Accelerated Child Survival and Development in West Africa

A more recent example of an integrated approach to primary health care is the Accelerated Child Survival and Development (ACSD) initiative, which was launched by national governments in cooperation with UNICEF in West and Central Africa and aims to reduce infant (under-one), under-five and maternal mortality rates. The programme originated when the Canadian International Development Agency (CIDA) asked UNICEF to develop an innovative project that would reduce child mortality. It was initiated in 2002 in four countries, covering 16 districts and 3 million people. Since then, ACSD has grown rapidly and by 2004 was targeting more than 16 million people in selected districts in 11 countries of West and Central Africa that have high rates of under-five mortality. ACSD concentrates on three service-delivery strategies to augment coverage for women and children:

- Outreach and campaigns to provide essential services and products, such as immunization, vitamin A, anthelmintic treatment and selected prenatal services.
- Community-based promotion of a package of family health and nutrition practices, employing mostly volunteers.
- Expanded Programme on Immunization plus (EPI+), which covers promotion of insecticide-treated mosquito nets, oral rehydration therapy, antimalarial drugs, exclusive breastfeeding and complementary feeding.

ACSD has a strong community-based component and is considered a ‘behaviour-centred’ programme because the majority of interventions – such as utilizing insecticide-treated nets in communities where malaria is endemic, improving care of sick children and newborns, and encouraging breastfeeding and complementary feeding – promote behaviour change. ACSD also includes active outreach and mobile strategies that are essential to reaching the most remote areas.

Based on preliminary data presented by district health teams in Ghana, this integrated approach, which includes immunization, infant and young child feeding, integrated management of neonatal and maternal health, and antenatal care, is already having a positive impact on routine immunization coverage. Subsidized insecticide-treated mosquito nets are being distributed in conjunction with immunization activities.

The ‘three by three’ delivery and intervention framework is supported by cross-cutting strategies to address behavioural, institutional and environmental constraints. These strategies include:

- Advocacy, social mobilization and communication for behavioural change.
- A results-based approach to service delivery at the community level.
- Integrated training.
- Improved supply systems.

ACSD strongly emphasizes bringing the framework into the mainstream of national policies and programmes, such as health sector-wide approaches, poverty reduction strategies and associated medium-term expenditure frameworks, basket funding and budget support. It also emphasizes building capacity at regional, district and community levels.

Enhance ways of working at the national and international levels, with a strong focus on coordination, harmonization and results. A new way of working for the global community is needed to support countries in going to scale with diagonal approaches to primary health care. Harmonization of the multitude of health-related global initiatives and partnerships, and of donor support to health-related MDGs, is pivotal to a unified approach to reproductive, maternal, newborn and child health.

Figure 2.4 demonstrates the complementarity of these new strategic principles to achieve the health-related Millennium Development Goals. It makes clear that though the MDGs will be primarily determined at the household and community level, their attainment requires that families and communities receive support from health systems and other sectors. Policies and financing at both global and national levels are needed to enable health systems and other sectors to support families and communities and ensure accountability for results.

Building on the lessons learned

As this brief review has shown, the public health community is continuously learning and evolving. There is jointly scaled up and widely applied, these interventions are expected to have a dual and synergistic impact not only on child survival but also on children’s growth and development.

This approach defies the long-standing dichotomy between vertical approaches to achieve outcomes and integrated approaches to strengthen systems, arguing that both aims can be realized by adapting health systems to achieve results. It also recognizes that optimal child survival, growth and development are more likely to be achieved and sustained if preventive measures are available to future mothers (i.e., adolescent girls and young women) before their children are born and if they benefit from a continuum of care that is part of an evolving integrated approach to reproductive, maternal, newborn and child health.

(Chapter 4 elaborates on how to take these strategies to scale.)

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See References, page 106.