

Address by

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At the

***Regional Meeting on Strengthening the Deployment of
Public Health Nurses in Support of Millennium
Development Goals***

***22-24 February 2011
Bangkok, Thailand***

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Excellency, Dr Aminath Jameel, Minister of Health and Family, the Government of the Republic of Maldives, Dr Prawase Wasi, Professor Emeritus Mahidol University, Dr Pajjit Warachit, Permanent Secretary, Ministry of Public Health, RTG; Professor Wichit Srisuphun, President, Thailand Nursing and Midwifery Council, distinguished participants, honorable guests, ladies and gentlemen:

I warmly welcome you all to the Regional Meeting on Strengthening the Deployment of Public Health Nurses in Support of the Millennium Development Goals. We recognize the important role of PHNs in striding forward towards these goals; that is why this meeting. This meeting is also a part of our effort in following up the outcome of the Regional Meeting on “Revisiting Community-based health workers and community health volunteers” held in 2007.

Distinguished participants,

“Public health nurses”, in some countries, are called “Community Health Nurses”. Public health nurses form part and parcel of the Community-based Health Workforce; the workforce that is the backbone of the HFA/PHC movement. The

workforce that contributes significantly to equity and social justice in health. In pursuing their functions, public health nurses along with other community health workers always give preferential attention to the poor, the underserved, the vulnerable and the underprivileged.

Substantially, public health nurses help ensure accessibility to health care by all people in the community in the remote areas and therefore they contribute to reaching the “hard-to-reach” or “unreached”.

Distinguished participants,

In health care, it is well known that “prevention” is better than “cure”. And prevention is cheaper than cure. The governments of our countries underline “preventive care” in their national health policies. Preventive interventions, to ensure the protection of people’s health, are carried out by public health nurses as their main functions. We need more effective preventive interventions; and therefore, among other things, we need more public health nurses.

We always have the most rational argument to convince our governments; to invest more in preventive interventions, and to invest more in strengthening the capacity of public health nurses; in order for them to do much more in “preventive care”; preventive care, among other things, can prevent the high health care cost, the skyrocketing of health care cost. Preventive care is the best health strategy to improve and maintain the quality of the countries’ human resources. The countries need the population/human resources with a strong potential to drive forward effectively the national, social and economic movement.

Distinguished participants;

By the year 2015, all countries in the world are expected to achieve the UN Millennium Development Goals. As far as we are concerned, at least the targets for health-related MDGs must be attained. These goals relate to:

- reducing child mortality;
- improving maternal, newborn and child health; and
- reducing morbidity and mortality from HIV/AIDS, TB, malaria and other tropical diseases.

There is no doubt that to attain these goals, we need robust “public health interventions”; the interventions that need to be implemented through multidisciplinary and multisectoral actions in the community; the interventions that need coordinating and organizing efforts of a community-based health workforce. To achieve the health-related MDGs, all targeted populations must be reached; these populations must have access to the needed health care. There are many obstacles for the poor and marginalized to be reached and to have such an access.

Community-based health workers, including public health nurses, have an important role to play in overcoming those obstacles; in particular, the socio-cultural and psychosocial barriers.

Furthermore, ladies and gentlemen, with increasing number of people with chronically ill-health conditions, there is a greater need for ambulatory care for these

people in the community whereby the services of public health nurses are in greater demand. Public health nurses will have to play a key role in community health care for the people with chronic, noncommunicable diseases.

Ladies and gentlemen,

Through the HFA/PHC movement during more than the past three decades, the overall improvement in people's health worldwide has been observed globally. However, such an improvement is not uniform, either within or among countries. There is still a wide gap in health prevailing between the "haves" and "have nots". The poor are still the hardest hit by ill health, they are "hard to reach" or "unreached". These people continue to face the basic health problems that stem from environmental and socioeconomic determinants. The poor have poor health because they are poor, illiterate, and belong to the underserved section of society. Unless the health of these poor people is adequately taken care of the attainment of health for all people will continue to elude us; will continue to be at a long distance from us.

We have to intensify our efforts in implementing the PHC approach through community-based actions; the actions that need to be effectively coordinated and spearheaded; primarily by the community-based health workforce. Public health nurses have an important role to play indeed in such a coordination and spearheading. With the genuine demand for their contribution to the attainment of health for all people and to the achievement of health-related MDGs it is an opportune time to revisit the role and functions of public health nurses with the view to further develop their capacity for maximum contribution to today's health development; especially at the grassroots level.

Educational institutions can effectively help in further development of public health nurses in adequate number and quality to help ensure that they are adequately equipped with essential knowledge, skills, and tools; to work effectively at the grassroots level. National professional bodies, like the Nursing and Midwifery Council, could help set standards of practice.

Associations or societies of nurses and midwives could work with the government and the community to create:

- enabling working environment;
- opportunities for career advancement; and
- appropriate welfare schemes and incentives.

The community and local government are the key partners in supporting the effective deployment of public health nurses.

Ladies and gentlemen;

All countries in the South-East Asia Region have experiences in the deployment of public health nurses. However, their roles and functions vary from country to country, and are not sufficiently documented. Thailand started education of public health nurses at the professional level several decades ago. This is a unique category of nurses in Thailand. This particular meeting is intended also to be a platform for sharing relevant information and experiences from the countries on the development and training of PHNs. WHO urges Member States to pay special

attention to the development and deployment of public health nurses. This is to maximally utilize the community-oriented potentials of this category of nurses.

At the end of this meeting, I hope, we would be able to agree on a regional strategic framework that might be useful as our collaborative tool for future cooperation among countries in this important area.

I would like to take this opportunity of thanking all participants and advisers for sparing their valuable time to attend this meeting. I overwhelmingly thank H.E. Dr Aminath Jameel and Professor Prawase Wasi for their precious time; as usual, we can expect to hear their inspiring and thought-provoking key-note addresses. I thank Dr Paijit Warachit for graciously agreeing to inaugurate the meeting.

Finally, ladies and gentlemen, I wish all of you productive deliberations and a fruitful outcome.

Thank you.