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## Primary Health Care in the COVID-19 pandemic

The Vaccination against COVID-19 has begun in most countries in the world. In spite of power competition over the vaccines among economically developed countries, many developing countries still have limited access to vaccines and other medicines.

While the vaccination needs to be accelerated, Primary Health Care is undoubtedly important for responding to the pandemic and preparing for the future challenges through the community-managed health system.

In this issue, we introduce some alumni's experiences to respond to COVID-19 pandemic by mobilizing community resources and promoting multi sectoral collaboration in their health and development activities.



*Senior people waiting for vaccination in Nepal.  
 (Photo by Mr. Sarbajit Lama, ILDC2011)*

***Primary Health Care, the cornerstone to Heal As One against COVID 19 pandemic,  
 Ms. Josephine B. Alindajao, Institute of Primary Health Care Davao Medical School Foundation, Inc., Philippines, ILDC 2000***



**Ms. J. B. Alindajao**

One of the greatest milestones in the local health system in the Philippines is the introduction of Universal Health Care (UHC) Law. It was signed by Pres. Rodrigo R. Duterte in February 2019. One of the objectives of this program is to progressively realize the UHC in the country through a systematic approach and clear delineation of roles of key agencies and stakeholders towards better performance in the health system. The Philippine Department of Health is building and upgrading medical infrastructure nation-wide and is addressing the need for additional health personnel, particularly in hard-to-reach areas.

The second is that ALL Filipinos are guaranteed equitable access to quality and affordable health care goods and services so that they would not cover out

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of the pocket payment to access the goods and services of the government-owned health facility. For that, all Filipinos are now automatically enrolled in the Philippine Health Insurance, or PhilHealth, so that they can have access to the health care services.

In order to implement the UHC, the Philippine government allocated \$3.2 billion to the health sector for 2020, which was a 12% increase from the budget for 2019. According to the review of Healthcare Asia, approximately \$1.3 billion or 40% of the budget went to the PhilHealth, \$1.1 billion or 34% went to hospital services, and remaining \$670 million or 26% went to public health services, that is, the services at the barangay health station, the Municipal Health Center and the City Health Center.

## Philippine COVID-19 Responses

Since January 2020, Philippines were affected by COVID-19, and our government reactivated the Inter-Agency Task Force on Emerging Infectious Diseases (IATF-EID) which was established in 2014. It was organized as government's instrument to assess, monitor, contain, control and prevent the spread of any potential epidemic. The IATF-EID revealed a National Action Plan to slow down the spread of COVID-19 and effectively and efficiently implement and decentralize the system of managing the COVID-19 situation. It used the strategy on Prevention, Detection, Isolation, Treatment, Reintegration & Mainstreaming the New Normal (PDITRM) in all of the activities from the barangay up to the highest level of health service providers including other stakeholders both private and government. The government promotes "Whole-of-Society Approach".

To support those who were affected by COVID-19, the PhilHealth developed packages according to the levels in which the patients are confined, from the mild pneumonia to severe and critical pneumonia. The financial support is not directly be given to the patients but to facilities and hospitals. It covers the rates for private hospital room, management and monitoring of illness, laboratory, diagnostics and imaging, medicines, and supplies and equipment including PPEs.

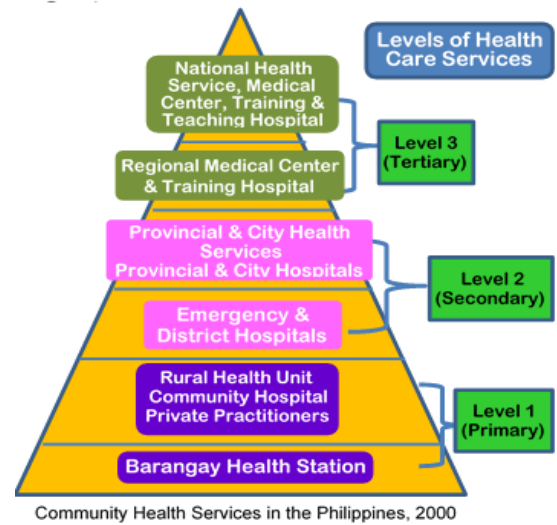
### IPHC's approach



*Community dialogue on the ancestral domain of the indigenous people with the tribal leader.*

The Institute of Primary Health Care (IPHC) is a non-stock, non-profit organization established in 1978 in Davao City, Mindanao. It is the community service arm of the Davao Medical School Foundation (DMSF) with the aim of promoting Primary Health Care (PHC), livelihood enhancement and capacity building of partners (communities, POs, LGUs, other stakeholders). IPHC is guided by the development framework, which is People Centered Health Care. It aimed at building the capability of the barangays to

## Philippine Health Care Delivery



become resilient and sustainable communities that can respond to the dangers and risks of health inequities, natural and manmade disasters and other Social Determinants of Health such as problems in poverty and education that might affect community development.

To implement the framework, IPHC utilizes community organizing as the main strategy of engaging with the community in the development of programs and projects that respond to their community needs. We capacitate leaders through our leadership and governance development projects. IPHC ensures that the principles of PHC of Community Participation, Inter-sectoral Collaboration and Health Equity are institutionalized at the barangay level and municipal levels. IPHC promotes active community participation in the Situation Analysis, Planning, Monitoring and Evaluation of programs and activities. IPHC also promote ensures convergence with health offices and facilities to provide Universal Access to Care & Coverage to the community. We do inter-sectoral collaboration, in which the different stakeholders in the community can join us to complement our existing programs. The principles of PHC as an approach for community-managed health system, are always the entry point and non-negotiables in addressing the need of IPHC communities.

### Responses to COVID-19

During lockdown, IPHC worked from home. It affected our community activities. We reviewed our operational plan so that it would conform to the government mandate of the limited mass gathering, social distancing and other health protocols in conducting our activities. As a result of the review, IPHC



identified activities and interventions that would help communities cope up with the pandemic. First, we conducted psychosocial stress de-briefing after 2-months lockdown among children and group of women. The participants shared their experiences, learnings, insights and coping mechanisms such as gardening and farming as a source for their food.



***IEC activity through story telling on “King COVID” to sponsored children.***

Another activity was Information, Education & Communication (IEC) campaign on COVID-19 along the IATE-EID strategies on PDITRM for the general community and smaller groups such as pregnant women, elderly, and children. It was conducted in collaboration with the barangay officials of the concerned areas, the rural health unit of municipality and barangay health stations. It was ensured that community members would have the access to our IEC activity in different ways and platform so that the minimum health standards are followed.

With support from different partners, we distributed multi-vitamins to pregnant women and vitamin A to 0-5 years old children in the communities during pandemic. We also distributed PPEs and health kits (alcohol, soap) to the DMSF Hospital personnel, frontline health workers, volunteer workers and school children.

In one of our projects, IPHC gave priority to those who do not have access to health facilities, especially Indigenous People (IP) in depressed communities. Followings were conducted in two IP communities.

- Setting patient’s waiting area
- Purchase of thermal scanner
- Setting hand washing area
- Supplies of alcohol, facemasks and dis-infectant
- Setting TV at the health center for IEC activities

In this project we involved the different sectors. In the health sector, midwives, nurses, Barangay Health Workers (BHWs) and Barangay Health Emergency Team members at the barangay health station were

capacitated about COVID-19 so that they can do health promotion in their respective area. And we involved barangay officials and tribal leaders who helped translate the IE materials into their dialects. We also involved the youth council to go around the barangay for IEC activities with us. Also, the private sector like banana and pineapple plantation companies supported us to supply alcohol for the quarantine facilities.

### **Voice of community volunteer worker**

“As a frontline worker, I did not stop doing my tasks during the lockdown, I continued distributing Vitamin A supplementation to children in the midst of the pandemic. I also conducted IEC on Proper Nutrition, Importance of Pre-natal check-up, and prevention of COVID-19 infection. Though it was difficult because of the quarantine and fear of possible infection, I never hesitated because I love to serve the people”.



***Ms. Eliza Basalisa (Barangay Nutrition Scholar) conducts IEC on nutrition.***

### **The role of PHC approach in pandemic**

In this time of the pandemic, the PHC approach plays a very significant role in the lives of the community members. It helps BHWs identify COVID-19 probable cases, refer patients to specialized care, track and report cases by themselves. The involvement of the different sectors especially the community in the prevention and control of the spread of the virus through the basic health practices of hand washing, good nutrition and sanitation are very vital to make each of them aware of their responsibilities. Through this multi-sectoral approach communities are more emerged stronger towards managing the future challenges.

\*Recording of the presentation by Ms. J.B. Alindajao held on April 15, 2021 is uploaded here:  
<https://youtu.be/HACFrkL8aIk>

***Ensuring health system in COVID-19 pandemic,  
Mr. MD. Akramul Haque,  
Development Association for Self-reliance  
Communication & Health (DASCOH), Bangladesh,  
ILDC2008***



**Mr. MD Haque**

In Bangladesh, the impact of COVID-19 pandemic was most pronounced for those who are already suffering from multiple vulnerabilities and deprivations. The government took some initiatives to control COVID-19 transmission. However, these measures have severely affected the livelihood of the daily wage earners. Migrant workers lost their job and returned to their communities, which increased more needs in the community such as food security, Water, Sanitation and Hygiene and health. Mostly for economic reason, people have been unwilling to follow health rules, lockdown, physical and social distancing, in hence, COVID-19 transmission has increased in an alarming scale.

**Initiative to strengthen the health system**

In this situation Development Association for Self-reliance Communication & Health (DASCOH) took an initiative to continue its support for the poor beneficiaries and strengthening the health system in five upazilas in two districts. Since 2013 Swiss Red Cross (SRC) and DASCOH has initiated the program called Public Health Improvement Initiative in Rajshahi (PHIIR) to activate and build the capacity of community clinic (CC) in collaboration with local government, namely Union Parishad (UP) of Rajshahi (Ref. AHI NL#99). Through this project, the link between health service providers and community people has been strengthened.

Given the trust and credibility that the SRC-DASCOH partnership has acquired in years of working together, the local health authorities, namely Union Health (UH) and Family Welfare Center (FWC) and UP expected SRC-DASCOH's support in addressing the new challenges regarding managing the health system that have arisen following the outbreak of COVID-19. It has resulted in our intensification of risk communication support on COVID-19 among all stakeholders.

**Functioning health facility**

It is essential that primary health care centers would

be kept functional with exercising Infection Prevention and Control (IPC) both for the health service providers and the community people. PHIIR program has conducted provision of water supply, hand washing station, orientation on COVID-19 IPC and protection from infection through the use of Personal Protective Equipment (PPEs), disinfection at the health facilities. Community volunteers engaged with the program have also been involved in raising community awareness on COVID-19 preparedness and prevention.

Health service providers and health volunteers motivated people to wear masks and maintain social distance at each health facility. FWC members extended their support to provide essential preventive materials and set up the permanent hand washing station at facility premise by their own. It helped people prevent and protect themselves from infection and also overcome their fear of infection while seeking for health care services.



**Community Volunteers**

At present, 145 permanent hand washing station has been set at 102 CCs & 43 UH&FWC/ Upazila (sub-district) Health Complex level by the project in collaboration with management committee of health centers. Through the resource mobilization, community engagement for better facility maintenance and upkeep has improved. Thus, primary health care services at least in our area were not de-prioritized in the wake of the pandemic. Rather, the primary health care centers emerged as key players with strong and targeted project support.

**NGO's role in vaccination**

From 7 February 2021, the COVID-19 vaccination was kicked off in Bangladesh. In order that community people would receive vaccination timely, the effective community mobilization and registration management are important. Based on the request from District and Upazila level health authorities, PHIIR program mobilized fifty community volunteers to support manpower for awareness and registration in the community along with government efforts. DASCOH also set up the campaign in its project area and 1446 registration were completed.



## For referral health system

At present, the emergency cases such as comprehensive emergency obstetrics and newborn care (CEmONC) is not available at Upazila Health Complex because of limited capacity of the facility. For responding to the situation, DASCOH is collaborating with government and SRC to motivate the private sector for establishing a viable option for people accessing the referral network through inclusion of private health facility for CEmONC. We aim to create a partnership framework for providing technical support, establish referral linkage, ensure quality service provision and effective supervision and monitoring jointly by DASCOH and relevant government authorities. Thus, we are reinforcing the continuum of health care by strengthening the referral system within the domain of primary health care.

***CBO's Leadership towards overcoming the pandemic,  
Ms. Hima Kumari Sunar, Feminist Dalit Organization (FEDO), Nepal, ILDC2018***



**Ms. H. K. Sunar**

In Nepal, the Dalit community does not have enough land for cultivation and regular income. Their livelihood used to depend on the traditional profession, but it is being closed due to lack of modernization. Most of the Dalit people are working as daily labor at construction sites, garage,

public bus, auto-rickshaw, and work in the agriculture farm field. For long time, Dalit people, especially women have been socially excluded. Feminist Dalit Organization (FEDO) has been working to ensure the civil and political rights of Dalit women by forming Community Based Organizations (CBOs) such as Dalit women groups, volunteers, men and youth groups so that the Dalit community can counter the issues of violence, discrimination and untouchability against Dalit women. Leaders have been empowered through our trainings on human rights and gender equality. They also have participated in lobby and advocacy activity to increase the access of Dalit women to the health and development services.

In the COVID-19 pandemic, the government of Nepal announced the lockdown and restricted the mobility of people, which directly gave an impact to

the Dalit community. Markets were completely closed down and the Dalit people lost the opportunity to work as a daily labor. They had no access to education and awareness raising programs for preventing the COVID-19 infection. They need to prioritize their hand to mouth living. The local government has not implemented any program to address Dalit people's priority. Although some of the interventions were happened to distribute the hygiene materials and food items by different agencies, Dalit community has not received such materials.

Since migrants lost their jobs in India during the pandemic and returned home, Dalit community is facing the scarcity of the food grain. Dalit men has increased alcohol consumption with friends and neighbors to release the mental pain of being jobless. Their stress often led conflicts among family members. Especially, Dalit women are being victimized with increased household work burden and domestic conflicts.

## FEDO's involvement

FEDO conducted a rapid assessment study on "Effects of COVID-19 to the lives of Dalit women" in 19 districts of 7 provinces across the country. With the findings, FEDO has engaged in providing relief such as foods and non-food items to more than 3000 Dalit and Marginalized people during the COVID-19 pandemic. The CBO leaders and volunteers quickly mobilized to help the people in needs. Leaders are local people and well known as community leaders, and they felt that they needed to do as their social responsibility. For safeguarding of the Dalit community and all other communities, FEDO worked to prevent spreading of virus following the experts' advice such as social distancing and avoiding mass gathering as the best means.



**CBO members are providing relief support to senior citizen**

For lobby and advocacy, FEDO organized the series of webinar with CBOs and multi-stakeholders including local government, provincial government, journalist and Dalit activists in all 7 provinces. The objective of the webinar was to present the effect of Covid-19 on the lives of Dalit women among concerned stakeholders and to make them responsible and accountable for addressing the issues of Dalit community.

FEDO also conducted the community awareness campaign on COVID-19 related issues such as gender-based violence, caste-based discrimination, health education and legal awareness activities in the marginalized community. More than 110,000 people received information through the campaign via radio, group education and direct relief support.

In this pandemic situation CBO leaders have been taking the role as community leaders for the whole assessment, relief distribution in collaboration with local government.

### **CBOs' leadership in vaccination**

Now the vaccination started. Followed the frontline health personnel, senior citizens got the priority. FEDO is facilitating to ensure the access of Dalit senior citizens to the vaccination. We have been mobilizing the CBOs who have been facilitating to those Dalit community for vaccination and conducting dialogue with local government so that they would not be excluded. Due to the CBO leaders' intensive awareness raising and dialogue with local authorities there is no report of such cases of exclusion of Dalit senior citizen from the priority.

## **AROUND JAPAN**

### ***Japanese Civil Society Urged its Government to Support Waiver of COVID-19 Intellectual Property Rights***



***“Equal Health and Medical Access on COVID-19 for All! Japan Network”*** (hereafter “the Japan Network”) is a group of Japanese civil society organizations established to call for the equal access to vaccination and other medicines for COVID-19. AHI is one of the member organizations, recognizing that the present global trade policies especially on intellectual property rights on medicines may affect the health of people. The network has submitted the request to the Japanese Government, which was supported by over 100 organizations including AHI alumni's organizations. Here is the outline of the official dialogue of the network with Government of Japan held on February 17, 2021.

### **Intellectual property rights as an obstacle to global access to COVID-19 medicines: discussions in WTO**

Vaccination against COVID-19 has begun in many parts of the world. On the other hand, many developing countries have very inadequate access to vaccines and other prevention, containment and treatment of COVID-19, which is an obstacle to end the pandemic globally. One of the factors is the monopolization of new medicines and technologies by intellectual property rights. Therefore, a proposal by South Africa, India and 11 other countries for a waiver from intellectual property protection for prevention, containment and medical treatment of COVID-19 until the end of COVID-19 pandemic is currently being considered by the World Trade Organization (WTO).

### **Official dialogue between government and civil society in Japan on 17 February**

The Japan Network held an official meeting on with the relevant ministries of the Japanese government to officially submit the CSO's request and hold a dialogue. Regarding the Japanese Government's opposition to the waiver proposal, we urged them to support or not to oppose this proposal in order to expand access to COVID-19 healthcare in developing countries. We also called for their cooperation for the C-TAP (COVID-

19 Technology Access Pool) established by the World Health Organization (WHO) to promote the sharing of new technologies related to COVID-19, and to strengthen support, including funding, for the Access to COVID-19 Tools (ACT) Accelerator, which is a collaborative mechanism of global health international organizations to Representatives of Japan Network at the official meeting to accelerate the distribution of COVID-19 medical tools comprehensively in technology development, production and equitable access, and to promote active dialogue with civil society on these issues.

We expressed our concern about the serious situation in developing countries and called for support for the waiver proposal as an effective way for the international community to respond quickly in a cooperative manner.

### **Government maintains 'opposition' to the waiver proposal but makes some progress in its statements**

While the Government of Japan maintains its opposition to the South African Indian proposal, it expressed that they share common stance that equitable access to healthcare is important for the global response to COVID-19. They said they would further monitor whether intellectual property rights are a barrier to access to healthcare in developing countries. In the subsequent dialogue, the Government's response was basically the same as before, but with more positive comments on continuing dialogue with civil society, extending support to the ACT Accelerator and its vaccine partnership, COVAX Facility, and considering to publish the Japanese Government's statements at the WTO on its website. We believe that some progress has been made in this regard. The issue will continue to be discussed by the WTO's TRIPs Council on 23 February and by the WTO General Council on 1-2 March. It is imperative that we speak out in solidarity with civil society around the world to ensure that fair access to healthcare in developing countries is achieved as soon as possible.

- For the request, please see: <https://bit.ly/3bFOju3>
- Responding to US's support of waiver for intellectual property rights for COVID-19 in May 2021, the Japan Network prepared the second request to Government of Japan to support the proposal. For the second request, please see: <https://bit.ly/3ynVXD9>

## NEWS FROM FRIENDS

*Mr. Meng Ly, Preah Vihear Provincial Health Department, Cambodia, ILDC 2019*



*Mr. Meng Ly*

Preah Vihear Province of Cambodia has one of the highest child malnourished rates in the nation, where many children still die from preventable and curable diseases. As a chief of nutrition program of Preah Vihear Provincial Health Department, I have been coordinating the projects,

that are health and nutrition through training of health center staff, training on nutrition for the members of Village Health Support Groups (VHSG) and Commune Children and Women's Committee (CCWC) and outreach activity which includes growth child growth monitoring to find out the malnutrition children and intervene with their mothers, vaccination to children under 2 years, cooking nutritious food both for children and family and health education in the community with support of our partner NGO, SHARE Cambodia.



*Training on nutritious food for child and family with VHSG members.*

After I participated in ILDC 2019, I realized that health and nutrition activities can contribute as the mutual learning opportunities of the community. I shared with all stakeholders related to child's health, nutrition and feeding such as health center staff, VHSG, CCWC, and District Children and Women's Committee (DCWC) on my learning that health is related to every issue in a society and that health right should be secured by community. We discussed various topics such as human right and peace in the



meeting and nutrition training, so that all stakeholders would enhance their leadership and take responsibility in working for people.

When two positive cases of COVID-19 were reported in Preah Vihear province, we stopped our normal activities and started to raise awareness on COVID-19 by disseminating posters, banner and leaflets to all villages. As the infection decreased, some activities started again with taking measures for infection prevention control such as: limitation of the number of participants, physical distancing, wearing a mask, and washing hand with alcohol or soap during training, etc.

We continued training of VHSG and other committees, and also conducted quarterly meeting with stakeholders, Health Center Management Committee meeting and quarterly networking meeting with provincial level. These meeting were important opportunities for all stakeholders to share COVID-19

related issues and strategies. We also resumed outreach activities. Information on infection prevention control was shared with participated children and mothers during providing health education. The importance of nutrition education was re-recognized because malnutrition children are more likely at high-risk of COVID-19. All stakeholders cooperated us every time.

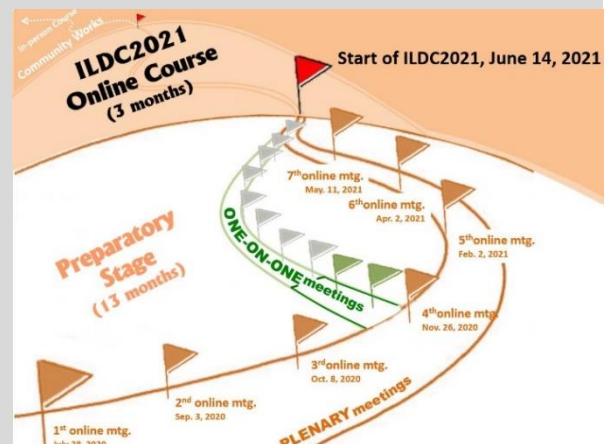
The health center staff became more responsible in managing their activities. They lead by themselves in preparing for meeting programs and conducting education to community, outreach activity and IGMS. CCWC can arrange the cooking activity for mothers by themselves. They can now utilize the commune budget from Commune Social Service Budget. VHSGs can lead health education by themselves, they can identify malnourished children and timely intervention. They helped poor families to receive the quality and effective services at health center or hospital. Thus, we continued our activity responding to community needs.

## ANNOUNCEMENT

### ILDC 2021online course

AHI is going to organize ILDC 2021 in ONLINE format instead of in-person setting. In the preparatory process since last August, the participants have experienced seven online meetings and built the relationship among them.

The course starts from June 14, 2021. We are occasionally going to share the updates on our Facebook alumni group. Please check and cheer them up!



### Call for Photos from AHI alumni!

How is your image of the society you wish to live in?  
How has your activity contributed to creating such society?

AHI is calling for some photos of your activity which capture the moments of the people that motivate you for your commitment with the people. The best ones might be used for the front page of AHI Japanese newsletter which we publish for AHI supporters bi-monthly.

Please send us the photos by e-mail in proper size for printing.  
When you send photos, briefly explain why you chose them.

Send photos to: [info@ahi-japan.jp](mailto:info@ahi-japan.jp) Deadline: End of June, 2021.

