under Goal Area 1 show progress towards the 2021 target. Among a set of eight indicators tracking progress on integration, four were met or exceeded the 2021 Strategic Plan target. These include: The number of district hospitals with sick newborn care units, nutrition counselling integrated into pregnancy care, HIV interventions as part of child health services, and water, sanitation and hygiene (WASH) access at health-care facilities.

As a foundation for bolstering primary health care, health systems strengthening includes improving quality of care, the integration of community health workers into the health system, and supply chain management. Excellent progress is being made in all three areas, with 2021 targets being met or exceeded.



2020 results on addressing inequities, promoting integrated health policies and programmes as well as health systems strengthening

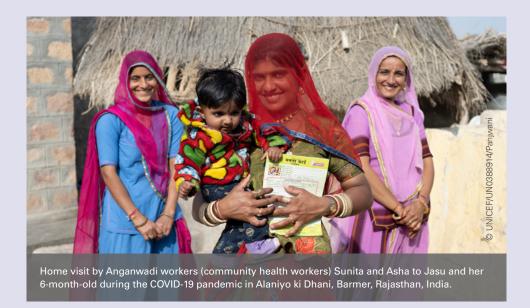


IMPROVING THE QUALITY OF CARE

To strengthen the quality of maternal and newborn primary health care, by the end of 2020, some 38 of the 52 high-burden countries had a national quality improvement programme with guidelines, standards and implementation plans in place. To strengthen the quality of care, UNICEF also improved access to water, sanitation and hygiene (WASH) in 4,725 healthcare facilities in these high-burden countries.

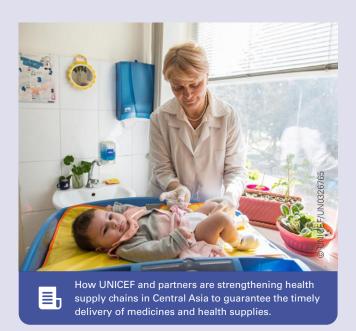
INTEGRATING COMMUNITY HEALTH WORKERS

Integrating community health workers into formal health systems is critical if care is to reach the 'last mile'. For this to happen, 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 2020, all 25 countries carrying high burdens of childhood illnesses had policies in place that met the required criteria. In addition, UNICEF helped governments to establish a package of care, incentive and compensation structures, supervision and supply chain models.



PROCUREMENT AND SUPPLY CHAIN MANAGEMENT

The COVID-19 pandemic tested global supply chains. Initial interruption to global supply chains and logistics systems resulted in a shortage of oxygen concentrators, personal protective equipment (PPE) and other essential commodities. One of the highlights of 2020 was the preparation of cold chains to support the rollout of COVID-19 vaccines. By the end of 2020, some 53 countries were implementing a national health sector supply chain strategy; and 38 UNICEF country offices were supporting interventions to strengthen supply chains. The deployment of the UNICEF Supply Chain Maturity Model allowed



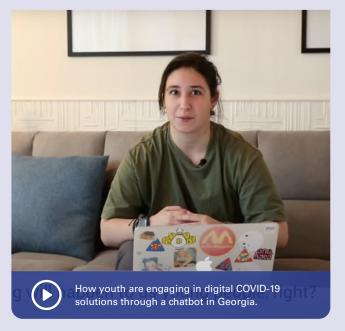
a comprehensive review of the performance of 13 critical operational and technical supply chain functions. The evidence gathered was instrumental in determining countries' level of readiness and management capacity to achieve an equitable, fast and efficient rollout of all health products, including COVID-19 vaccines. Twenty-nine countries have used the UNICEF Supply Chain Model to identify their investment needs across various public programmes since 2019.

ENHANCING THE QUALITY AND USE OF DATA: STRENGTHENING HEALTH MANAGEMENT INFORMATION SYSTEMS AND DIGITAL HEALTH

Strong information systems drive action for children. UNICEF and partners leverage digital health technologies, including data platforms and geospatial solutions, to strengthen health systems and enhance the reach and quality of care. This simultaneously improves the quality, availability and use of data.

UNICEF is well positioned to address the scale of needs related to the COVID-19 pandemic globally. Digital health and data solutions have been integral to this effort, including risk communication and community engagement, as well as real time data reporting and information systems for the rollout of the COVID-19 vaccine.





To increase demand for health services and to manage misinformation about the corona virus, UNICEF deployed chatbots, SMS, interactive voice response and other technologies through multiple channels, including U-Report, RapidPro, Infolines, HealthBuddy, VIAMO Services and Commcare, to reach affected communities with life-saving information. These engagements are promoting facts over fear, bringing reliable guidance to communities, and providing frontline responders with the information and resources they need.

During 2020, UNICEF supported in-country District Health Information Software 2 (DHIS2) in nine countries. Guidance was developed on community health workers' strategic information and service monitoring, which aims to address the fragmentation of community data systems. The harmonization and alignment of national reporting mechanisms will facilitate the integration of community data into the broader health management information system.



The equitable impact sensitive tool (known as EQUIST) focuses on proposing cost-effective interventions and analysing key bottlenecks that constrain their coverage. In 2020, UNICEF supported the introduction and/or further deployment of EQUIST in Bangladesh, Kyrgyzstan, Pakistan, Suriname/Guyana and Zambia. A total of 14 countries have now received UNICEF support to strengthen their capability on data for decision-making, bottleneck analysis and the development of investment cases. Training sessions were conducted for government and partners in Bangladesh, Kyrgyzstan, Pakistan and Zambia.

ENHANCING HEALTH SYSTEM PREPAREDNESS TO PREVENT AND RESPOND TO EMERGENCIES

In 2020, UNICEF responded to 211 health emergencies worldwide including Ebola virus, cholera, Zika, Polio and measles outbreaks. UNICEF supported priority countries to integrate planning for public health emergencies into the Emergency Preparedness Platform.



On 3 April 2020, a nurse takes a girl's temperature at a primary health care centre in Beirut, Lebanon. Since 21 February 2020, when the first case of COVID-19 was confirmed in the country, UNICEF has procured and delivered medical supplies to 194 primary health care centres.

During 2020, UNICEF responded quickly to the challenges presented by the pandemic. Under the leadership of national governments, and in coordination with WHO and other partners, UNICEF advocated for child rights. UNICEF also supported the public health response, the continuity of essential social services and the access to COVID-19 tools. UNICEF also accelerated partnerships to ensure equitable access to COVID-19 tests, treatments and vaccines. Through its leadership in the COVAX facility, UNICEF is playing a key role in COVID-19 vaccine procurement, preparedness and delivery for countries otherwise at risk of being left behind.









UNICEF provided personal protective equipment to nearly 2.6 million health workers in healthcare facilities and communities in 103 countries. Around 4 million healthcare workers, including community health workers, in 75 countries were trained in infection prevention and control. Another important part of UNICEF's COVID-19 response was the delivery of 16,795 oxygen concentrators to 94 countries.

Through the set-up of WASH facilities and services in health centres, and with the implementation of alternative modalities (mobile and virtual health), many health services were able to continue throughout 2020. In 2020, UNICEF supported the delivery of life-saving interventions to 92.2 million children and women in UNICEF-supported facilities.

RESILIENT PRIMARY HEALTH CARE

In 2020, UNICEF and its partners launched the revised Core Commitments for Children in Humanitarian Action to provide a more robust accountability framework for a principled, timely, predictable and efficient humanitarian response that is in line with international norms and standards. Additionally, UNICEF advanced the agenda of newborn health in humanitarian settings through evidence-based advocacy and tracking progress and barriers/enablers in seven countries.

The degree to which the world's health systems were unprepared for and quickly overwhelmed by COVID-19 underscores the importance of working to strengthen systems, including to build their resilience against shocks. Investing in primary health care is therefore critical and UNICEF is committed to moving the agenda forward where possible. For example, in Yemen, a community health worker network was expanded in the most vulnerable districts with a focus on establishing preventive services and referral mechanisms, but also, with capacities to support responses during emergencies including disease outbreaks.



STRENGTHENING IMPLEMENTATION RESEARCH

Implementation research is primarily designed to improve application of health policies, programmes and practice, based on evidence from field research. Implementation research draws on identified barriers, addresses priority questions of local relevance, generates feasible recommendations in 'real-time' and underwrites policy and system strengthening. This makes research integral to decision-making and strengthening primary health care and health systems.

From 2015 to 2020, UNICEF completed 40 projects in over 25 high-burden countries, of which 24 projects in 11 countries have been evaluated for impact to date. Supported programmes included immunization (24), birth registration (4), nutrition (2), enhanced child health days (3) HIV/AIDS (5) and maternal, newborn and child health in emergencies (2). Of the completed projects, approximately 67 per cent have been used to improve local policies and/or programmes for children, whereas in 50 per cent, changes in health outcomes were observed.

The measures of implementation research success used by UNICEF are: 1) use of implementation research results for policy, programme and/or practice change; 2) demonstrated impact on health outcomes such as coverage; 3) embedding of implementation research into routine primary health care programmes.

ENHANCING CAPACITY FOR HEALTH SYSTEM STRENGTHENING

UNICEF further expanded the capacity of its staff on health systems strengthening through the University of Melbourne's online course for 85 staff in 2020, bringing the total to 432 since 2017. The online Massive Open Online Course (MOOC) for partners was accessed and completed by over 28,000 individuals including from government health departments, other UN agencies and NGOs.

LOOKING AHEAD

Primary health care is fundamental to universal health care. The COVID-19 pandemic has highlighted the importance of primary health care in the provision of affordable universal health care for all. As health services are restored, UNICEF is committed to building back better. Amongst the stark challenges lie opportunities to develop solutions that respond to the COVID-19 pandemic, whilst strengthening health systems for increased resilience to future shocks, including those arising from a changing climate.

Over recent years, UNICEF and partners have increased commitment and effort in supporting primary health care systems and programme integration. Resilient primary health care and preparedness are critical components for the continuation of life-saving health services. UNICEF will continue to respond to emergencies in a way that both strengthens capacities and existing systems.

UNICEF continues to focus on equity – to reach zero-dose children and communities that are often found in remote rural, urban poor and conflict or fragile areas and humanitarian settings. UNICEF will continue to leverage global and domestic resources to enable further investment in health systems, infrastructure and human resources for primary health care. In strengthening health systems, UNICEF will prioritize building the capacity of frontline workers, supply chains, the quality of care and digital health information and data. The urgent need for flexible funding to support these efforts is more imperative now than ever.

Whilst ensuring that children survive, in countries with lower child mortality burdens, UNICEF will continue to develop and scale up thrive programmes, including child development, disability, injury, non-communicable disease, environmental pollution and climate change.

UNICEF remains firmly committed to the realization of every child's right to survive and thrive. Thematic funds remain essential, to enable UNICEF to deliver results in this extraordinary context, and work towards the 2030 SDG targets and universal health coverage for all.





At a settlement in Toro, Bauchi State, Nigeria, the Hard-to-reach (HRT) mobile medical team is consulting with clients. In Adamawa, Bauchi and Kebbi, the European Union and UNICEF have been supporting the HRT mobile medical team providing expectant mothers and children healthcare services in communities that are located five kilometres from a primary health care facility and lack social amenities like roads, clean water, schools, and electricity. This HRT strategy has brought a significant reduction in maternal and child morbidity in the 1,344 communities in Adamawa, Bauchi and Kebbi states.



Published by UNICEF 3 United Nations Plaza New York, NY 10017, USA www.unicef.org/health © 2021 UNICEF expresses its deep appreciation to its resource partners for their support to health results in 2020, particularly to those that were able to provide thematic funding. Thematic funds are critical to ensuring holistic health programmes that deliver sustainable results. UNICEF wishes to thank its many partners at global, regional and country levels – including national and local governments, Gavi, other United Nations agencies, the private sector, civil society organizations and academia – that have made these results possible.

Link to the full report