



BACKGROUND

Today, poor and vulnerable communities around the world face a myriad of health threats that lead to premature death or disability. For example, each day approximately 17,000 children less than 5 years of age die – largely from preventable and treatable causes such as pneumonia or diarrhea.¹ Fortunately, the field of global public health has expanded significantly over the past two decades.² The majority of the global burden of diseases, injuries, and risk factors that plague so many can be prevented or treated with an assortment of widely available, effective, and relatively low-cost interventions.³

Nevertheless, one barrier which continues to impede global public health's success is the inadequate delivery of health services, that is, the provision of proven interventions to communities who need them most. Some primary challenges associated with inadequate delivery include:

- Limitations caused by geographic, financial, logistical, social, and cultural factors;
- Programs which have limited scale or short-term focus and do not address root causes of health disparities; and
- The lack of a functional health system.

Evidence suggests that effective health service delivery can best overcome these obstacles at the local level using community-based solutions.

ABOUT THIS PROJECT

Given that context, the Center for High Impact Philanthropy hypothesizes that **community-based health delivery** will not only save more lives, but has the potential to leverage the substantial and growing public and private financing within global public health. Philanthropists are well positioned to support community-based health delivery—but in order for their dollars to create real impact, donors need a better understanding of what it is, how it works, and where their funds matter.

We are conducting an analysis of community-based health delivery and how philanthropists, in particular, can help. We seek to answer questions such as:

- What organizations implement a community-based health delivery approach?
- What does success (i.e., impact) look like for these organizations and what are the costs and required resources to achieve these outcomes?
- What are the best-practices of organizations implementing a community-based health delivery approach?
- How can the donor community get involved in community-based health delivery and what's the strategic role philanthropy can play in enhancing its impact?
- What are the gaps and weak spots in our understanding of community-based health delivery?

What is Community-Based Health Delivery?

Locally adapted: planning, decision-making, and methodology of interventions are driven by the health profile (epidemiology/burden of diseases) of the community, and include mental health and chronic diseases, root causes of health disparities, and community-defined priorities and needs.

People centered: working alongside community members in a way that engages and enables them to actively participate in shaping interventions and as a result, builds capacity to address their own public health and development needs.

Readily accessible: interventions are brought close to or into the homes of poor and vulnerable people groups (focusing on their needs as the starting point).

Comprehensive: care is provided as a package of preventative (e.g. vaccination campaigns) and treatment (e.g. Oral Rehydration Therapy) interventions through the use of trusted and well-trained providers and outreach personnel (e.g. Community Health Workers). Care is expanded and sustained through education, behavior change, and early detection of problems, etc.

Integrated: interventions are woven into the broader health system so that community members have access (via a strong referral network) to advanced levels of care when needed. Moreover, this includes an approach of developing and leveraging local resources and stakeholders (e.g. community leadership committees) as well as a strong collaborative network of external partners to further their mission.

1 UNICEF: Levels and Trends in Child Mortality. New York: UNICEF; 2014.

2 Kerry, V.B. et al. Managing the Demand for Global Health Education. PLoS Medicine 8(11); 2011.

3 Jamison, D.T. et al., editors. Disease Control Priorities in Developing Countries, 2nd Edition. Washington (DC): World Bank; 2006.