Medipeace
Non-Governmental Organization

지역보건 향상을 위한 일차보건의료 중심 보건 체계 강화 사업 사례

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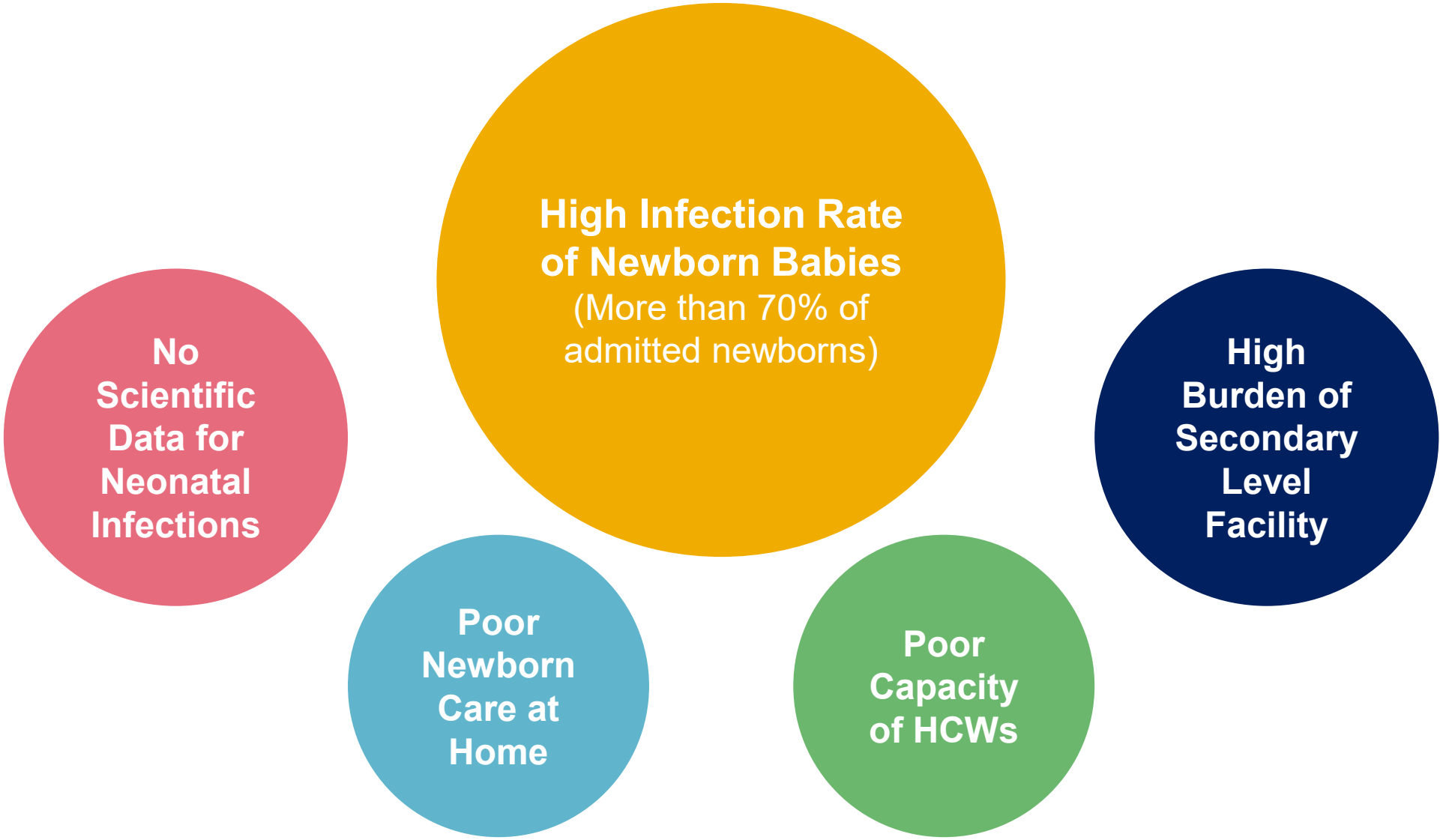
TABLE OF CONTENTS

메디피스 탄자니아 프로젝트를 통한 교훈

Tanzania

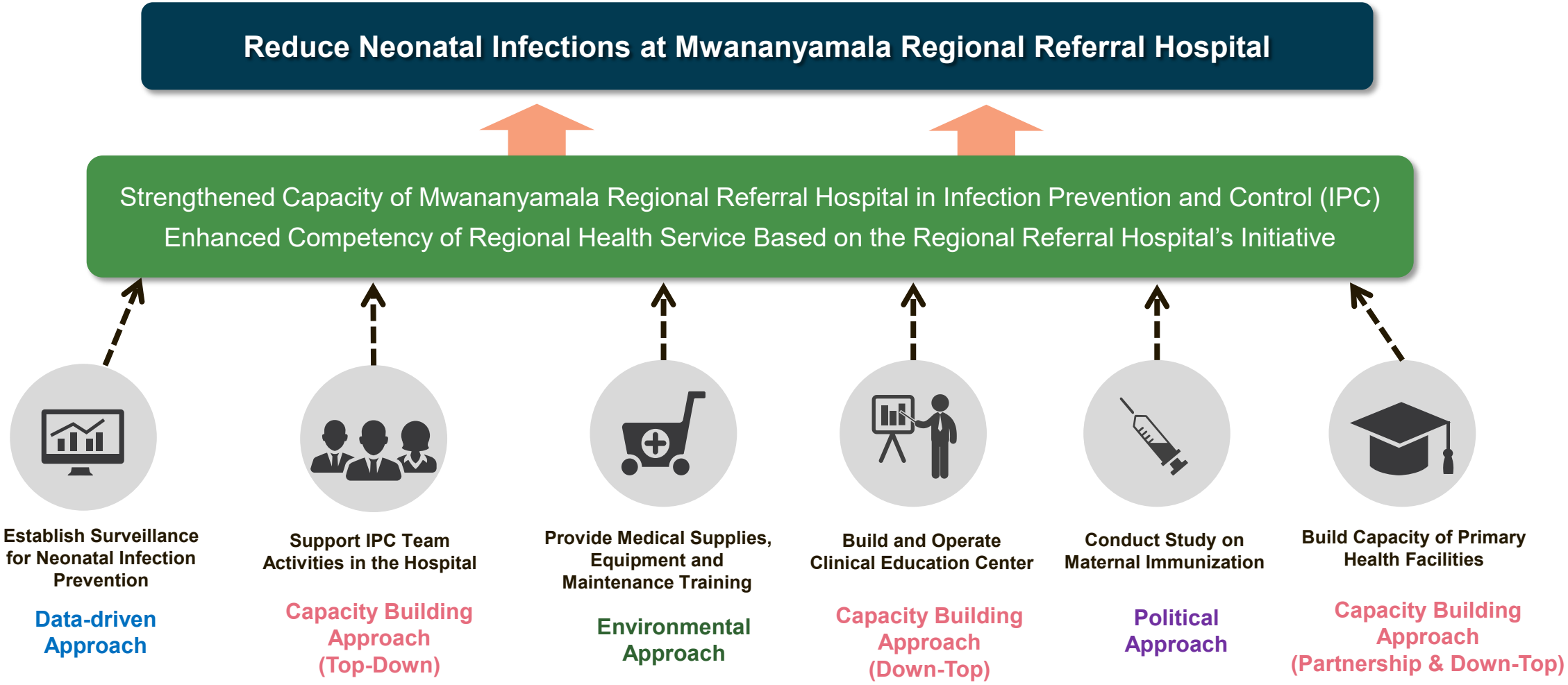
Project title	**Hospital-based Infection Prevention and Control (IPC) and Capacity Building Project for Maternal and Child Health**
Project period	2014. Jan ~ 2016. Dec (Phase 1) 2017. Jan ~ 2019. Dec (Phase 2)
Project details	**Project goal** • Reduce neonatal mortality and neonatal infections at Mwananyamala Regional Referral Hospital **Project activities** • Provide medical equipment and supplies • Support IPC team activities in the hospital • Establish surveillance for neonatal infection prevention • Conduct study on maternal immunization • Build capacity of primary healthcare facilities • Build and operate clinical education center

탄자니아 프로젝트 배경


High Infection Rate of Newborn Babies
(More than 70% of admitted newborns)
No Scientific Data for Neonatal Infections
High Burden of Secondary Level Facility
Poor Newborn Care at Home
Poor Capacity of HCWs

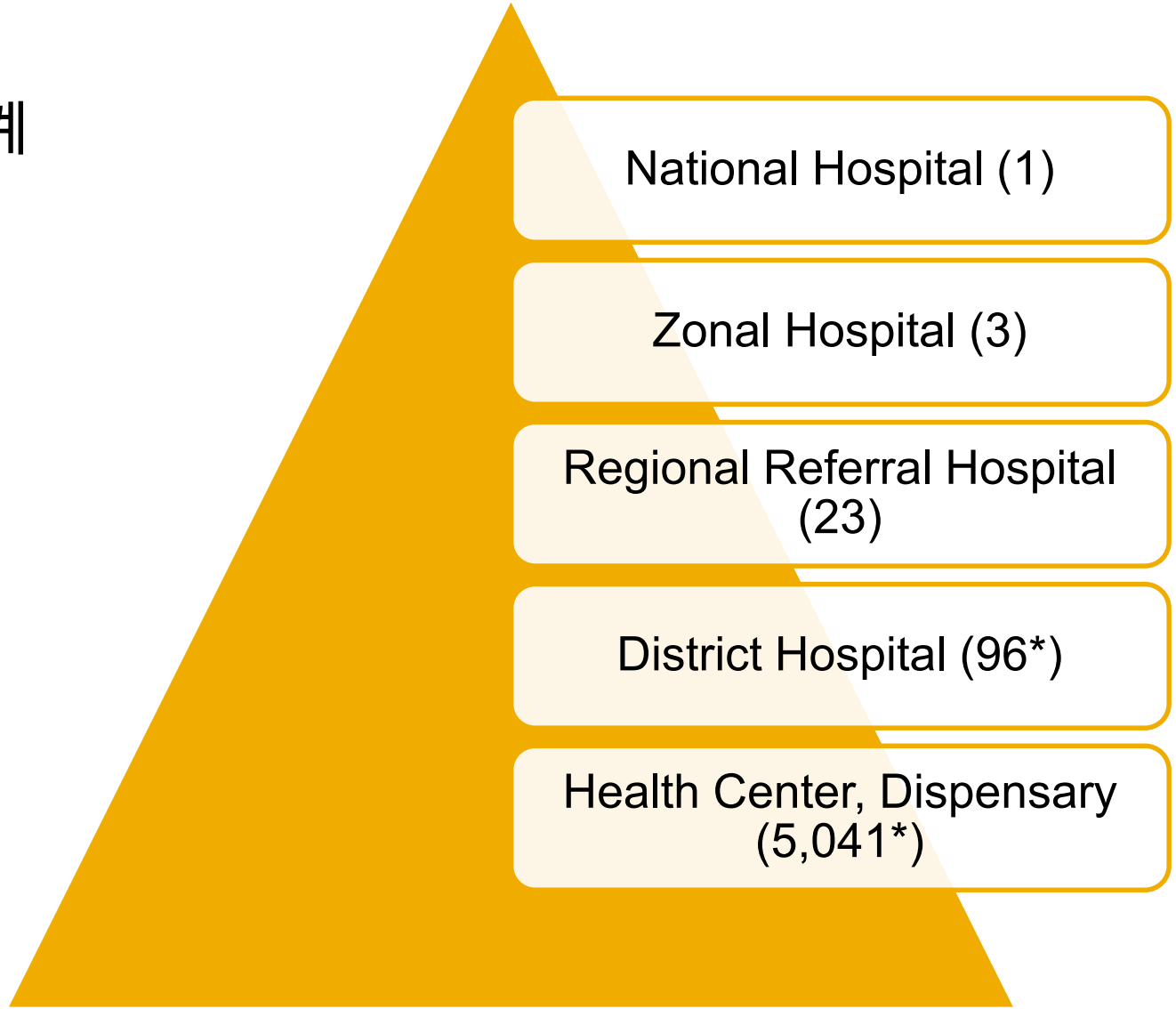
탄자니아 프로젝트 변화이론

Theory of Change



탄자니아 현실

국가 보건의료 전달체계



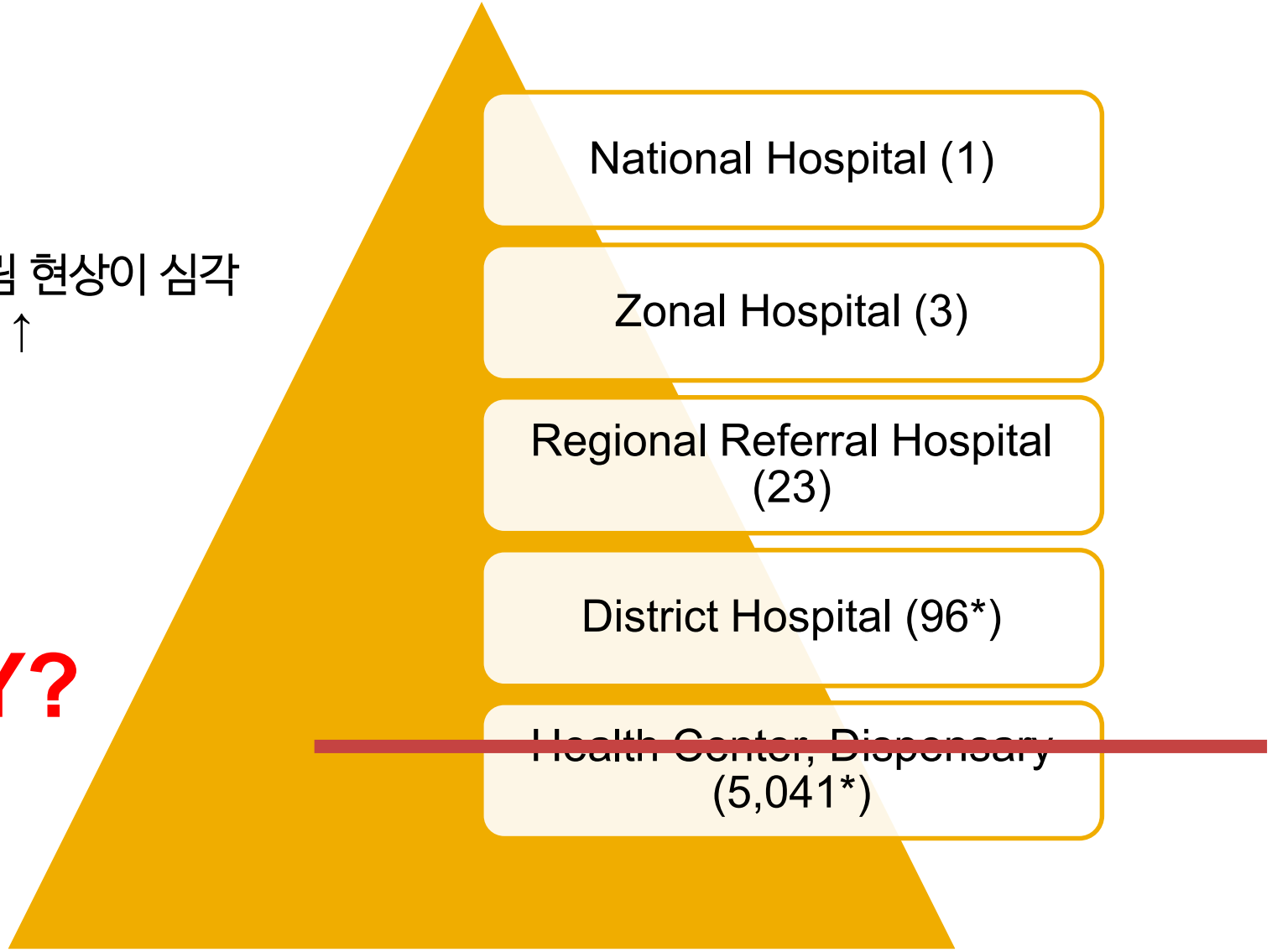
탄자니아 현실

실제 이용현황

병원 역량이 강화될수록 환자 쏠림 현상이 심각해 짐, **Congestion ↑, Burden ↑**

=> Quality of Service ↓

WHY?



탄자니아 현실

Determinants and associated factors for pregnant mothers to bypass primary health facilities and directly seek postnatal care in hospitals in Dar es Salaam region – A Community Health Needs Assessment, Cross Sectional Study

2018 연구수행 (544 respondents)
****402명이 self referral (73.9%) / 전원 체계를 거친 환자 27명 (5.0%)*

결과 -> primary health facility에서 원하는 health information을 얻을 수 없어서 (91.6%)

secondary & tertiary health facility에서 더 충분한 상담, 진료 가능 (87.4%)

secondary & tertiary health facility의 위치적 접근성이 좋음 (90.0%)

primary health facility의 서비스 수준이 기대 이하 (85.0%)

NO privacy at primary health facility (95.0%)

NO sufficient equipment at primary health facility (92.0%)

NO diagnostic test at primary health facility (79.0%)

탄자니아 프로젝트의 교훈

일차보건의료의 중요성

기술/역량개발 ≠ 보건체계 강화

가장 귀찮은 일이 가장 해야할 일

CCBRT 탄자니아 사업 사례

Dar es Salaam Regional Collaborative Capacity Building Project

Working Together to Promote

Disability Inclusive Maternal and Newborn health Care

CCBRT's Vision:

A Tanzania where ALL people have access to quality maternity and disability services

CCBRT 탄자니아 사업 사례

Strategy: Decongestion

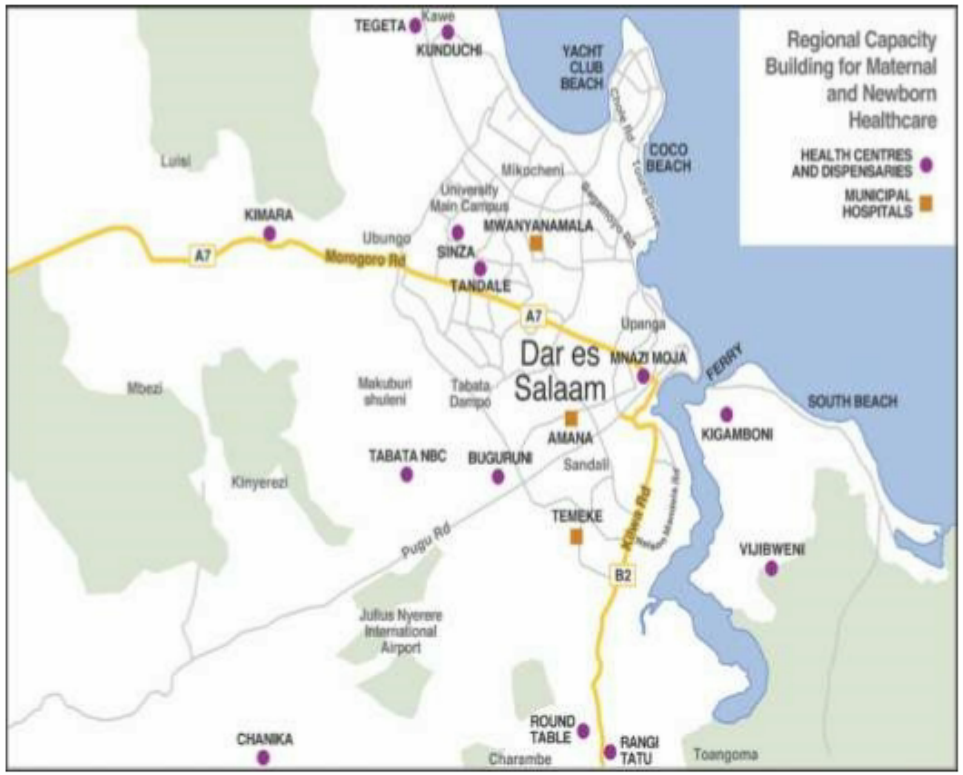
Phase 1: Capacity Building of Existing Facilities

- Improve quality of care
- Upgrade health centers and dispensaries to absorb greater delivery loads
- Strengthen health system
- Community awareness raising

Phase 2: CCBRT Maternity & Newborn Hospital – in progress

CCBRT 탄자니아 사업 사례

Comprehensive Regional-led Approach



- 23 Public health facilities supported
- Implemented in close collaboration with Regional/Municipal Authorities
- Invested in Basic and comprehensive care and more…
- Disability Inclusive care & Respectful care at childbirth
- Standards based approach
- Neonatal strengthening

Use available resources, managerial, materials and intellectual to strengthen routine systems

CCBRT 탄자니아 사업 사례

Key to the Map:

KINONDONI District	ILALA District	TEMEKE District
1. Mwananyamala Hospital	9. Amana Hospital	16. Temeke Hospital
2. Sinza health centre	10. Buguruni health centre	17. Vijibweni health centre
3. Kimara dispensary	11. Mnazi Mmoja Health centre	18. Rangi 3 health centre
4. Kunduchi dispensary	12. Tabata NBC dispensary	19. Round table health centre
5. Tandale dispensary	13. Chanika dispensary	20. Kigamboni health centre
6. Tegeta dispensary	14. Kiwalani dispensary	21. Kimbiji dispensary
7. Kawe dispensary	15. Kitunda dispensary	22. Maji Matitu dispensary
8. Mwenge dispensary		

MUHIMBILI NATIONAL HOSPITAL ADDED 2016
WITH VODAFONE SUPPORT

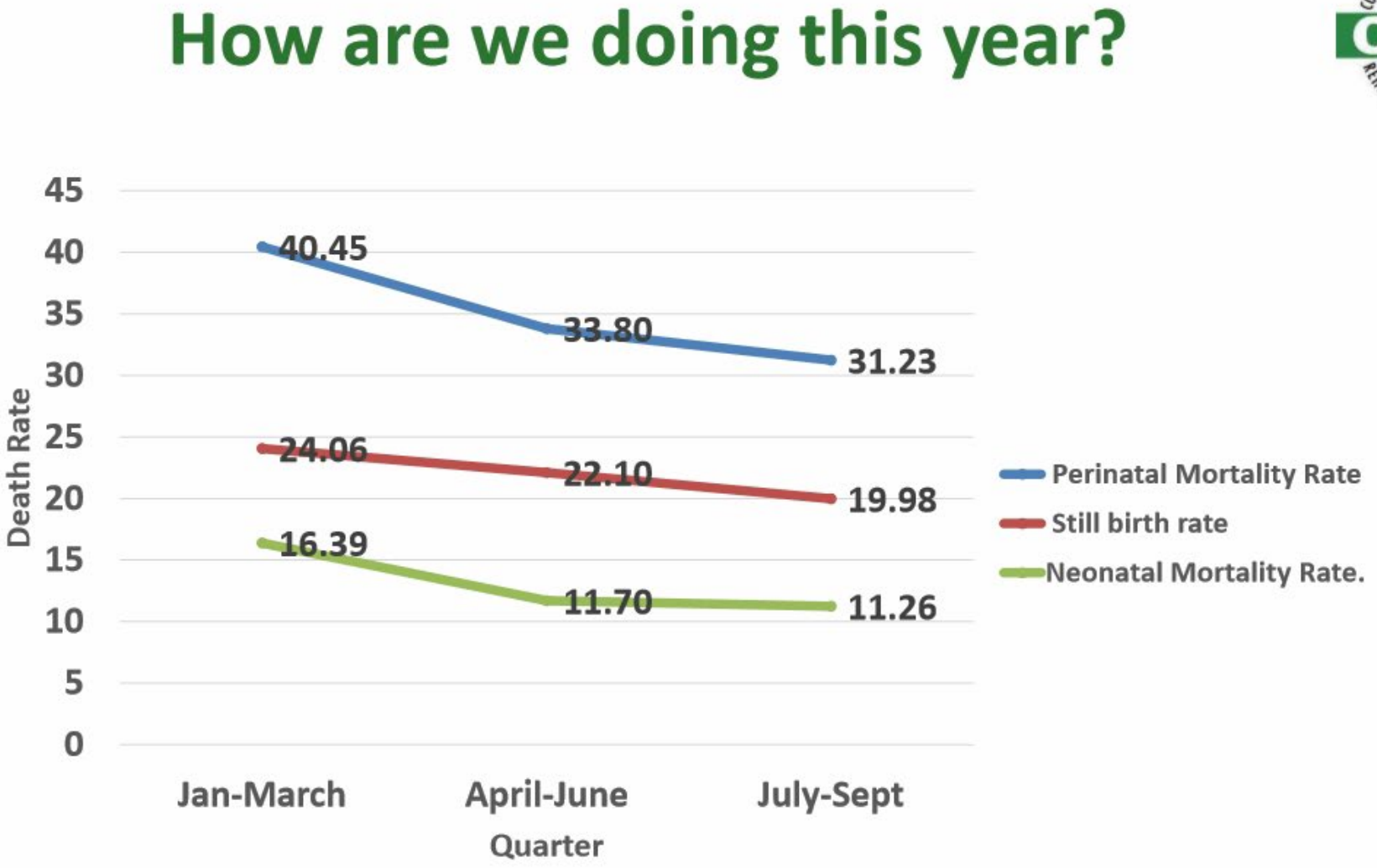
CCBRT 탄자니아 사업 사례

Comprehensive Training Packages

- Training in emergency obstetric and newborn care (BEMONC),Antenatal care, surgical skills, anaesthesia, and neonatal care. including KMC
- Conducted by national trainers supported by CCBRT OBGYN's and training team of regional specialists and in-charges aligned to best practices
- On the job /one day refresher modules developed/adult learning principles adopted
- Use of checklists/standards encouraged

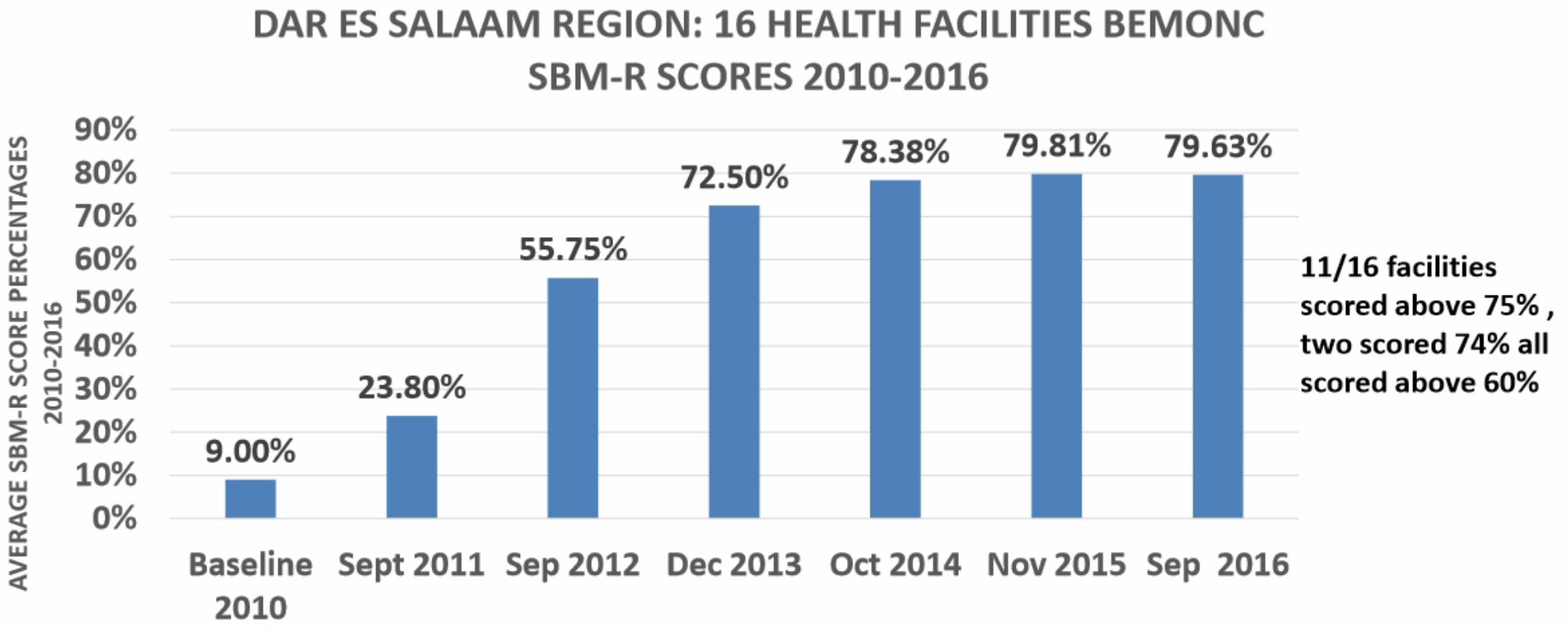
$ 89,017
Training-1460
OJT- 342

CCBRT 탄자니아 사업 사례



CCBRT 탄자니아 사업 사례

How are we doing this year?



CCBRT 탄자니아 사업 사례

System Changes

- Regional led data collection and verification team
- Regional led Quality Improvement meeting – forum for positive peer pressure
- Vigilant counting and record retaining of every still birth and neonatal death
- Every death reviewed(NEW)- signed off by specialist or most senior doctor.
- Standards for care of sick new born developed (NEW)
- Alternate method of anaesthesia (LMA) -decreases chances of failure
- Cause specific improvement plans in place- intervention for first time mums, strengthening care in last month, Vacuum delivery to prevent prolonged labour, expedited delivery in hypertension

일차보건의료 중심 보건체계 강화에 대한 국제적 움직임

- **QI**의 강조, 확장
- 지역주민 연계 확대
- 일차의료기관 내 역량있는 전문가 유치 (근무자 처우 개선)
- **Facility-based Training**
- **Relational, Informational, Managerial Continuity**의 중요성 **(community-based follow-up programmes to improve retention in care)**
- 비용효과성 강조

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