

Opening Remarks

By
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At

***Meeting of the South-East Asia Public Health Education
Institutions Network (SEAPHIN)***

Bangkok, Thailand
3-7 May 2006

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**DR SAMLEE PLIANBANGCHANG
REGIONAL DIRECTOR, WHO SOUTH-EAST ASIA**

Professor Pornchai, Professor Chalermchai, distinguished participants and colleagues, ladies and gentlemen;

I am very pleased to be here among distinguished public health professionals. I thank the organizers of the meeting for inviting me.

Ladies and gentlemen,

We just celebrated the World Health Day 2006, the theme which was “Human Resources for Health”, with the slogan: “Working Together for Health”. That day on 7 April, the World Health Report 2006 was also launched. The Report identifies various critical issues regarding the health workforce, with a number of proposed solutions, and also reiterates, long standing problems.

The problems highlighted in the Report are: Inadequate number of health workers; imbalance in their distribution between rural and urban areas, and migration of skilled health professionals to places of better pay and better living conditions, etc. Even though attempts have consistently been made at all levels to solve these problems, they remain unresolved even today. At the same time, we have tried to move in a new direction in the development of Human Resources for Health.

This is in connection with the advent of Health for All or HFA. This is the goal that we have pursued to ensure that all people in the world can live a socially and economically productive life. The World Health Assembly passed a resolution on Health For All in 1977; and the Global Strategy to achieve HFA was launched in 1981.

In practical terms, it was realized then that most countries in the world would not be able to produce enough health workers to pursue the goal of HFA successfully. It was also opined in this connection that "All people from all walks of life" must contribute to health development, in one way or the other.

The ideal way of achieving the HFA goal, is to be able to get everyone involved in health development. This is the basic idea behind the development of Human Resources for Health in the broadest sense.

However, in order to arrive at the desired outcome through that process, we must pay immediate and special attention to the existing health workforce which consists of various categories of health staff.

Colleagues,

We should appreciate that our efforts towards health for all have yielded commendably tangible health benefits. The health workforce has contributed greatly to these health gains. Today, our populations live longer and are healthier, even though HFA is still an aspirational goal. Nevertheless, as we see, much still remains to be done, if the goal is to be realized in the absolute term. The gap between “haves” and “have-nots” is still very wide indeed.

People are still struggling with a huge disease burden. The situation is further compounded by new, emerging and re-emerging infectious diseases. We, at the same time, face frequent disasters of increasing severity; either natural or man-made.

Moreover, environmental degradation is continuing unabated with tremendous adverse health effects. Globalization has brought a new dimension to health development, which needs a different vision in policy and strategy formulation.

Ladies and gentlemen,

With this scenario in view, health workforce of today may not be perfectly relevant to handle health problems of tomorrow. Given these challenges, we need to reform our health workforce to ensure its capacity to move forward towards health for all in the right direction.

Health services must be truly population-based, reaching out to all corners of the community, in both rural and urban areas. We need to produce a lot more public health workers and professionals to carry out public health programmes right in the middle of a community, in order to really serve the entire population.

The Public health programmes that need public health workforce are: water and sanitation; disease prevention and control; nutrition; maternal and child health, and many more. We need health staff multidisciplinary who can work multisectorally.

Such staff should have adequate social and ethical responsibility, and they should be culturally sensitive when working with diverse groups of a population. At the same time, we have to ensure adequate numbers of health staff to work particularly at the grassroots level. Such grassroots workers comprise community health workers/rural health staff of various types, such as nurses and midwives, etc. These people constitute an important part of the public health workforce; they move around to reach the unreached, and contribute ultimately to equity in health.

This is an important public health function in countries, such as in Thailand - a function that ensures the production and maintenance of adequate health workforce that serves the whole population with dedication and commitment. Such a workforce can help, in a big way, to promote and realize health for all through all for health.

Ladies and gentlemen,

We need adequate number of health workers who appreciate the development and maintenance of good health for all regardless of the socioeconomic status or religious and political affiliations of people. Such workers can contribute directly to reduction of the disease burden in the general population, through health promotion and disease prevention.

In a way, such reduction in disease burden can in turn help reduce the burden on services in health institutions, such as health centres and hospitals. This is the strategy that requires public health leadership; the leadership that can spearhead the development of health workforce at the grassroots level.

It is a formidable challenge indeed for a long-term vision of health development. If this is done, more health services will be provided through public health interventions, which place emphasis on health rather than on disease.

Such health services will be more socially, culturally, and ecologically relevant to the needs of people and community at large. Both people and communities will be empowered through such public health measures to be able to handle health problems effectively.

In this connection, I would like to inform this august assembly that WHO's Regional Office for South-East Asia is contemplating to revisit Community Health, and to promote another wave of movement to intensify the development and maintenance of community health workers.

This will be done under the current Public Health Initiative of the South-East Asia Region of WHO.

Ladies and gentlemen,

To fulfil our ambition in this direction, let us move forward vigorously towards the development of adequate number of public health leaders - leaders who can collectively effect a change in health systems, and who can influence policy change at all levels.

Such a change would lead to innovative ways for the development of health for all. Let us move forward dynamically towards the broad concept of health development, through the bottom-up process - a process that takes into account primarily the health needs and requirements of the poor, vulnerable, marginalized and underprivileged people.

Colleagues,

In view of its very broad scope, health development has to be pursued multisectorally. The opportunity for public health education, as we are now dealing with, should therefore be open to people from other sectors than health, as well.

Administrators of public health education should therefore be encouraged to create a multisectoral climate and environment in their institutions.

Ladies and gentlemen;

With this short note, I thank you all for your kind attention, and I wish you all productive deliberations throughout the course of the meeting.

Thank you.