

Inaugural Address

By
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At

*Regional Consultation on Strengthening Health Systems
through Primary Health Care Approach*

18-20 April 2007
Pyongyang, DPR Korea

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REGIONAL DIRECTOR, WHO SOUTH-EAST ASIA**

Your Excellency, Prof. Dr Choe Chang Sik, Minister of Public Health;

Distinguished participants;

Honourable guests;

Ladies and gentlemen;

I warmly welcome you all to this important Consultation on Strengthening Health Systems through PHC approach. At the outset, I would like to thank the Government of the Democratic People's Republic of Korea for agreeing to host this Consultation. I thank H.E. Prof. Dr Choe Chang Sik, Minister of Public Health, DPR Korea, for accepting to grace and inaugurate the opening of the meeting. My thanks are also extended to the concerned staff members of the Ministry of Public Health and WHO Country Office for the excellent arrangements made for the meeting.

Strong health systems are a prerequisite for the achievement of national health goals, including the Millennium Development Goals (MDGs). Without health systems that can ensure equitable health care, it will not be possible for countries to scale up the activities to prevent and control diseases. Health systems comprise all organizations, institutions and resources that are devoted to health actions. Health actions are efforts made, either in providing personal health care, or public health services; public health services are services delivered through multisectoral initiatives. The primary purpose of these efforts is to improve the health and well-being of the population. In addition, health systems have the responsibility to protect people from the financial costs of illnesses. Also, health systems must ensure that, in the process of providing care and services, the fundamental rights of consumers are fully recognized, and the consumers are treated with dignity in such a process. Today, there are several issues and challenges involved in the

functioning of health systems. There is lack of access to care, especially by the poor, the underprivileged, the marginalized and the vulnerable. This is due partly to the lack of equitable distribution of health resources, particularly in the form of services. The lack of access to care contributes to inequitable health outcomes. This creates a gap between the “have” and the “have nots”. As a rule, the “have nots” are usually those who are poor, underprivileged, marginalized and vulnerable.

Health Systems still have a long way to go to be able to ensure quality health care for all and everywhere. Certainly, people continuously need health services for their families, and communities and at their workplaces. And they also need integrated services to be organized at health facilities, especially in their communities, near their families. However, health systems are yet to meet these requirements and thereby satisfy all segments of the population. We are also facing a paradox in health services delivery. We are longing for more health facilities, and more health staff at village and community levels. However, in many countries the available health infrastructures and facilities in those locations are poorly utilized. This is an issue which is related to the responsiveness of health systems, to the needs, demands and requirements of people.

There are many explanations for the underutilization of health services. People do not avail of the health services because health facilities are too far away from their homes. This matter relates to the physical distances involved. However, even if the facilities are not too far, there are no roads, and no transportation. It takes a long time for people to visit the health facilities. This is thus an issue about the time involved. Secondly, people may not avail of the services because they have no money to pay for them. This is the financial reason. And, no less important, people may not come to health facilities because of the psychosocial gap. They do not understand the language spoken by health staff. Villagers may even be scared of the uniforms used by health care personnel at health centres. And they may not be treated with adequate dignity. This may be because they are poor; or due to their ignorance because of a lack of education. Often, people do not come to health facilities, especially in rural areas, because of the poor quality of health services. In order to improve health systems, all these and other factors must be taken into consideration: including the social and cultural dimensions involved.

As reflected earlier, health systems have a very broad concept that encompasses the work of many professions and sectors. To be effective in operational terms in strengthening health systems, we should first focus our attention on health infrastructure. The infrastructure within the health sector is more manageable in the short and medium term. Simultaneously, we have to work hard for a long-term improvement of health by other sectors. This is very important, especially in

the context of “Healthy Public Policies”, policies whereby all sectors have to have the “health concern” incorporated into in all their development endeavours.

We will now discuss the topic of Strengthening Health Systems through Primary Health Care Approach. Primary health care came into formal existence in 1978 through the Alma-Ata Declaration. Its original definition is reflected in the Health For All Series No. 1. It is a definition that is conceptual, and generic. It therefore, can be applied easily according to the local needs of countries. And its implementations are therefore different from one place to another. However, the primary purpose of primary health care is to ensure health for all; to close the gap between the “haves” and the “have nots”. Health in the context of HFA, is a state whereby all citizens in the world can live a socially and economically productive life. Therefore, health in such a context is a social goal. It was envisaged at the beginning of the Alma-Ata declaration that HFA could be attained through the primary health care approach. Primarily, Primary health care is care to be made available, and socially acceptable to all people at the grassroots level. Primary health care aims to promote and support the involvement of people of all walks of life in their health development. This is what we call “Health for All and All for Health”. Such involvement of people must be at various levels; individual, family, community and national.

Significantly, the goal of Health for All can be achieved if all people are involved in such a process through the primary health care approach. Primary Health Care is to ensure that health services reach the unreached everywhere, both in rural and urban areas. It also aims to promote equity and social justice in health; it aims to promote local ownership of care and services at the community and grassroots levels; and, primary health care is to promote social control of health technology. During the past almost 30 years, primary health care has contributed very significantly to the improvement of health of people at all levels. There are numerous success stories related to primary health care; these success stories have been documented all over the world during these long years. Nonetheless, since 1978 until now, the world has changed remarkably. Primary health care needs to be revisited. This is in order to ensure its relevance to today’s health development. In our efforts to strengthen health systems through the primary health care approach, our focus should be on health infrastructure - an infrastructure that deals primarily with health policy, governance, human resources, finance and facilities, etc. We should pay particular attention to development. In this regard, the development of community-based health workforce is very critical. Such a workforce can contribute significantly in achieving equity and social justice, and in reaching the unreached and universal coverage. It can also lead to a substantial reduction of the disease burden through health promotion and disease prevention. Such reduction of disease burden will certainly help in poverty reduction at the community, and ultimately at the national level. It will mark a long way forward for all countries in their efforts to have efficiently functioning health systems.

I am confident however, that with our combined wisdom and mutual concern, we will be able to come out through the course of this meeting with a practical set of recommendations - recommendations that can take us forward in our endeavours to ensure quality health care and services for all people. Last but not the least, please keep in mind in this exercise that health systems are an integral part of country governance. Therefore the strategy for healthy system strengthening must be country-specific, responding to country-specific situations and needs.

Finally, I wish the Consultation all success.

And I wish all of you an enjoyable stay in Pyongyang.

Thank you.