Opening Address

By
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At

International Workshop on Public and Private Mix: A public health fix?

Naresuan University, Pitsanulok, Thailand
20-22 June 2007

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Distinguished participants,

Honourable guests,

Ladies and gentlemen,

First, I would like to thank the organizers of the Workshop for inviting me to the opening ceremony.

I appreciate that the subject of "Public and Private Mix" has been revisited. The subject has been universally discussed within the context of health care financing for many years. Now, it is being dealt with in relation to health care for the urban poor.

There is no fix formula for Public and Private Mix. It depends on local specific situations and circumstances. Let me, therefore, focus on health care for the urban poor.

Governments alone may not be able to shoulder the total responsibility for delivering health services to the entire population. The private sector

has already been engaged in rendering such services on their own initiative, with their own resources. It is in the best interests for the government to build a solid partnership with the private sector, in order to ensure complementarity of services by the two sectors.

This comes with the recognition that this private sector has done commendable work in the field of health for a long, long time. Particular appreciation in this connection should be extended to voluntary or non-profit organizations. These organizations pursue their mission on humanitarian and charitable grounds. We should give our highest commendation and grant sincere recognition to good deeds executed by them since time immemorial.

At another level, provision of health services has been viewed from a difference perspective an industry wherefrom benefits can accrue. Therefore, providing health services becomes means for earning income by some people.

This should be acceptable if such an earning is within a reasonable limit, with adequate social and ethical consideration and responsibility.

At the same time, it is widely perceived that private medical practice is mostly confined to curative care. The care offered by such practitioners is, in many cases, beyond the reach of the poor. This is due mainly to economic reasons; the inability to pay for the same. This gap can be partly tackled through an effective partnership between the public and the private sectors, between government and private enterprises.

This aspect has been demonstrated by the Universal Health Care Coverage that is being pursued in Thailand. It has been found very useful in ensuring accessibility to health services by the poor. Ensuring equitable access to quality and affordable health services by the urban poor is challenging indeed. The government and nongovernment sectors must accept this challenge together in complementary fashion.

While the private sector concentrates its services on curative care, the public sector has to pay more attention to promotive and preventive services; services that can help protect the poor from being taken sick unnecessarily from preventable disease or illness. Very importantly, the government has to take total responsibility of caring for the poor when they fall sick. Due to various reasons these people, though based in urban areas, are often unreached by the health-care providers.

Regarding the "theme" of the workshop, allow me to bring to the attention of distinguished participants another aspect of the issue under consideration. It is an area that does not seem to be dealt with directly in the workshop programme.

It is primary health care, which all of us know well. Primary health care, if properly designed and planned to suit urban settings, can bring us a long way towards ensuring that these unreached, underpriviledged and marginalized section of society are reached in spite of their poverty.

The principle and concept of the primary health care approach originated with the Alma Ata Declaration 30 years ago. This approach was

perceived as a means whereby health for all people could be attained. Its principle and concept, even though thirty years old, are still relevant to the current health situation everywhere in the world, if it is designed and implemented to suit local situations, socio-culturally and economically.

Primary health care can help bridge the gap in the health sector between “haves” and “have nots”. This gap is also created on account of a lack of financial resources, among others. Through affordable and socially acceptable technology, Primary health care can ensure equity and social justice in health. It promotes social control of health technology, the knowledge and know-how of which have to be demystified for use by people in general.

Primary Health Care must be initiated and promoted by the Government to benefit not only the poor but everyone in society. Certainly, the rich can greatly benefit from primary health care. In this context, we must understand that primary health care is quality care to ensure the protection of the least of the population in a broad social and cultural context.

It is affordable and dependable health care at the community and grassroots levels in both rural and urban areas. It is to help keep people healthy; not to let them fall sick easily. Its main intervention is through educational and supportive processes. However, people will still be taken ill, a situation wherein curative services need to be provided.

In many cases, treatment and case management are also used as an important means for the prevention of disease. This is the situation when a hierarchy of care from primary to tertiary levels is needed as referral supportive system, the system which is to enhance the effectiveness of primary health care. And this is the area where the private sector normally comes in.

The cost of health services at the higher levels of care, in most cases, are not affordable by the poor. The Government should have a scheme whereby health services at the higher levels of care for the poor can be financially ensured. At the same time, the private sector should participate actively in the promotion of primary health care in the urban areas. This contribution from the private sector should be considered a noble mission, the goal of which is social welfare. It will contribute to the good health of the entire population, with particular attention to the poor.

If Primary Health Care is successfully developed, the issue of a financial gap in health services for the poor will certainly be alleviated. Through this approach, care at the individual and family levels will play an important role in ensuring good health for all. The success of this process depends, to a large extent, on the efforts of community-based health workforce: the workforce that includes particularly all types of community health workers and health volunteers. These people are really important for the successful development of primary health care in both rural and urban areas. Very importantly, they can reach the unreached anywhere. They are agents for change for better health in the community through the educational process.

If properly developed, they are a wonderful 'role model' as far as health is concerned. But the community-based health workforce has been rather neglected in matters concerning its development, training, deployment and maintenance. The Governments should revisit this group of people in a big way if equity and social justice in health care are to be assured. This is with the view to make them a tangibly strong force in pushing health development forward in this century.

Certainly, to be effective, the community-based health workforce needs back-up support from various institutions, including higher levels of medical facilities, medical and public health schools, schools of nursing, and many other health-related training institutes. Health services are to protect the health of the population; these services are also to ensure the longevity of people through the prevention of death and disability.

Health services deal with human beings. Providing health services should, therefore be considered as humanitarian work. Those who are involved in such activities must be philanthropists, one way or the other. And, therefore, they should be fully equipped with the desired ethical and moral considerations and responsibility. They have to accept the basic principle that health is a fundamental right of everyone.

Health-care providers should fully respect this right of the consumers, the patients. Ethics in public health and medical practice must be promoted and fostered in all practitioners. Public health and medical services should not be viewed primarily as commodities but as efforts to serve humanity.

If practitioners perform their tasks with reasonable ethical consideration, harmful medical practices due to negligence and/or carelessness will be eliminated. Culmination of ethics in medical practitioners is a challenging task. In such a practice, there are in many cases other considerations, which are often seen as the overriding interest. This situation sometimes compels medical practitioners to sideline the humanitarian perspectives be key considerations…

Training in ethics for medical practitioners is indeed vital in view of these realities. This is part of a long-ter vision which will need sustained effort to be fulfilled. For now, we will have to pursue better ethical practices through motivation and persuasion. All medical practitioners know their medical ethics well, I am sure. It is the practise of these ethics that is the over-riding issue.

In order to ensure that medical practitioners put ethics into practice, we have to be patient enough to work hard without expecting immediate results and success. Training of medical students is important indeed and teachers must be “role models” for students to emulate.

Now, the development of “role models” becomes another challenge. Do we have enough role models for young people to emulate? We have to work towards developing such role models who meet the expectations. Those who are involved in teaching or coaching public health and medical practitioners should act as role models first and foremost.

We are firmly focused on and dedicated to pursuing our mission towards quality and affordable health care for the urban poor-care that is safe and helpful to the cause of improving the health of the people. Urban primary health care is highlighted in this connection. This is with the belief that this approach can help ensure quality and affordable health care for the urban poor, provided primary health care is not allowed to degenerate in scope or content.

Primary health care can help reduce the dependency of the poor on curative services at the higher levels of care. And, thereby, to be relieved of the financial burden due to costly medical care. In a realistically positive sense, Primary health care can make all people healthier. Governments should pay more attention to, and invest enough resources in the development of, urban primary health care. The private sector is invited to contribute generously to this process.

Before concluding, let me leave the following notes for your consideration. Rich populations have the right to be free from sickness. The situation in which health promotion and disease prevention play a key role. Therefore, primary health care can render benefits to the rich as well as to the poor. Primary health care should be practised not only at the primary level, but also at secondary and tertiary levels.

Last but not the least, health systems reform and ethics is really a locally specific issue that needs locally specific solutions. I, therefore, sincerely appreciate the various studies relating to the issue in front of us,

studies that had been pursued locally in various settings in the countries in this part of the world.

I am sure our deliberations on the findings of these studies will lead us substantially towards a realistic and practical solution to the problems under our consideration.