



Prince Mahidol Award Conference

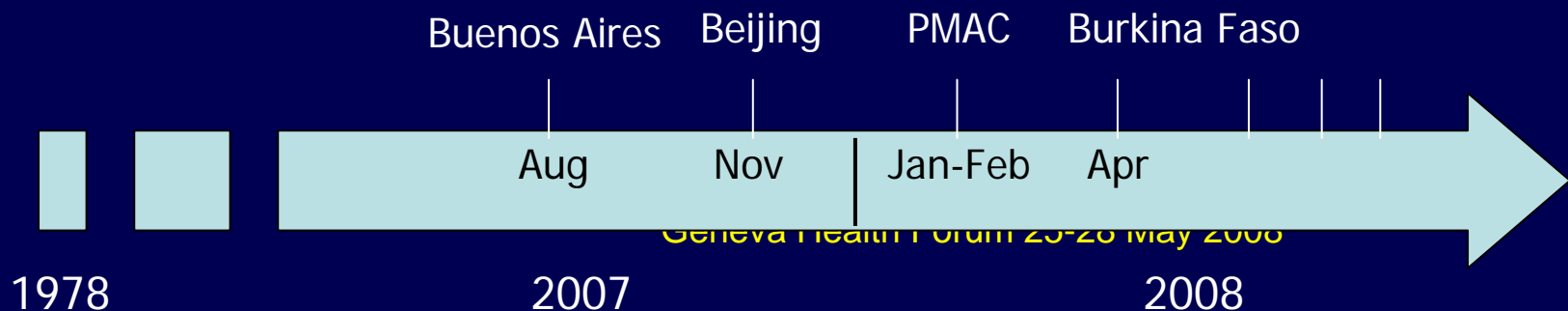
Three decades of PHC: Reviewing the past and defining the future

Primary Health Care Revival: Beyond Declaration
Geneva Health Forum
27 May 2008

Geneva Health Forum 25-28 May 2008

Prince Mahidol Award Conference 2008 Objectives

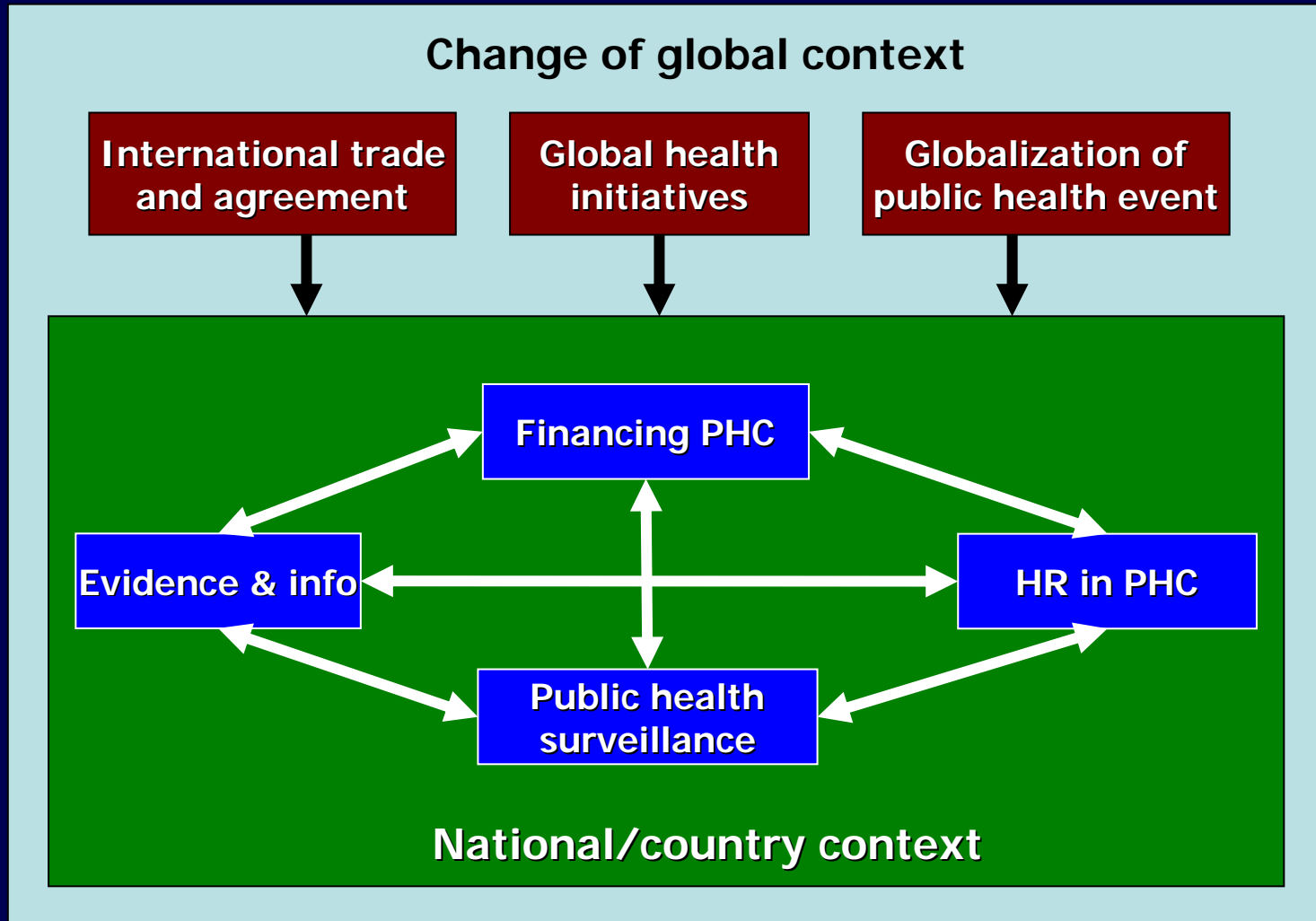
- Prince Mahidol Award (PMA) Conference 2008 was planned as part of global movements to commemorate the 30th Anniversary of PHC
 - Review past achievements
 - Realize the change of global context and complexity of health challenges, now and in the future
 - Provide recommendations for future actions
- Our expectation was beyond just academic and social activities but had an ambitious goal to revitalize the functioning of PHC



Approaches Used by PMA Conference

- Long preparation period with full participation of international partners
 - WHO, World Bank, Rockefeller Foundation, Global Fund, Health Metrics Network, Health Financing Task Force, GAVI Alliance, Global Health Workforce Alliance, UNAIDS, China Medical Board, Global Health and Security Initiative, Google Foundation
- Participation and contribution of Thai representatives in a series of international conferences on PHC
- PHC case study of 5 countries with wide variation of socio-economic and health context
 - Cambodia, Canada, Ethiopia, Rwanda and Thailand
- Field trip and Conference during 30 Jan-1 Feb 2008

Analytical Framework of PHC



Changes in Global & National Contexts

- Emerging and reemerging infectious diseases
- Rise of chronic diseases
- Rapid globalization and intellectual property rights
- Liberalization of trade in health services
- Proliferation of global health initiatives (GHIs)
- Stronger national and institutional stewardship capacity needed

Unfinished Agendas

- Financing Issues
 - Relative under spending on MDG4 (child mortality) and MDG5 (maternal mortality) as compare to HIV/AIDS
 - Low health expenditure/per capita and high out-of-pocket payments – lead to catastrophic and poverty
- Human Resources Issues
 - Not well planned and implemented
 - Inappropriate skill- and staff-mix, low morale and poor retention
- Health Information and Diseases Surveillance Issue
 - Better evidence for policy-making and role of PHC in enhancing disease surveillance

Overcoming the Unfinished Agendas

- Balance in spending across MDG targets
- Balance in vertical and horizontal programs through better integration of PHC
- Balance between the mechanics and the “human face”
- Governments, international development partners and other stakeholders’ responsibilities to revitalize PHC in global changing context

The Way Forward on PHC at Different Levels

- Local Level
 - Detection of event, reporting and control measure, implement PHC with community ownership, financial autonomy, simple technologies
- National Level
 - Budget management, disease surveillance, prevention, control, integrated health care system
- International Level
 - Global partnership, capacity building
- Global Organizations
 - Technical and financial support, human resources training, develop quality health care systems, verifiable results

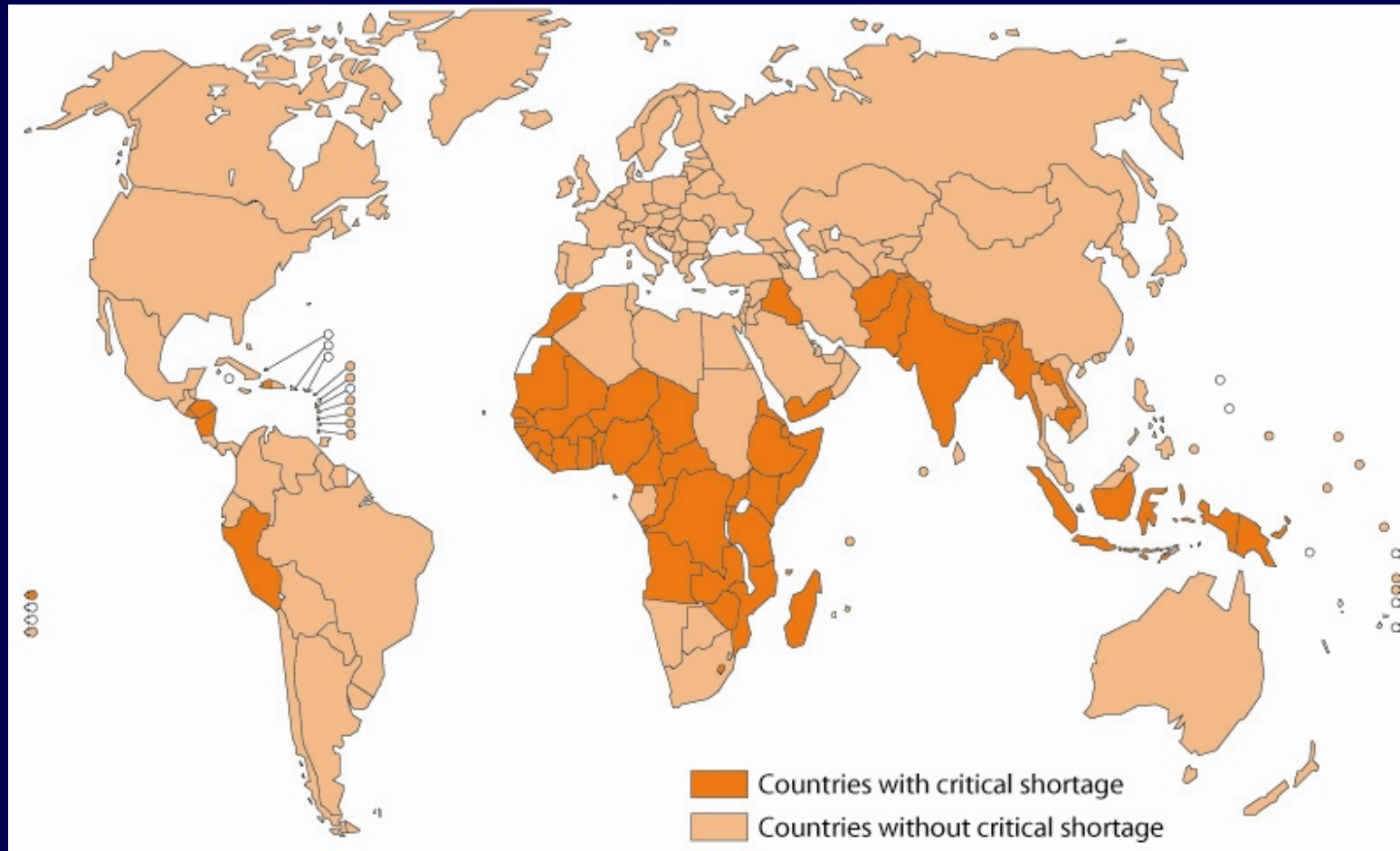
Human Resources on Health Recommendations (1)

- Inter-related role between 3 groups: health professionals, community health workers and community members
- System redesign must be context specific and culturally, politically, and economically appropriate. CHWs must be rooted in the community and can serve a transformative role
- Reorientation of health professionals' attitude towards PHC and broaden the scope of health workforce
- Integrate community services into main stream health system and recognize the roles of community volunteers as well as provide support to them

Human Resources on Health Recommendations (2)

- Clear definition of roles, supervisory structures, referral patterns, and incentive packages for health workers at all levels
- Consider implementing task-shifting related to the country context, but key issues need to be in place: standardization of task, initial training and technical support
- Motivations to retain health professional in rural settings, measures to motivate CHW as well as community volunteers. Pure volunteerism is not sustainable in many situations.

Critical Shortages and Mal-distribution of Health Workers



Source: WHO (2006). *The World Health Report 2006 – Working Together for Health*. Geneva, World Health Organization

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Public Health Surveillance Recommendations

- Better engaging communities: the power and empowerment of the people
- Network of surveillance networks based on mutual trust, and driving data to information for action (global network)
- The use of new technologies (ICT, GIS) to reach the grassroots level
- Political commitment at the highest level
- Capacity building for all elements of surveillance

Financing PHC

Recommendations

- Effective spending of available resources should be the primary concern in developing countries
- Contracting might be much easier for PHC than other health services however, ownership of providers might matter (+ experience with NGO)
- Define and finance lower cost packages of health services that can be sustainable supported with domestic resources/limited external support
- Give greater attention to both supply- and demand-side incentives to allow PHC to achieve more of its potential
- A need for evaluation of the role of context-specific factors in success

Evidence, Information for Health System Strengthening Recommendations

- Need a high level of commitment, strong country champions for reform, involvement at all levels of the HCS, community participation and coordinated support from donor & development agencies
- Build stronger links between producers and users of health information
- The use of new technologies for data capture, exchange and presentation
- Increasing importance of electronic medical record

Conclusion

- The equity principle and universal approach of PHC is still valid
- The unfinished agenda of a functioning PHC relates to financial, human resource and other health system constraints
- PHC needs to be redefined according to a country's context
- Government, international development partners and other stakeholders are responsible for revitalizing PHC in a changing global context
- Revitalizing PHC requires interlacing between vertical and horizontal programs
- We need to rebalancing spending across MDG targets



Prince Mahidol Award Conference

Prince Mahidol Award Conference 2009 “In Pursuit of Healthy Public Policies”

*“True success is not in the learning, but in its
application to the benefit of mankind”*

*Prince Mahidol of Songkla
Father of Modern Medicine and Public Health of Thailand*

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