Reflections and preliminary recommendations
Conference
« Primary Health Care in Times of Globalisation »
‘Alma Ata, Back to the Future’
26-27 November 2008
Do we speak the same language?

- Primary Health Care: «essential care, whether promotive, preventive, curative or rehabilitative care, negotiated with the people based on subjective and objective needs, and with their active involvement towards well-being underpinned by justice and equity»

- In short: a balance between rationalisation and participation

- Should we still use the name ‘PHC’ for what we mean?
Do we agree on a shift back to the future?

From a strongly disease-, hospital-, and technology-oriented Health Care (with values such as effectiveness and efficiency) back to a future of

a people-oriented, system-oriented and comprehensive Health Care for ALL (with values such as equity, participation, autonomy including effectiveness and efficiency)

in order to move towards greater well-being
Do we accept the reality of complexity?

“complicated systems that can be fixed with the right technology”

“complex systems driven by social actors who cannot be controlled like robots.”

(Glouberman and Zimmerman)
Do we accept the consequences of accepting complexity? (1)

- To assume some obligations to reinforce Health as a right (for example access to quality medicines)

- To negotiate with people at individual and collective level, to clarify their needs

- To involve health workers at all levels, whether formal or informal, to express their commitment

- To promote constructive interaction within the health system and with a multidisciplinary approach
Do we accept the consequences of accepting complexity? (2)

• To organise Health Care starting from the reality of pluralism

• To foster leadership with vision, consistency and transformational skills, willing to share power, able to accompany a continuous change process and able to promote learning

• To move beyond dogmas (disease-control programs vs. horizontal care; project-approach vs. budget-support; established health care vs. Informal health care) and start from reality

• To work at the longer term giving time to dynamics to mature
Do we accept the consequences in terms of human capital?

• To ensure ‘availability x motivation x competence’ of health workers

• To foster a complementary role between health workers in the public system and those in the private and informal system
Do we accept the consequences in terms of financial resources?

• To ensure sufficient, predictable and long term financing of health systems (for instance 51 instead of 15% of GF towards PHC by 2015?)

• To empower of local communities by providing greater voice in the control of resources

• To balance, considering all social determinants, funding for Health Care with funding for other sectors with the perspective of achieving greater well-being
CHANGE?
YES WE CAN
Agenda at political level (1)

- For all decisionmakers to be responsive towards changing needs of individuals and communities and respond to growing urbanization, climate change, epidemiological transition, ageing,…

- All actors to promote and to take action upon the Global watch Report, the report on Social Determinants and the World Health Report at the same time through individual commitment as well as through alliances and networks
Agenda at political level (2)

• For governments to listen to their citizens and to develop balanced policies in order to assure that economic development contributes to public well-being (redistribution of power and resources)

• For governments to embark on a continuous dialogue with all players, whether public or private, formal or informal, concerned by Health Care or Health in general

• For governments to develop a comprehensive policy for human capital based on negotiation with the (health) personnel

• For MOH and the donor community to strengthen dialogue across ministries in order to promote well-being
Agenda at political level (3)

- For the international community to align to nationally owned policies and to field needs

- For the international community to ensure a long term commitment respecting the dynamics of complex processes instead of seeking short term results
Agenda at political level (4)

• The WHO to take leadership in bringing clarity on the renewed paradigm regarding comprehensive health and Health Care and set out the rules

• The donors and decision-makers to realise that strengthen the health care system is more than removing specific obstacles to implement programs

• Those in charge of Health Care systems to exploit the expertise and resources of disease-specific programs to enhance comprehensive care
Agenda at political level (5)

- For the international organisations to seize the Paris Declaration and Accra statement as an opportunity to profoundly rethink their own organisational culture, structure and modes of collaboration.

- For the international agencies to invest in technical expertise but focusing on processes and not exclusively on results.
Agenda at political level (6)

• For the belgian cooperation to take leadership in the debate regarding the operational strategies and to take up commitments to the policy paper on ‘right to health and health care’

• For the belgian cooperation to reform internal administrative and financial procedures to create a conducive environment to allow health interventions to support the development of people-oriented, system-oriented comprehensive care at the longer term

• For the belgian cooperation to take up its responsibility in order to assure the right to equitable health care (eg. access to quality drugs and diagnostics)
Agenda at operational level (1)

• To always keep a sectorwide (and a multisector) perspective whatever your entrypoint is of support to the Health or Health Care system

• To build trust amongst all actors concerned by the Health system

• To develop strong technical and transformational skills at all levels of the Health system

• To step up efforts to harmonize training in order to reduce fragmentation and to increase availability of health workers at service level
Agenda at operational level (2)

• To better share operational experiences in order to demonstrate how comprehensive health care can be delivered

• To assure monitoring at all levels, starting from the community level up to global ‘watch’ mechanisms, regarding health care but also health equity and social equity

• To develop and use in a participative way ‘new’ indicators (monitoring equity, involvement of local communities, comprehensiveness of care, quality of interactions within the Health system…)
Research agenda (1)

- To focus on generating information and evidence for policy and reinforcing communication channels between field level and policy level

- To foster research based upon local needs instead of mainly upon an academic agenda

- To conduct action and operational research ‘in vivo’ conditions and concentrating also on processes and not only on outcomes
Research agenda (2)

- To create partnerships between research institutions taking into account new international relationships including south south cooperation

- To actively promote the development of an institutional memory within the international cooperation agencies and its partner countries
Agenda involving other actors

• For private companies, in particular the pharmaceutical companies, to take serious their Corporate Social Responsibility and balance their drive towards greater welfare with their social task towards greater well-being
How to achieve this?