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Integrated health systems planning as a tool to strengthen health systems in the tropical rainforest interior of Suriname

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Abstract

Objective: To determine the accessibility of healthcare, and its impact on perinatal outcomes and surveillance following health service decentralization and proactive community engagement by Medical Mission Primary Health Care Suriname (MM) for the people living in Suriname's tropical rainforest interior.

Method: MM retrospective data covering five integrated health system time periods (IHSP) were analyzed using descriptive statistics for core health care accessibility indicators: clinic visits, perinatal outcomes: birth rate, maternal mortality rate (MMR), neonatal mortality rate (NMR), and vaccination coverage; and surveillance findings on: malaria, diarrhea and respiratory infections. IHSP1 was defined as Primary Health Care (PHC) pioneer phase (1998-2000), IHSP2: tailored PHC (2001-2005), IHSP3: improving and owning PHC (2006-2008), IHSP4: PHC through community participation (2009-2011), IHSP5: delivery of integrated PHC through collaboration and community participation (2012-2015).

Results: average clinic visit rate ranged from 3.5 (IHSP1) to 1.7 (IHSP5), birth rates decreased: 28.4/1000 (IHSP1) to 24.6/1000 (IHSP5); MMR decreased: 156.3/100.000 (IHSP4) to 42.1/100.000 live births (IHSP5), NMR decreased: 5.4/1000 (IHSP3) to 5.2/1000 live births (IHSP5). Children's vaccination coverage 0-1 year increased from 68.0% (IHSP1) to 86.0% (IHSP5), and remained stable in 1-2 year old children. Malaria cases decreased significantly from 8121/year (IHSP1) to 33/year (IHSP5), diarrhea and respiratory infections decreased from 7789 to 5022 and 23638 to 22908 cases/year respectively.

Conclusion: Integrated health systems planning resulted in improved healthcare accessibility, positively influenced perinatal outcomes, and decreases in high priority infectious diseases. Community engagement is essential to improve integration of primary healthcare in remote areas.