

Integrated Health Care: The Aga Khan Development Network Perspective

Dr. Gijs Walraven
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A K D N

AGA KHAN DEVELOPMENT NETWORK

Alma-Ata – “Health for All “ (1978)



Core principles of comprehensive PHC

- Universal access and equity
- Community participation
- Intersectoral collaboration
- Appropriate use of resources

Alma Ata – Halfdan Mahler

Alma Ata was “one of the rare occasions where a sublime consensus between the haves and the have-nots in local and global health emerged”

On the meaning of the “health for all” goal, he said “the goal was not to eradicate all diseases and illnesses by 2000; we knew that would have been impossible. Our goal was to focus world attention on health inequalities and on trying to attain an acceptable level of health, equitably distributed throughout the world”

Conference on the role of hospitals in PHC (1981)



The Alma Ata declaration implied that the comprehensive PHC approach offered a way to organise the full spectrum of health care, from households to hospitals, with prevention as important as cure, and with resources invested rationally in the different levels of care.


2018 Astana Declaration on PHC



Declaration of Astana

ASTANA, KAZAKHSTAN
25-26 OCTOBER 2018

**GLOBAL
CONFERENCE
ON PRIMARY
HEALTH CARE**



World Health Organization

unicef

Primary health care: transforming vision into action

OPERATIONAL FRAMEWORK

Draft for consultation

TECHNICAL
SERIES

**ON PRIMARY
HEALTH CARE**

The Astana Declaration, is it useful?

“Many of the ills of health care systems reflect an overreliance on advanced medical technology and an overestimation of the benefits of cure, rather than prevention of disease or the promotion of health.”

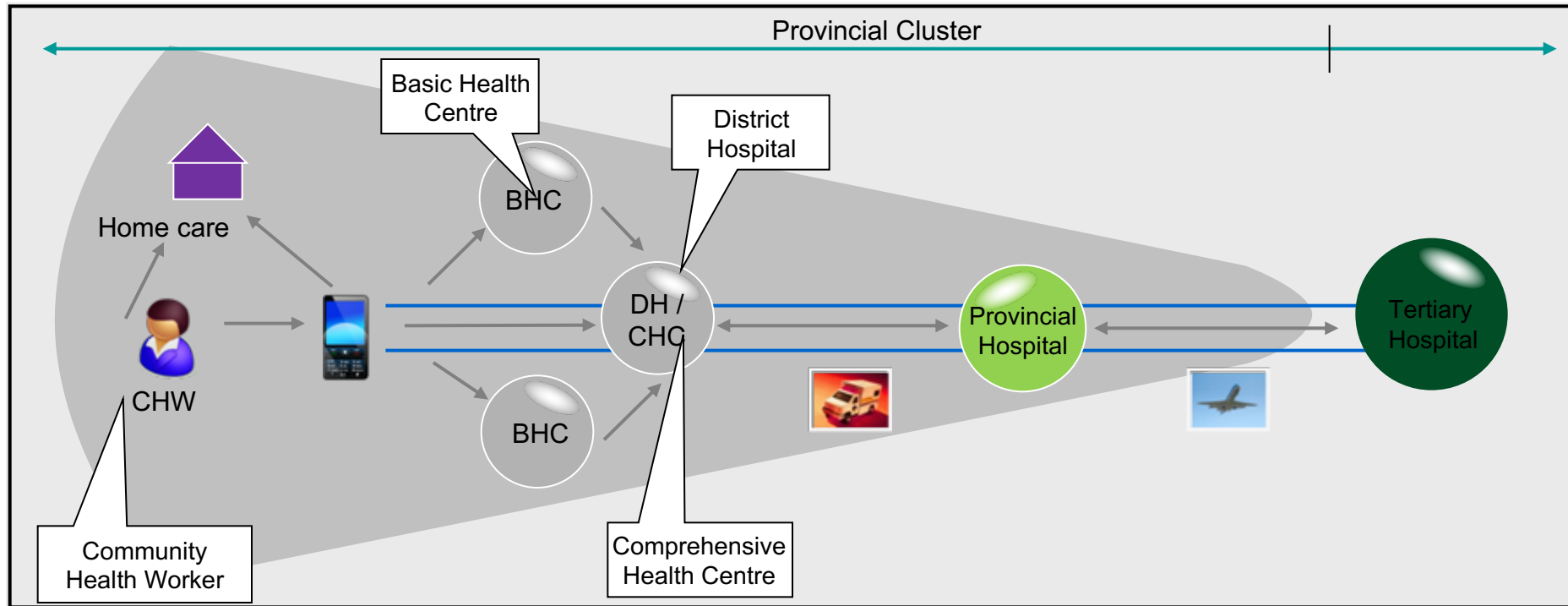
“Specific actions to make Astana successful should promote major shifts in the relationship between health care providers and populations. This is a major difference between a narrow view of first-level ‘contact’ health services and the broader perspective of comprehensive PHC.”

“The vision is to assure that high-quality services are provided on the basis of a defined population, through proactive strategies, favouring continuity of care and focused attention for disease prevention and health promotion, guaranteeing an explicit and affordable set of evidence-based entitlements.”

Health systems characteristics well-performing countries

- Based on comprehensive PHC principles, and coordination when people need to be referred for higher level care. District health approach
- Accountable leadership at country-level, private sector involvement
- Good accessibility and no financial barriers
- Person (not disease) focus
- Training of a skilled workforce (incl. CHWs)

Integrated continuum of care to ensure timely, high-quality services in the right setting



- Anchored in the community
- Appropriate health infrastructure at each level
- Connected by: referrals, usage of digital health
- Leads to results-oriented, innovative health care, delivered through an efficient system

Results of AKDN's Work: Health indicators in Gilgit-Baltistan (Northern Pakistan)

Indicator	Gilgit Baltistan 1986*	Gilgit Baltistan 2019*	Pakistan 2018**
Infant mortality (per 1,000 live births)	158	20	54
Maternal mortality (per 100,000 live births)	550	60	140
Life expectancy (years)	53	69	67
Children aged 12-34 months receiving measles vaccine	11%	93%	66%
Access to safe water (percent of population)	5%	96%	36%
Access to sanitation (percent of population)	8%	86%	68%
Skilled attendant at delivery (percent)	13%	95%	69%

Source:

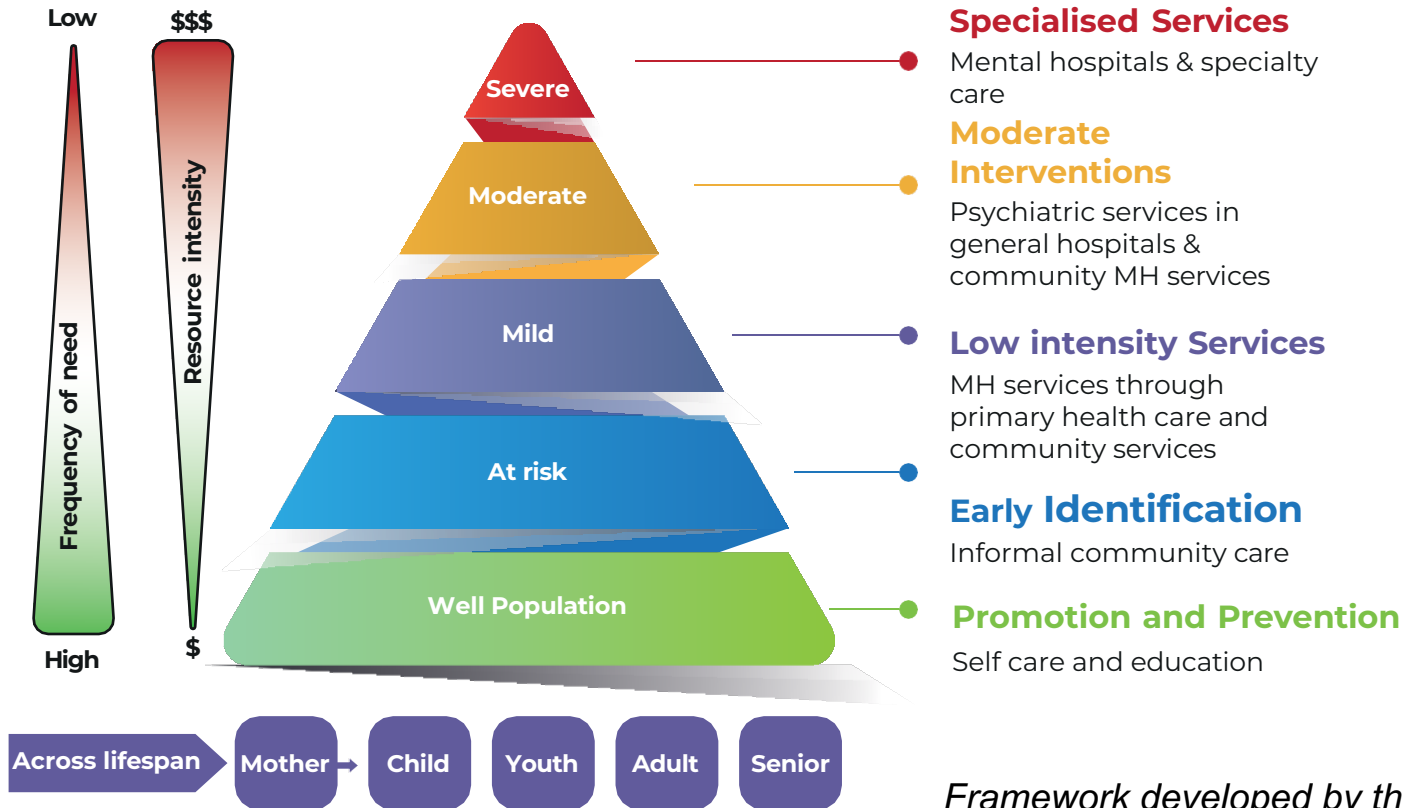
* Routine Demographic and Health Surveillance Systems + specific surveys

** World Bank, most recent data within 2016-2020 timeframe

AKDN Success Factors

- Developed / operated an integrated health system based on the “Alma-Ata (1978) PHC principles
- Focused on the main health problems of the community, influenced by contextually relevant research (‘co-creation’), while drawing on global knowledge
- Trained and optimised the roles of health care workers
- Pursued a multi-sectoral approach (safe water, adequate sanitation, improved livelihoods, and education)

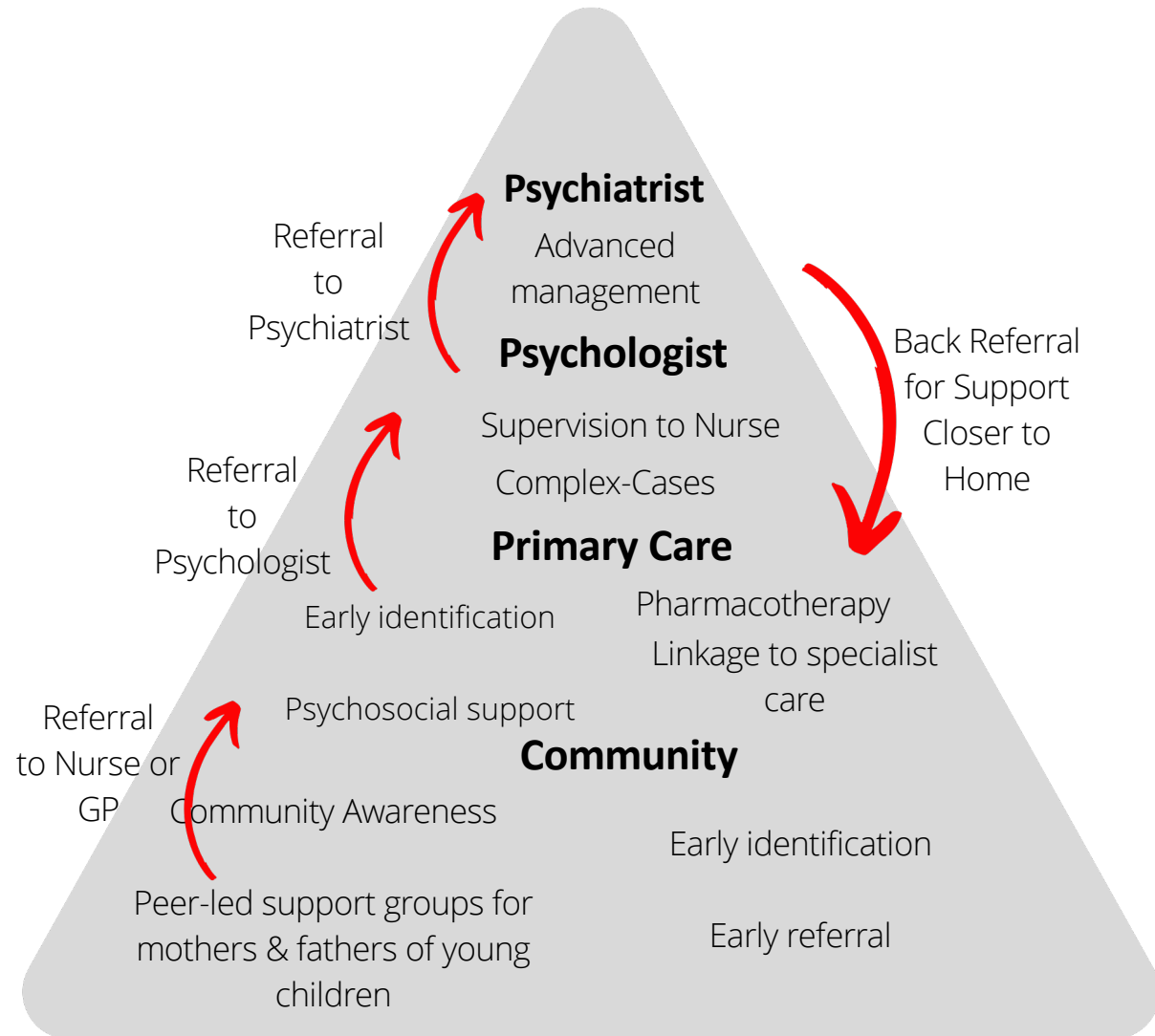
Building an integrated continuum of care in mental health



Framework developed by the AKU Brain and Mind Institute and adopted by the AKDN

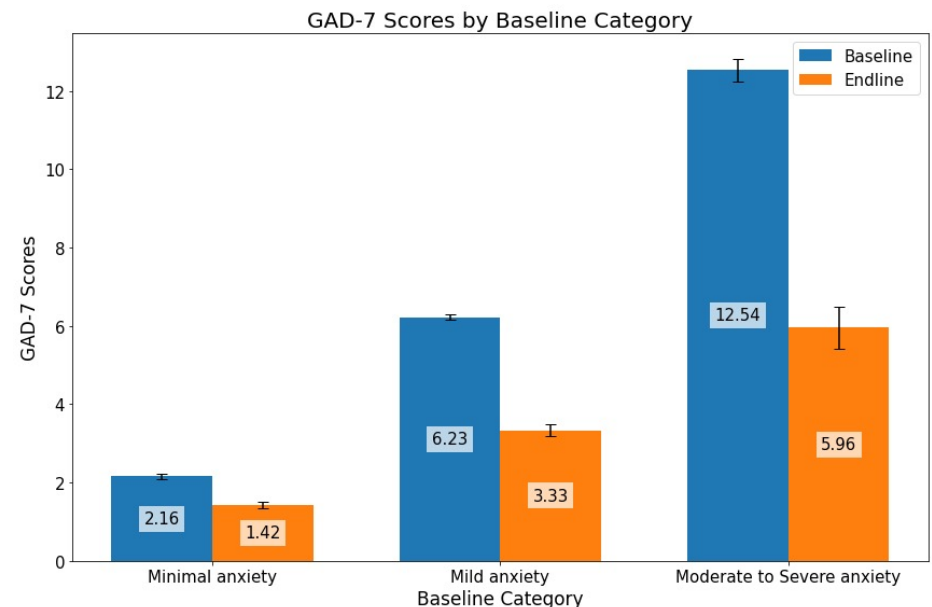
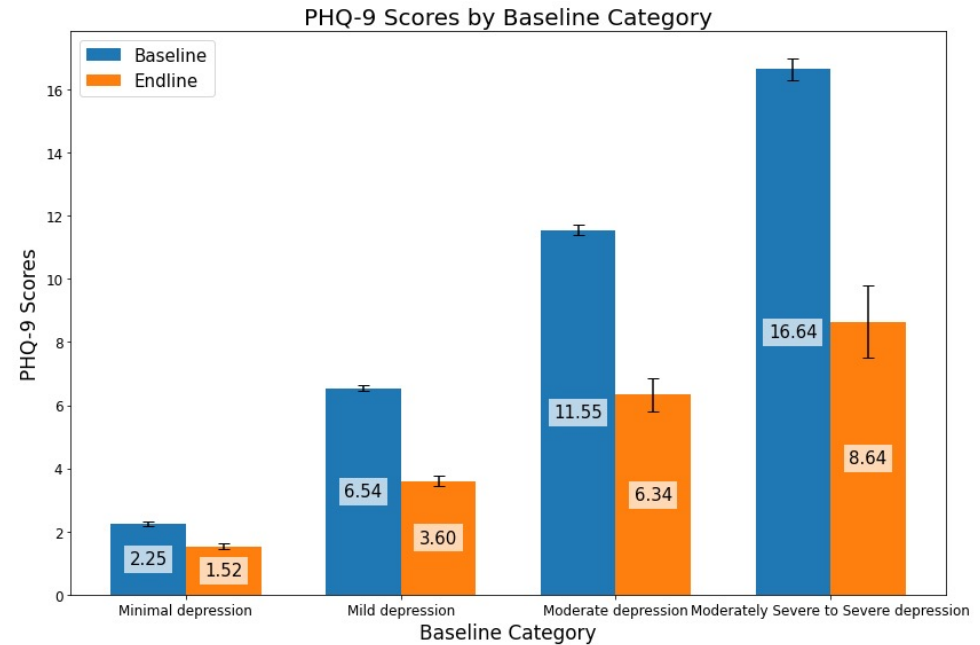
Creating care options for mental health services in Northern Pakistan

- Peer support in communities:
 - Wellness & resilience
 - Early identification, psychosocial support, & referral
 - Adaptation of the Thinking Healthy Program for groups and for mothers and fathers
- Appropriate identification and management in primary care (WHO MHGAP)
- Specialist care by psychologists and psychiatrists (telemedicine & in-person)
- Interprofessional care (peer volunteers, nurses, GPs, psychologists and psychiatrists)
- Program activated for a catchment of >500,000 people



Integrating Evidence-Based (Mental Health) Interventions (EBIs) into the Health System

- Partnering with AKU Brain and Mind Institute to take an implementation science approach
- Using the Consolidated Framework of Implementation Research to identify barriers and facilitators for integrating EBIs at various levels of care
- Evaluating and incrementally improving solutions in consultation with stakeholders
- Early results show marked decreases in mean depression and anxiety scores of participants of community-based, peer-led parental support groups (n=819)



Key considerations

- Importance of contextually relevant solutions: group vs individual; closer to home. Resulted in 77% of participants attending ≥ 5 out of 6 sessions
- Building a referral pathway / stepped care or continuum of care approach
- Including fathers for a holistic family approach
- Building on strengths in MNCH and access to young mothers and fathers
- Responding to evidence of high suicide rates in the region amongst 15–39-year-olds (many of whom are young parents)
- Continuing to take an implementation science approach to improve acceptability, feasibility, uptake, adoption, and sustainability while ensuring improvements in patient outcomes



Benefits of integrating mental health within a comprehensive PHC approach

- *Equity and access* : Integrating mental health services helps to ensure that vulnerable populations, often disproportionately affected by mental health issues, receive the support they need
- *Community participation* : Integrating mental health care fosters community engagement, reducing stigma and enhancing the overall well-being of communities.
- *Intersectoral collaboration* : In the context of mental health, collaboration between healthcare, education, livelihoods, and social services is crucial
- *Appropriate use of resources* : Integrated systems empower primary care providers to identify and address mental health concerns at an early stage, preventing the progression. The continuum improves the quality of care and reduces healthcare costs

Thank you