

***Keynote Address***

***By***  
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***At***

***International Conference on Primary Health Care***  
***“Primary Health Care towards Health for All”***

***Chiang Mai University, Thailand***  
***4 February 2008***

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REGIONAL DIRECTOR, WHO SOUTH-EAST ASIA**

Distinguished participants;

Honourable guests;

Ladies and gentlemen

At the outset, I would like to thank the organizers of the Conference for inviting me to deliver this keynote speech. I sincerely congratulate the Faculty of Nursing, Chiang Mai University for organizing this important Conference.

The theme of the Conference, “New Frontiers in Primary Health Care: Role of Nursing and Other Professions”, is timely indeed. The topic for my talk today is “Primary Health Care towards Health for All”.

In this connection, all of us must be aware that this year is the 30<sup>th</sup> anniversary of the Alma Ata Declaration on Primary Health Care. This Declaration was the outcome of the International Conference on Primary Health Care held at Alma Ata, USSR, in September 1978. The Conference defined how “Health for All” could be achieved.

A year prior to the Alma Ata Conference, the 30<sup>th</sup> World Health Assembly in 1977 decided, among other things, that the social target of governments and WHO

in the coming decades should be the attainment by all the citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life.

As far as health is concerned, this decision of the World Health Assembly was really historical. The decision has been popularly known as “Health for All by the year 2000”.

The overriding consideration underlying this decision was the increasing magnitude and severity of the world health problems, and the global concern with the unjust and unbalanced distribution of health resources throughout the world. The decision was based also on the consideration that health is a basic human right and a worldwide social goal. And that health is essential to the satisfaction of basic human needs, and to the quality of life of all people.

According to the Alma Ata Conference, Primary Health Care (PHC) is the key to achieving an acceptable level of health for all people throughout the world. PHC is an integral part of social development in the spirit of equity and social justice. PHC is the key to health for all, anywhere and world-wide.

Even though, as we all know, the health for all goal could not be attained by the year 2000 as envisaged, health for all still exists as an aspirational goal, towards which all countries should strive in their health development efforts. And PHC is still considered to be the key to reaching this social goal of health for all.

By its definition, PHC is essential health care made universally accessible to all individuals and families in the community. It is the care that is socially acceptable and economically affordable to the people in the community through their full participation and involvement. It is the care that is at a cost that the community and country can afford.

PHC forms an integral part of the country's health system, of which it is the nucleus. And it forms an important a part of the overall social and economic development of the community. This definition of PHC was developed 30 years ago at the Alma-Ata Conference.

PHC principles and concepts have been applied by all countries in the world during the past three decades. The application of these principles and concepts has been carried out in the ways that suit the local socio-cultural, economic and political contexts of the countries concerned. These principles and concepts of PHC have been adapted, applied and extended progressively in their implementation to satisfy health needs and requirements of the individual countries; in both the short and long term.

In reality, many different forms and modalities of PHC exist throughout the world. The lessons from the use of those forms and modalities of PHC can be usefully learned today. The lessons that can lead us a long way in our quest for health for all.

It has been evident that the proper application of PHC concepts has far-reaching consequences. The consequences that not only penetrate throughout the health sector, but also impact other aspects of social and economic development, particularly at community level.

During the past 30 years, PHC has significantly contributed to the positive changes in the ways that health systems in countries are developed and managed. And certainly, it has contributed significantly to the positive impact on health of people around the world.

During the past three decades, there has been a lot of changes in all spheres around the world; socially, economically, politically and technologically. There have been environmental, ecological, demographic and epidemiological transitions. These changes and transitions come with formidable health challenges. The challenges that have significantly affected the ways we plan and manage health programmes for health development today.

During the past 30 years, due to ecological and biological changes, more than 30 newly emerging pathogens have been identified that can cause human diseases.

Now, we are facing several health threats that are due to global warming, climate change. At the same time, many of our health concerns today come with globalization. With globalization, the world's people live in a global village more and more; they share among themselves almost everything, including health and disease.

Technological advancement, particularly in information and communication, contributes positively and negatively to health. These are only part of all the challenges that we are facing now, and will be facing in the foreseeable future.

If we are to achieve Health For All, we need the strategies and technological tools that can help us tackle today's health problems in a much more efficient and effective manner. And these strategies and tools have to be suitable for implementation through PHC.

The social goal of health for all is yet to be realized anywhere in the world. We will continue using PHC as the key approach to ensure good health for all people.

After 30 years, it is now time, however, to revisit PHC, its principles and operational modalities. This is with the view to ensuring continued appropriateness in the application, utilization, improvement and innovation of these principles and modalities of PHC.

We must recognize that adoption of the decision on HFA/2000 by the World Health Assembly in 1977 has contributed to profound changes in the concepts and scope of health development. Two years after the inception of the HFA movement, the UN General Assembly adopted a resolution underpinning health as an integral part of overall development. This was an important augmentation of the expansion of health development concepts and scope. Since then, health has gone much beyond the health sector.

All concerned sectors, including health, have to be intimate partners; to be collectively responsible for the development of health for all people. To be successful, health development for HFA needs multisectoral actions; the actions by all sectors, working together coordinatedly and cooperatively.

At the same time, individual sectors must also be cognisant of health concerns, when formulating and implementing their respective development programmes. This is what we call “healthy public policies”; whereby concerned sectors act individually to protect and promote health of population. It is the sectoral responsibilities and commitments to health of people in their individual development efforts.

To ensure health for all people, multisectoral involvement in health development, either individually or collectively, is critically essential indeed. This is “health for all by all sectors”.

Furthermore, to achieve health for all, all people must be for health.

Through the PHC approach, people of all walks of life must be effectively educated and empowered, in order for them to get fully involved in health matters; individually or through community participation.

Community participation is the process, whereby individuals and families assume responsibility for their own individual health and welfare. This is also the responsibility for the health and welfare of the whole population in the community. In the process of this participation, the implementation of PHC should lead to a long-term sustainable development and self-reliance in health of the community.

Health development is the key strategy for human resource development; the development of human potentials and power. A healthy population can contribute optimally to the national goal of social and economic development. And such development, in turn, provides the additional resources and social energy that can further facilitate health development that leads to health for all.

Primary health care is basically delivered by community health workers or other workers of community-based organizations. PHC has also been delivered by community volunteers of various categories, including health volunteers. These workers and volunteers have varying levels of skills. It is important to keep in mind however that, whatever the levels of their skills, these workers and volunteers must understand the health needs and the ground reality of the community they serve. Their services must be socially acceptable and economically affordable to all people in community.

At the same time, these workers and volunteers must also be trained to be effective “change agents”. The agents that can contribute effectively to the change in people’s health knowledge, attitudes, behaviours and practices. The change that can help ensure effective involvement of all people in the community in solving their own individual health problems; and the health problems of the entire community.

This is “Health for All” by “All for Health”. The ultimate realization of “Health for All” will come from “All for Health”.

I would also like to mention in this connection that even much before the HFA/PHC global movement, Thailand started training of public health nurses. Many of these nurses have been assigned to work in and with community, along with other professions. They have been closely involved in community health work and in primary health care development since the beginning.

Now, there has been a changing paradigm in public health, and a change in the way people perceive HFA/PHC. It may be timely to revisit the role of public health nurses. If this has never been done.

The role of Public Health Nurses may need reorientation in the light of the changing scenario in the health field, particularly in public health. It is without doubt that nurses who are performing health work right in and with the community continue their excellent contribution to health development at that level. And these nurses continue to form an important part of the team for overall community development.

PHC cannot function in isolation. PHC needs support from other levels of the health system; primary, secondary and tertiary care; this is for referral of sick people, when needed. This is necessary in order to ensure that people in the community will have an opportunity to enjoy the benefits of valid and useful technical knowhow; the benefits in the advancement of health sciences and technology, and for the people to enjoy the benefits from technologies which are too complex, or too costly to be applied through PHC in the community, especially in the rural areas.

The government must ensure the development of efficiently functioning health care referral systems. Moreover, community workers in health need support from professionally skilled people for guidance, education, training, and other technical

back up. And certainly, the services through PHC need the security of logistic and financial back stopping, which have to come from the community itself or from the upper level.

Now, more and more, health issues become public concerns, and health concerns become subjects for public debate. Health issues are reflected more and more on the political agenda for social and economic development. Health is becoming more prominent on the national development agenda. At the same time, we are also aware that poverty is the root cause of ill-health.

Attempts have been made to reduce poverty in the community through public health interventions. This is the place where PHC has to come in a big way to ensure healthy population and healthy workforce everywhere. Healthy population means more productive outputs from the efforts of economic development, in particular.

Furthermore, an attempt has also been made to pursue health activities as a bridge for peace. There will be no health if there is no peace. At the other angle however, health can effectively contribute to peace, especially through humanitarian health actions. It has been evident in many cases whereby public health interventions can be used as a powerful tool to create peaceful periods; such as immunization activities. This is another unconventional role for PHC.

PHC is an effective tool for public health interventions; the interventions that can ensure reaching the unreached; ensure equity and social justice in health. The Health for All goal will not be attained if the unreached are still unreached everywhere.

As we all are aware, we are yet to attain the social goal of health for all. There are many intractable constraints and obstacles impeding our progress

towards this social goal of Health for All. Important among these are poverty, insecurity and lack of peace. These are determinants of ill-health. They are indeed a formidable challenge.

In this perspective, we may need to understand more clearly the global context of health for all movement. We pursue the social goal of health for all to fulfil the Constitutional objective of the World Health Organization. That objective is “the attainment by all people of the highest possible level of health”.

With this in view, while pursuing the HFA goal, we cannot expect all people to be free of any disease or infirmity. The goal of health for all is actually calling for “a socially and economically productive life for all people”, not for all people to be without any suffering or ailments; physically, mentally or socially. The people may still continue harbouring diseases; silent or with a certain degree of declared morbidity. Very importantly in this context, the people should have longevity of life that is healthy enough to permit them to live independently and be socio-economically productive.

At this important international conference on PHC, let us once again reaffirm our unwavering determination and commitment to the attainment of the social goal of health for all through the PHC approach. Let us continue pursuing our untiring efforts to advocate for more political will, and for decisive political commitment to the development of national public health systems based on primary health care.

We all must ensure that PHC will continue to be firmly embedded as an indispensable element of any public health interventions to promote and support equity and social justice in health around the world. Finally, ladies and gentlemen, I thank you all most sincerely for your kind attention. And I wish you all all the best and all success in your individual or collective endeavours towards health for all through PHC. Thank you.