

Speech

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

At

Prince Mahidol Award Conference 2008
Commemoration Ceremony of 30 Years of Health for
All/Primary Health Care
On
“Health in the Next Three Decades and the Role of Primary
Health Care”

Bangkok, Thailand
1 February 2008

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REGIONAL DIRECTOR, WHO SOUTH-EAST ASIA**

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

Dr Supachai Punichapakdi, Secretary-General, United Nations Conference on Trade and Development (UNCTAD);

Distinguished participants;

Ladies and gentlemen;

It is indeed my special privilege to deliver this speech at this Commemoration Ceremony of 30 years of Health for All and Primary Health care. I am deeply grateful to the organizers for invitation.

Health issues in the next three decades will largely be an extension of health challenges of today, challenges that are posed mainly by demographic, environmental, ecological and behavioural changes that lead to a multitude of health risks.

The risks of chronic noncommunicable diseases will cause more illnesses, disabilities and deaths, especially in the developing world. At the same time, communicable diseases will continue to be cause for concern with more new and emerging infectious pathogens. Outbreaks of communicable diseases with significant economic implication will continue to draw the attention of the public and policy-makers.

With the advancement in medical sciences, people will live longer due to availability of better technological tools that are mainly used to prevent deaths and prolong life. This situation may lead to more disability and dependency; and requires preventive strategy in the years to come.

As far as health information is concerned, we will continue using morbidity and mortality data; as the main proxy indicators for indirect measurement of the level of health of the population. The efforts to identify practical parameters for directly measuring health will also gain momentum. By then, we will have more concrete evidence to develop an effective strategy for promoting positive health. While fighting illnesses and disabilities through curative and rehabilitative care, we will also have to invest more in primary prevention. This is the strategy that needs to be implemented through public health interventions with specific focus on health promotion and disease prevention.

We understand that Health for All can be achieved through the primary health care (PHC) approach. And we have observed that PHC has significantly produced a positive impact on the health of the people around the world during the past 30 years. PHC has profoundly influenced the ways in which national health policies and strategies are developed and implemented. The reform of health systems in many countries has also been undertaken on the basis of the Health for All (HFA) principle and the PHC concept. PHC has become an indispensable component of public health system; and functions as a system that calls for equity and social justice in health.

PHC promotes health as one of the fundamental rights of every human being. It ensures the availability of essential health care for the entire population in the community. PHC helps ensure that such care reaches the unreached everywhere, rural or urban. The special emphasis in the provision of PHC services is on the poor, underserved, underprivileged, marginalized and the vulnerable. The interventions to achieve HFA through PHC depend more and more on social measures that need to be implemented through multidisciplinary and multisectoral actions. Such actions involve a wide range of stakeholders in community, governmental and nongovernmental, civil society and other social organizations.

One of the ultimate objectives of PHC is to achieve HFA through All for Health. People of all walks of life need to be educated and empowered. This is in order for them to be able to contribute effectively to the development of their own health, of the health of their entire community and society. PHC workers have a critical role to play in the process of this education and empowerment. Health for all calls for a socially and economically productive life for all people. It is a social goal that can be achieved through the integration of social measures with technological interventions.

We must also keep in mind that effective PHC needs support from other levels of health systems for primary, secondary and tertiary care. It needs back-up support from educational and training institutions for building trained PHC workforce.

The PHC concept was conceived 30 years ago. During this period the world has changed enormously in all spheres - demographic, environmental, social and economic. The health scenarios and profiles in all countries have also undergone palpable change. PHC needs to be revisited to meet the new challenges and fulfil emerging expectations in health development over the next three decades. Recognizing the importance of this transition after 30 years of PHC, WHO has been supporting a series of international gatherings and platforms where past experiences with PHC is reviewed and a course for its evolved role in the future charted out.

We are pursuing this endeavour to ensure the effectiveness of PHC in tackling current and future health threats such as climate change. We will use the PHC approach on a large scale to ensure health security in all communities around the world; and, we will use the PHC approach to ensure reaching the MDGs by the year 2015. This Prince Mahidol Award Conference is one of the series. We at this meeting have reviewed various aspects of PHC, its past achievements and current challenges. We have made a series of recommendations on policies and actions for achieving a functioning PHC approach for HFA. Certainly, these recommendations will significantly contribute to the global efforts in revitalizing PHC. I finally wish all participants at the conference all the best and all success in their efforts towards HFA through the PHC approach.

Thank you.