

## 3<sup>rd</sup> TICAD Ministerial Follow-up Meeting.

### *Enhancing Protection of Communities to Deal with Health Threats- Policy, Implementation, and Service Delivery*

*By*

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***Health from the human security perspective is a human right in a community:***

***✓ when individuals & communities achieve optimal health & maximum functioning and***

***✓ where individuals, organizations and communities assume responsibility for disease, injury, disease prevention and health promotion so that Alma Ata's vision can be meaningfully interpreted as***

***“Health for All through Health by All”***

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## 3<sup>rd</sup> TICAD Ministerial Follow-up Meeting: Health & Human security as human rights!

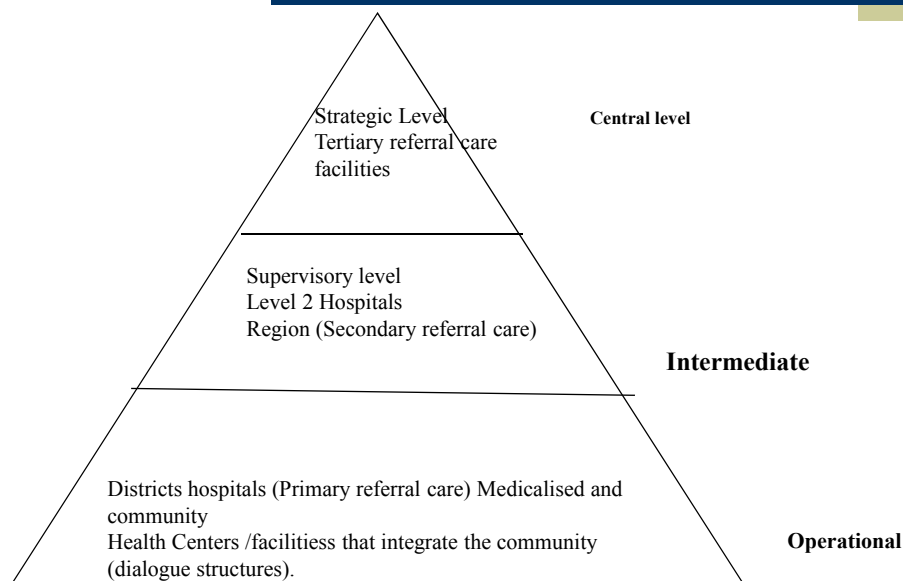
- ◆ **Core values**
  - ◆ Policy development
  - ◆ Assurance of equity & fairness (social justice)
  - ◆ Assessment
- ◆ **Core functions**
  - ◆ Fostering citizen input & community ownership
  - ◆ High-quality services available, accessible & culturally acceptable to all persons in need
  - ◆ Monitoring, surveillance of health problems and needs & identification of resources to address them; evaluation of inputs, outcomes, effects and impacts to inform decisions.

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## 3<sup>rd</sup> TICAD Ministerial Follow-up Meeting: Enhancing protection of Communities; SWOT analysis of present system paradigm !

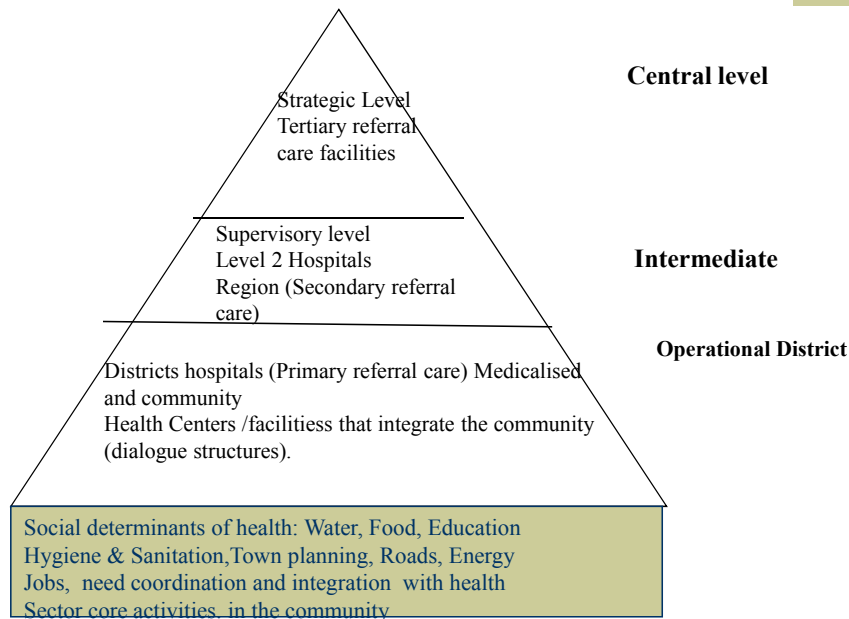


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# 3<sup>rd</sup> TICAD Ministerial Follow-up Meeting: Enhancing protection of Communities; Improvement through “Deconcentration” of public services & Decentralization!

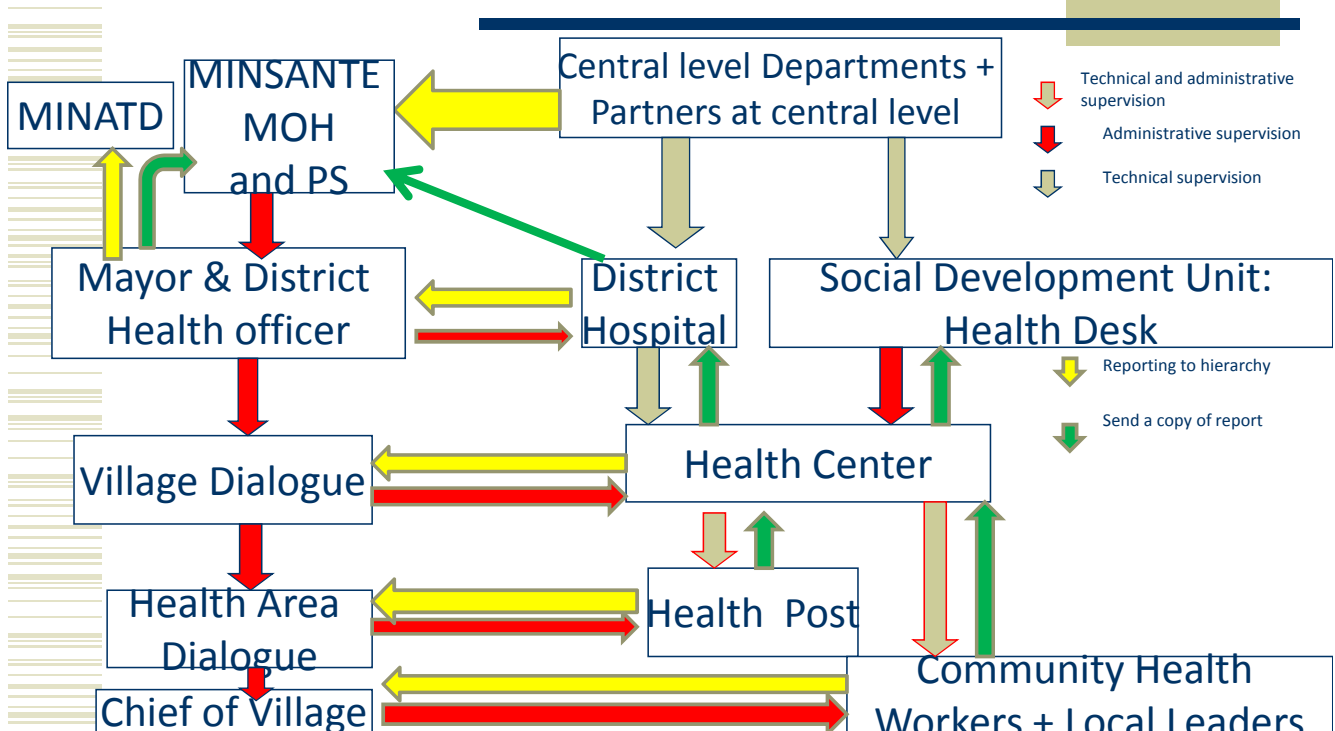


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## “Deconcentration” & Decentralization: Roles et Responsibilities & community empowerment



# Decentralization & Protection of communities against Health Threats.

A scheme of democratic health governance such that shared (participative) action leads to

- ♦ Managerial autonomy (health committees, mutual fund committees, performance based steering committees) in human, material, informational, organizational & financial resources
- ♦ Task shifting and capacity building from from a local baseline and context driven rebranding and or retraining of traditional and the orthodox or classical health worker
- ♦ Well defined roles and responsibilities: shared stakes, shared risks, shared results and shared governance

Shared results lead to:

community (vulnerable groups) ownership of health

improved health outcomes and as collateral management of health services is improved increased efficiency and efficacy from a context centered paradigm with local solutions to local problems.

Fostered and sustained spirit of initiative and innovation which in turn strengthen health democratic governance.

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- Traditional community diagnosis: working with the people to identify and map needs and draw up solutions in a participatory manner
- Data collection and analysis based on disaggregated indicators such as sex, age group, place of residence, race, genetics, religion, level of poverty, etc.
- Exploiting Documented evidence on diseases and vulnerability (classical research publications, effective strategic choices etc)

Assessing the ability to pay individually and collectively

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## 3<sup>rd</sup> TICAD Ministerial Follow-up Meeting: Governments responding to health needs of most vulnerable populations.(I)

- Applying the human security and rights approach to health
- Monitoring Equity and social justice Gaps
- Addressing gender issues
- Advocacy for the duty bearers to be responsive in their policy formulations and implementation
- Strengthening monitoring and control of civil society; public-private partnerships in health
- Providing substance abuse prevention and treatment
- Specific programs for the child, adolescent & woman

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## 3<sup>rd</sup> TICAD Ministerial Follow-up Meeting: *Government Protecting* The Health & Security Of Our Communities

- ◆ Preparing for disaster & bioterrorism
- ◆ Controlling diseases
- ◆ Ensuring a healthy & safe environment
- ◆ Participating in the review process for economic development projects
- ◆ Coordinating disaster relief during epidemics & catastrophes.

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## **3<sup>rd</sup> TICAD Ministerial Follow-up Meeting: Government Funding Public Health**

***National (Central level) grants\****

***Grants from international multilateral & bilateral partners\****

***Community Council (District) grants\*\****

***Grants from private national and community based philanthropists***

***National (central) & Council (District) general funds (tax revenue)***

***Fees collected for services***

***\*Used for specific programs identified in the funding agreement (contracting)***

***\*\*Funding provided as a required local match for council(district) targeted funds (contracting)***

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## **3<sup>rd</sup> TICAD Ministerial Follow-up Meeting: Governments creating a conducive environment for community empowerment.**

- Promoting Universal Primary Education
- Enhancing the capacities of the right bearers (adult literacy)
- Introducing Income Generating Activities for the needy
- Ensuring access to basic sanitary facilities for all, access to potable water for all, shelter for the homeless, adapted source of energy, while keeping environment safe
- Using the existing social structures to initiate family/community health programs while,
- Insisting on community-driven rather than community-based strategies
- Evaluating community participation using both independent and dependent variables

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## 3<sup>rd</sup> TICAD Ministerial Follow-up Meeting: Access to health information and services to most vulnerable populations.

- Promoting Universal Primary Education
- Using schools as entry points for community based health programs
- Training especially primary school teachers on common health ailments
- Ensuring community participation: direct participation and or representative participation

## 3<sup>rd</sup> TICAD Ministerial Follow-up Meeting: Governments responding to health needs of most vulnerable populations.(II)

Ensuring Health care governance as well as strengthening other pillars of the public health system

Health financing-risk pooling , progressive financing and removal of direct cash payments for care delivery (service)

Increasing government spending on health especially targeting universal access to the treatment of diseases of poverty

Adopting exemption policy on health costs for identified vulnerable groups

- ◆ Delivery of a quality and Essential Health care package
- ◆ Strengthening the capacity of Human Resources for Health, including community health personnel.
- ◆ Ensuring availability of quality pharmaceutical products at affordable costs
- ◆ Strengthening the health Information system



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