

Keynote Speech by

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Regional Director, WHO South-East Asia***

At

***International Conference on Health Services
Delivery Management***

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***Topland Hotel,
Phitsanulok, Thailand***

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Senior colleagues, distinguished participants, honorable guests, ladies and gentlemen,

First of all, I convey greetings and best wishes from the World Health Organization to this august gathering. It is indeed timely to bring the subject of “Health Services Delivery Management” for deliberations on a platform such as this Conference. I commend the organizers for their determination to improve the management of health services delivery.

Before proceeding further, I would like to recall the “global social goal of health for all”; as resolved by the World Health Assembly in 1977. The goal, if universally achieved, will lead to the attainment of the level of health that will permit all people in the world to lead “a socially and economically productive life.” This goal can be achieved through the implementation of the PHC approach with which we all are well familiar. The PHC approach calls for full community participation and involvement in health development.

The goal of HFA will be achieved through improved “equity” and “social justice” in health. The equity in health calls for “multidisciplinary” and “multisectoral” actions for health, which can lead to “universal coverage” of health care. Universal Coverage promotes “unlimited accessibility” to health services by all people.

To achieve these broad objectives of health services development, there have been attempts to effect changes in the health care systems. The changes can produce efficient and effective “management” of “health services delivery”. It is believed today that “PHC approach” can greatly contribute to the efficiency and effectiveness of health services delivery at any level of health care system.

During the past more than 30 years, the “PHC approach” has been applied globally with positive results. Compared with the situation more than 3 decades ago; people in the world today, on average, live longer, and look healthier and happier. However, a wide gap in health still exists between different population groups, within and among countries.

The distribution of world resources for health, at both national and international levels; is still unjust and unfair. There is still a long way to go for the world to achieve a uniform universal coverage and for all people everywhere to have unlimited access to quality health services which are required for the attainment of the social goal of health for all.

Ladies and gentlemen,

We are now at another crossroads on the long path towards the social goal of HFA through which all people would be enabled to lead a productive and satisfying life, socially and economically. The achievements of “equity” and “social justice” in health need to be critically re-examined and re-assured. Our efforts to reach the “hard-to-reach”, or to reach “the unreached” must be intensified. This intensification of efforts has to be done through a “substantial change” in the “management” of “health care system”. Such change must ensure effective delivery of health services to the “entire population in the community” regardless of their socio-economic status. It is “the management change” that requires “combined wisdom and combined efforts” of all “disciplines” and “sectors”.

Such combined efforts demand strong leadership that can ensure effective coordination of the work of different sectors across disciplinary lines. Only with such leadership can the reform process be pursued successfully, without “professional prejudice” and in the best balanced manner. This leadership must be developed first in the “health sector”. We need this leadership to ensure that health services management can address “all spectrums” of “health problems and needs” of the population.

Ladies and gentlemen,

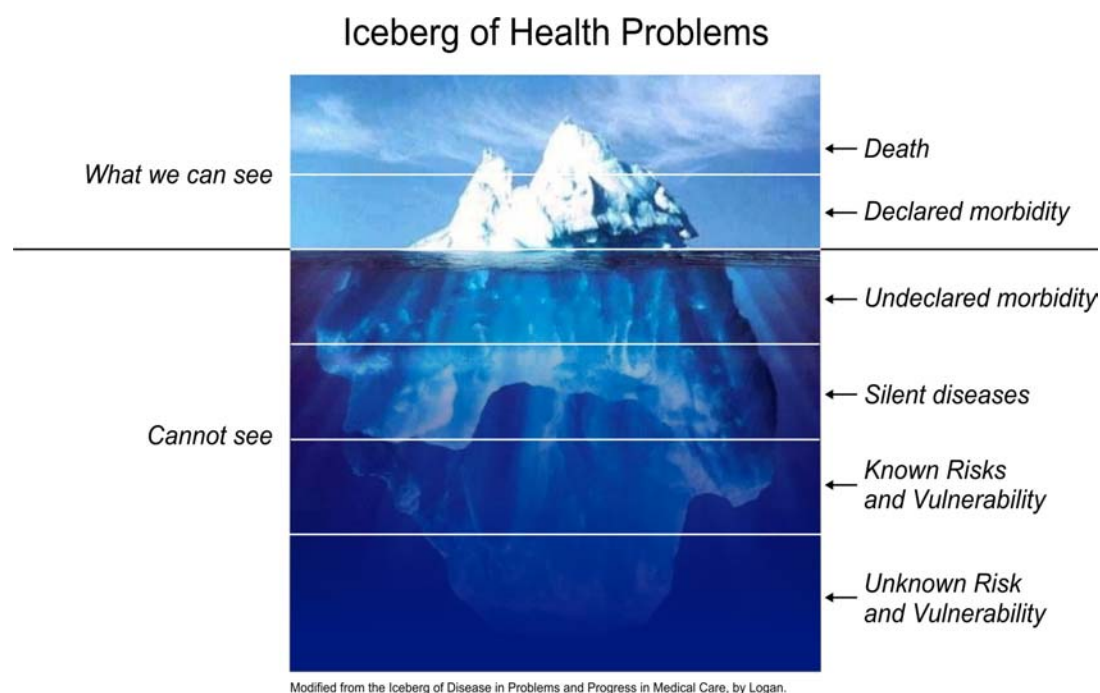
As far as health needs of the entire population in a community are concerned, I would like to remind everyone of their various facets. Understanding health problems and needs

is the first requirement for effective development and management of the health services programmes that are relevant and responsive to those problems and needs.

Now, I will use a simple illustration.

This simple illustration depicts a range of health problems in the population.

[The illustration is shown on screen]



Death or mortality is on the top of our concern. When people die, we can easily see, they die because of health problems due to various causes. Next to death, our attention is paid to individual persons, who come to health facilities with a complaint of ill-health. They come for medical attention and care from service providers, and this is what is termed “declared morbidity”. But death and declared morbidity represent only the tip of an iceberg, the part that appears above the surface of the water. This is the part that is easily seen by service providers, and that attracts most of the attention of the public.

At the same time, there are people with symptoms, with signs of illnesses but, for several reasons, they do not, or they cannot access health care facilities and may even be unwilling to come to health facilities for care. The reasons may be financial, logistical, or psychosocial, among other things. Whatever the reason, these people mostly escape the attention of service providers, especially service providers in the “formal health care institutions”. This class of health problems falls under the category of “undeclared morbidity”, and it lies unseen just beneath the surface of water as shown in the diagram. There are still other people, who are already diseased but without showing signs or symptoms. These are “silent diseases” or diseases mostly at their beginning stages, such as HIV infection, diabetes, hypertension, and carcinoma in situ.

There are also people who expose themselves or are exposed to various types of “health risks” and “vulnerability” that may be known, or may not be known to them.

The health problems that lie under the surface of water represent the significant part of the health needs of the population. Normally invisible, these health problems are not easily seen by service providers. These are the problems that need public health interventions through the “PHC approach”; among other social and economic interventions. Such problems need community-based interventions, for which certain population groups are targets. Health care and services need to be provided right in community to ensure coverage of the entire population. And such interventions need to adequately take into account social, cultural, economic and environmental determinants of health that prevail in community.

Distinguished participants,

With this perspective in view, management of health services delivery may need change. Health service providers need to pay more attention to the entire range of health problems and needs in community. We need management that can ensure balance in health care at all levels, maintaining the balance between preventive and curative care. We need a health services delivery system that can lead to comprehensive care provided through a “multidisciplinary” team.

The health-care system should recognize the important roles of “local governments” and “civil society” in managing decentralized health care delivery systems. The system needs to be able to appropriately shift tasks, and reprofile roles of health workers at various levels of care in order to ensure a reasonable “division” of responsibilities to maximize the efficiency of health services. We need a system that recognizes the important role of “community health workers” and “community health volunteers” who are already in the forefront of health-care delivery and serve the majority of the population at the grassroots level.

Ladies and gentlemen,

PHC is an important tool for “public health interventions”. The interventions certainly need to ensure:

- universal coverage,
- unlimited access to care and services by all people.

We need public health interventions to ensure that healthy care and services are provided with adequate recognition of fundamental rights to health of individuals; and with adequate recognition of “dignity” of clients. This is the recognition by service institutions and service providers.

The management of health services delivery has also to build “understanding” that PHC is quality care for all people, rich and poor, urban and rural.

PHC should be practised, both in “community” and in “health care institutions” including referral facilities. The health services delivery system has to ensure both that there will be adequate professional back up support to “community health work” for effective supervision and training, and also that there will be functional referral systems that provide continuum of care in the service delivery.

“The management” of the national health care system must recognize the important role of “education” and “research” institutions. These institutions help ensure at least the availability of “socially responsible health workforce”; and ensure the availability of “quality health care services”. As already mentioned, the adequacy of quality health care for all people depends on “appropriate application” of “PHC principles”. The concept has been broadly defined to allow flexibility in its application in all health care settings; institutional or otherwise, in a manner suited to specific situations in the world. The PHC approach should be used as the basis for “management reform” in health care system in any country. Reform should recognize “the essence” of “educational” and “empowerment” “processes”

the processes that are considered to be the important tools of public health interventions, wherein PHC approach can play a key role.

To reiterate, PHC approach can ensure adequate attention of service providers to “the entire range” of “health problems” and “needs” of the population. The ultimate aim of PHC is to educate and empower all people in community to be able to look after their own health and health of their community and also for them to be able to make the right decision regarding when to seek help from service providers. This ultimate aim of PHC is what we call HFA through PHC approach.

Distinguished participants,

Improvement in the management of national health services delivery needs reforms among others, in:

- health policy development to ensure decentralized services delivery
- development of health workforce to ensure socially responsible health workers; and to ensure unified multidisciplinary health team in community; and
- development of health infrastructure to ensure availability of out-reach health care facilities to cover the poor, vulnerable, marginalized and underprivileged people.

And even more important, reform is needed in effecting change in the allocation of health resources, to ensure their equitable distribution among population groups as well as between preventive and curative care. All these reforms need strong political will and commitment. To be successful, these reforms need untiring advocacy through the evidence-based messages to convince politicians and policy makers. All these challenges for the improvement of health services delivery “management” are formidable indeed, and hence our united efforts towards this common goal must be ensured. Let us pledge our unwavering commitment to the desirable changes towards more efficient and more effective health services delivery management in our countries.

Ladies and gentlemen,

I very much appreciate the opportunity to speak at this august gathering. I sincerely thank you all for your kind attention. I wish the Conference all the best and all success.

Thank you very much for your kind attention.