

***Speech from***

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Regional Director, WHO South-East Asia***

***At***

***Regional Consultation on Innovations in  
Primary Health Care***

***17-19 August 2010  
Chiang Mai, Thailand***

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Excellency, Mr Amorapan Nimaman, Governor, Chiang Mai, Thailand; Dr Nara, Director-General, Department of Health Services Support, Ministry of Public Health, Thailand, distinguished participants, honourable guests, ladies and gentlemen:

I warmly welcome you all to the Regional Consultation on Innovations in Primary Health Care. I thank all participants for sparing their valuable time to come for this important subject.

Distinguished participants,

Almost two years ago we met in Jakarta to lay down a roadmap for revitalizing PHC in the WHO South-East Asia Region. And at that meeting, we resolved to redouble our efforts to strengthen health systems based on the primary health care approach. We are here now to examine how far we have gone towards the revitalization of PHC. Certainly, however, a lot more remains to be done to ensure a robust PHC approach in supporting the functioning of health systems. We will be able to achieve the health-related MDGs only when we have health systems that are functioning efficiently and effectively. Only five years are left before the target date for the world to achieve MDGs. Therefore, we need to exert all our efforts to further explore innovative avenues to accelerate progress towards health systems based on primary health care.

There is evidence that countries have gained considerable experience in their efforts to reduce health inequities; and in their endeavours towards universal health care coverage.

On the basis of the principle of PHC, different intervention models have been developed to address prevailing health problems. Consequently, substantial improvement in people's health have been made possible. Life expectancy has increased further. Infant and child mortality has been significantly reduced. Countries in the SEA Region have recorded substantial success in improving access to safe water and sanitation. The coverage of immunization and antenatal care services have increased. Significant progress has been made in controlling and eliminating communicable diseases such as guinea worm, leprosy and tuberculosis. The incidence of vaccine preventable diseases such as diphtheria, pertussis and measles has significantly declined. Neonatal tetanus has been eliminated from a large part of the Region and we are very close to eradication of poliomyelitis. These are significant contributions of the PHC approach.

Ladies and gentlemen,

The WHO South-East Asia Region is undergoing demographical and epidemiological transitions. We are facing challenges of a double burden of diseases (communicable and noncommunicable). We are facing the threat from:

- epidemics of new and emerging pathogens,
- the ageing population,
- lifestyle changes,
- rapid urbanization, and
- impact of climate change, etc.

The list is very long indeed.

These and others mandate a fresh examination by countries of strategic options in their health development efforts. We have to believe that revitalization of PHC with innovative actions to address these issues is a vehicle through which health systems can be effectively strengthened to meet the old, new and emerging health challenges in an equitable, efficient and effective manner.

There is widespread consensus on the validity of the overarching principle of PHC, which particularly encompasses:

- Equity
- Universal coverage
- Social justice.

The PHC principles need to be applied through multidisciplinary/multisectoral actions. The application of the PHC principle must be done with the full participation and involvement of people in the community. What is needed is a fresh look as to how health problems and issues can be practically addressed through the PHC approach. In the process we need to keep in mind that health outcomes are influenced by a complex interplay, which is the interplay among sociocultural, economic, political and environmental factors.

“Health for All” is predicated by actions of multiple players and multiple stakeholders. We all know very well that to address the current health issues effectively, we need to go far beyond the confines of health sector. Coordinated multisectoral and multidisciplinary actions are imperative. With these requisites as the background, revitalization of PHC should, therefore, adopt a developmental approach. This approach must incorporate innovation and

new ideas from evaluation and research. Primary health care must not only focus its activities on the delivery of health services but also has to be research-oriented and research-based.

Distinguished participants,

The international community is committed to achieving the Millennium Development Goals by 2015. We in South-East Asia have to think of strategies that can help us reach the goals within the remaining five years. I believe that our Region has sufficient resources to pursue these goals; especially MDGs 4, 5 and 6. These goals relate to:

- reducing child mortality,
- improving maternal health and
- combating HIV/AIDS, malaria, tuberculosis and other diseases.

What is needed is a strategy to be deployed to harness the available resources in the most cost-efficient and cost-effective manner. There are several examples from within the Region and elsewhere to demonstrate that adoption of innovative PHC interventions can help accelerate the pace of progress towards MDGs.

This consultation will provide a platform for exchange of such experiences from some countries and will also provide the opportunity to explore how best we can optimize the use of our available resources for the purpose.

Ladies and gentlemen,

On the other hand, some contemporary issues are affecting the functioning of health systems. Among others, health services today have become overwhelmingly commercialized with the increased involvement of the market mechanism. Out-of-pocket expenditure for health care in the Region has skyrocketed. Catastrophic expenditure on health is recognized as a major cause for people to become economically impoverished.

This phenomenon can be effectively countered through the development of health systems based on the PHC approach whereby equitable access to healthcare services is promoted within the spirit of equity and social justice. Such healthcare places primary emphasis on promoting healthy growth and development, maintaining healthy status and preventing ill health by keeping diseases away from people. During the past two years, WHO in the South-East Asia Region has actively collaborated with countries in their initiatives to revitalize PHC. These include, among others:

- The Strategic Roadmap (SRM) in Thailand.
- Development of community health clinics in Bangladesh.
- ASHA (Accredited Social Health Activists) scheme in India.
- Integrated Development of Community Health Services (SISCA) in Timor-Leste.

A number of regional consultations and meetings were organized to offer suitable platforms for Member States to deliberate upon different aspects of the PHC approach such as:

- Self care in the context of PHC;
- Use of herbal medicines in PHC;

- Application of sociocultural approaches within the context of PHC to accelerate achievement of MDGs 4 and 5;
- Health Care Reform for the 21st Century with emphasis on strengthening health systems based on PHC;
- Decentralization of health care services delivery to ensure health equity and universal coverage; and
- Most recently, the development of national health policies and strategies in support of strengthening of health systems based on PHC.

Several important recommendations emerged from these meetings. WHO will continue to work with Member States to ensure the implementation of these recommendations. Later this year, WHO plans to organize at least two more important regional meetings on related topics. These are:

- Regional Meeting on PHC Approach in Emergencies; and
- Regional Consultation on Health of the Urban Poor, with particular attention to the application of PHC principles in urban settings.

These regional events will provide further guidance on the use of the PHC approach.

WHO will continue promoting the exchange of experiences that contribute towards the PHC revitalization process. South-East Asia PHC Innovations Network has been established with the initiative of Foundation for Quality of Life. The first meeting of the Network will be held immediately after this consultation.

Ladies and gentlemen,

We need to focus our attention, especially to the “thrust areas” that will effectively contribute to revitalize PHC in our countries. It is imperative that people in the community must be educated and empowered to enable them to take informed health decisions. Towards this end, and among others, equipping the community for “selfcare” assumes great importance. In this connection, we need to redouble our efforts to strengthen community-based health workforce.

We need to equip community health workers adequately to ensure that they are able to face today’s community health challenges in the most efficient and effective manner. We also need to ensure that these workers are capable to perform as change agents in the community through educating and empowering the people.

Furthermore, innovative approaches to “healthcare financing” need to be explored to ensure that people will not fall into the poverty trap due to the high cost of health care. We need to advocate for the correction of the “imbalance” in health resource allocation at the national level to ensure a fair share of national health resources for promotive and preventive care.

We not only have to ensure that National Health Policies adequately reflect PHC principles but also that health matters are adequately taken care of in other sectoral development policies. There is a reason why PHC has not succeeded to the extent of its potential. It is due to the relatively weak “referral support” from the “higher levels of care”. Innovative approaches to strengthening referral systems need special attention.

In this connection, the role of a vibrant private sector, which is growing rapidly in our Region, needs urgent attention.

I am sure our deliberations over the next three days will provide further and tangible guidance on the various issues involved. The recommendations from the Consultation will provide a blueprint for accelerating action towards the strengthening of health systems based on PHC. WHO will make every effort to collaborate with all Member States in developing innovations to their PHC.

Ladies and gentlemen,

Let me also take this opportunity to thank our host institute, the Institute for PHC Innovations (IPI), for their warm hospitality and the excellent arrangements made for the Consultation.

Finally, I wish you all successful deliberations and a fruitful outcome for the Consultation.

Thank you.