

Address

By

*Dr Samlee Plianbangchang
Regional Director, WHO South-East Asia*

At

*Regional Meeting on Revisiting Community-based Health
Workers and Community Health Volunteers*

*Chiang Mai, Thailand
3-5 October 2007*

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REGIONAL DIRECTOR, WHO SOUTH-EAST ASIA**

Your Excellency, Dr Mongkol Na Songkhla, Minister of Public Health, the Royal Thai Government;

Respected Dr Halfdan T. Mahler, WHO Director-General Emeritus;

Respected Dr Amorn Nondhasutr, Former Permanent Secretary of Public Health, the Royal Thai Government;

Dr Prat Boonyawongviroj, Permanent Secretary of Public Health;

Dr Watana Kanchanakamol, Provincial Medical Chief Officer, Chiang Mai;

Distinguished participants. Honourable guests. ladies and gentlemen:

It is with great pleasure, that I welcome you all warmly to this important meeting. At the outset, I would like to thank the Royal Thai Government for accepting to host the meeting in this beautiful city of Chiang Mai. I thank H.E. Dr Mongkol Na Songkhla, Minister of Public Health for agreeing to inaugurate the meeting. I thank all participants for sparing their valuable time to come and share their experiences. Next year will be the 30th anniversary of Alma-Ata Declaration on primary health care. It is time therefore to revisit the community-based health workforce - the workforce that has been the cornerstone of primary health care movement since the beginning. This workforce consists of community health workers or CHWs of various categories, as well as community health volunteers or CHVs. These are the people who have contributed considerably to equity in health care at the grassroots level.

At this meeting, we are lucky to have Dr Mahler and Dr Amorn with us. To me, Dr Mahler is the father of Health for All and Primary Health Care movements. At least, among my generation, when we think or talk of HFA/PHC, we first think of Dr Mahler. Dr Amorn has been the prime mover of primary health care development in Thailand, as well as in the whole South-East Asia Region. He is the one who brought the concept of Basic Minimum Needs to the Eastern Mediterranean Region, which later evolved as Basic Development Needs there. Thank you very much, Dr Mahler and Dr Amorn, for your gracious presence.

Through proper development and deployment, CHWs and CHVs can help their governments considerably in moving forward on the long path towards realization of health care for all. This is especially true for the rural and difficult-to-reach areas. CHWs and CHVs are developed to become integral parts of the community. With their unstinted dedication and commitment, they can go to all corners of the community to reach the unreached. They can also reach the poor, underserved and the underprivileged. As part of a long and difficult process, CHWs and CHVs contribute very substantially to their respective governments' efforts to realize the health-for-all goal. They are the vanguards in implementation of the primary health care approach, which is the key to the attainment of HFA. Due to their social and cultural affinity with people in the community, they can render health care which is acceptable to all people. In this respect, they are the effective "change agents" who help ensure involvement of people from all walks of life in health matters at both community and grassroots levels.

Both, CHWs and CHVs have a better understanding of the health needs of people in community. And both respect such needs of the poor, underserved and underprivileged better. Rural people depend a lot on CHWs and CHVs for health matters. A reduction in the burden of diseases would lead to reduction in poverty. Therefore, we have to prevent diseases from

occurring. We can do this especially through primary prevention, focusing primarily on health risks and health determinants with proper development and training. Both CHWs and CHVs can contribute greatly to this preventive intervention. These are the people who can go right to the community to carry out health promotion and disease prevention activities. Moreover, their work can cover the entire population in the community, regardless of the socioeconomic status of individual people. However, in order to be effective, CHWs and CHVs need support. They cannot work in a vacuum. They need referral systems for sending sick people from the community to higher levels of care; primary, secondary and tertiary. They also need institutional support for their education and training throughout their careers in order to sustain their competence and skills. Furthermore, they need professional backstopping in planning, implementing and monitoring their activities to ensure efficiency and effectiveness of their work. Indeed, government policy and operational back-up are indispensable for effective development and deployment of CHWs and CHVs. To motivate them to work dedicatedly, these categories of health workers need to have a clear future, and a clear career ladder to move forward and upwards.

Since the inception of PHC nearly 30 years ago, things have changed significantly with regard to the health concept and operational modalities of health development. As far as the health of community is concerned, there has been an evolution of ideas from village health volunteers to more diverse models of community participation and involvement. There are many settings with a variety of health needs that require different forms of teamwork for community actions to address local health challenges - challenges that require great efforts of CHWs and CHVs to tackle health problems at the grass-roots level. Equity and social justice in health have to be the key features of development of CHWs and CHVs.

Community health actions require the combined force of both health workers in government systems and community members themselves. For this approach to be productive, community health actions need capacity-building; capacity-building through interactive learning processes, with in

built research and development. The need for sustained community-based funds to ensure financial viability for such development is indispensable. For this strategy to be effective, it is important to build leadership of health personnel and health professionals at all levels to promote, support and catalyse the required actions. Multidisciplinary and multisectoral partnerships are the key to sustainable development of CHWs and CHVs. Such a strategy must lead to a change in social values to create self-responsibility, self-reliance, self-discipline and partnerships for health for all at the community level. In this context, it should also be understood that development of a community health workforce, including CHWs and CHVs, is not only good for the poor countries, but also for the well-off countries.

I hope you would find this meeting interesting and useful. And I hope you would gain valuable experience from the meeting that you can apply in your pursuit towards good health for all people through the primary health care approach. Let us pay a tribute to CHWs and CHVs for their hard work in communities, in the remote and difficult-to-reach rural areas.

Let us commit ourselves to actions that can lead to a betterment of these dedicated people, for these are the people who contribute considerably to health improvement of the population, especially the poor, underserved, underprivileged, marginalized and vulnerable.

Thank you.