

40 years after Alma-Ata. Primary Health Care in 2018 and beyond, in South and North

Institute of Tropical Medicine (Aula Janssens), Antwerp, Tuesday 23 October 2018

PROGRAMME

Registration & coffee	8:30		Annelies De Potter & Isa Bogaert
Opening session Chair: Juliet Nabyonga (WHO Africa)	9:00	Welcoming and invitation to ITM Director to open symposium	Bart Criel, ITM & Juliet Nabyonga, WHO Africa
		Introductory words & symposium opening	Bruno Gryseels, Director ITM
		Presentation of the symposium and its theme Primary Health Care	Bart Criel, ITM
The WHO declaration and 'alternative' views Chair: Juliet Nabyonga (WHO Africa regional office Harare)	9:30	WHO 2018 declaration on PHC	Presenter: WHO Geneva representative: Dirk Horemans Panel: Reaction on the draft Declaration: - Medicus Mundi International: Remco van de Pas - Viva Salud & People's Health Movement: Julie Steendam - "Emerging Voices": Nandini Sarkar
Coffee break	10:30		
Country-cases of PHC Chair: Sumit Kane (University of Melbourne)	10:50	1. The case of Thailand 2. The case of Benin 3. The case of Guatemala 4. The case of Belgium	1. Suppatra Srivanichakorn (MOPH Thailand) 2. Kéfilath Bello (CERHHUD, Benin) 3. Guillermo Hegel (Municipal health services, Guatemala) 4. Roy Remmen (University of Antwerp, Belgium)
			Panellists: the 4 speakers
Panel debate & interaction with audience Moderation: Sumit Kane (University of Melbourne)	12:10		
Introduction afternoon	13:00	Introduction to afternoon group work sessions	Bart Criel, ITM
Lunch break	13:05		

Parallel break-out sessions	14:15	<p>PHC and...</p> <ol style="list-style-type: none"> 1. Epidemiological and demographic transitions: the case of NCDs and ageing populations. Both a challenge and an opportunity for PHC? 2. The human resources development dilemma in PHC: do we go for health care specialists or do we opt for social and health development leaders? 3. Disease specific approaches and PHC : contradiction or alliance? 4. PHC and emergencies: is system resilience the answer? 5. The role of the private sector: gateway to marketization or untapped potential to strengthen PHC? 6. Current challenges for the Primary Health Care approach: can cities show a way forward? 	<p>In each of the 6 parallel sessions, introduction by an expert (15'):</p> <ol style="list-style-type: none"> 1. Jan De Lepeleire (KULeuven) & Dorothy Lall (IPH Bangalore) 2. Jean Macq (UCLouvain) 3. Marie Laga (ITM) 4. Willem van de Put & Wim Van Bortel (ITM) 5. Elisabeth Paul (ULBruxelles, ULiège) 6. Werner Soors, Katja Polman, Bruno Marchal (ITM)
Group work	14:30		
Coffee break	15:45		
Plenum session Chairs: Karel Gyselinck (Enabel)	16:15	Feedback by the rapporteur of each group: 5 minutes per group	
Panel Chair: Karel Gyselinck (Enabel)	16:45	Final panel debate	<p>Panellists:</p> <ol style="list-style-type: none"> 1. Representative KIT Amsterdam (Yme van den Berg) 2. Representative of ITM faculty (Ludwig Apers) 3. & 4. Representatives of ITM's student population: MPH and Postgraduate Introduction International Health (IIH) 5. Representative of ITM's South partners (Faustin Chenge, DRC) (TBC) 6. Elies Van Belle (chair be-cause health)
Closure of Symposium	17:30	Concluding words & closing of the ceremony	Bart Criel, Marianne van der Sande
Closing Drink	17:45		

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Abstracts of break-out sessions

1. Epidemiological and demographic transitions: the case of NCDs and ageing populations. Both a challenge and an opportunity for PHC?

Jan De Lepeleire (KULeuven) and Dorothy Lall (IPH, Bangalore, India)

Non-communicable Diseases (NCDs) and ageing are important phenomena in society and therefore important to health care systems all over the world. High level meetings of the UN on NCDs and their inclusion as an SDG target (3.4), allude to the rising importance of NCDs in the global health and development agenda. NCDs are the leading cause of death, globally. And yet, have the epidemiological and demographic transitions resulted in the same challenges for high, low- and middle-income countries? Do we understand ageing and NCDs as the same or as two distinct phenomena? What are the implications of their relatedness? Do we need a different frame for issues of chronicity, a different response from health systems and where are the patient, the person and the people in this frame? Is PHC well aligned and equipped to address prevention, continuous and coordinated care? In this session we aim to debate and discuss these issues in order to better understand the role of PHC, its challenges and opportunities in responding to NCDs and ageing.

2. The human resources development dilemma in PHC: do we go for health care specialists or do we opt for social and health development leaders?

Jean Macq (UCLouvain)

The development of human resources for health (HRH) is at a crossroad in many countries worldwide. On the one hand, in a context of demographic and epidemiologic transitions, more focus goes to defining health as a positive state, including the capacity to cope and live a happy life despite chronic health problems. On the other hand, strong “driving forces” keep HRH in a mere (technical) function of preventing, diagnosing and treating diseases. These divergent views impact the design of training curricula, provider payment systems, and even economical forces in society. There is increasing evidence that social determinants play an important role in people’s health. This calls for the development of human resources in such a way that a continuum of care between family, community, first line care and specialized medical care is ensured, and social dynamics boosted through smooth interaction between the various development sectors. This groupwork should explore ways and strategies to resolve this dilemma, including new training modalities of PHC staff, deeper investigation of the role of community health workers, and considering of the inclusion of social workers as fully recognized members of primary health care teams.

3. Disease specific approaches and PHC : contradiction or alliance?

Marie Laga (ITM Antwerp)

In the last 15 years, major efforts have been made to address priority health problems with specific targeted initiatives such as the Global Fund for AIDS, TB and Malaria. Those new funding mechanisms have undoubtedly contributed to an impressive decrease in morbidity and mortality in the most affected countries. More than 20 million people now have access to life saving antivirals in the poorest countries, and the incidence of malaria and its related mortality in children have been declining dramatically. However, the effect of those new earmarked funding streams on health systems, and in particular on Primary Health Care, has been a subject of ongoing and lively debate. Reports have been published on the disruptive effects of disease specific approaches on health systems leading, amongst others, to distortion and fragmentation of the supply of care and jeopardization of more comprehensive approaches to health. Others believe that those new funding streams provide unique (but often missed?) opportunities to arrive at synergies with health systems and PHC. In this session we aim to address this controversy by presenting a summary of the available evidence in this dispute, and actively invite the audience to share experiences and opinions, and explore opportunities and conditions for specific disease control programmes to *strengthen* PHC.

4. PHC and emergencies: is system resilience the answer?

Willem van de Put (ITM Antwerp) & Wim Van Bortel (ITM Antwerp)

In times of emergency, all three pillars of the modern PHC concept in the forthcoming Astana declaration are impacted: people and communities, multi-sectoral policy and action for health, and strong health services. The PHC approach vis-à-vis emergencies aims to *strengthen resilience* throughout these three pillars. Resilience strengthening must of course be context-specific. The internationally emerging resilience approach builds on the positive characteristics of the community: it is deemed to be potentially less costly and is in line with increasing political aspirations to reduce state responsibility. These positive factors are presented as gains – but there is legitimate concern that the concept of resilience could mask important equity issues. In this session we aim to look at the relation between the concepts ‘resilience’ and ‘equity’ in Primary Health Care.

5. The role of the private sector: gateway to marketization or untapped potential to strengthen PHC?

Elisabeth Paul (ULiège-ARC Effi-Santé & ULB)

The private sector plays an important part in the provision of primary health services, including in LMICs, and some institutions recommend strengthening its role in the context of UHC policies. However, despite the scale and significance of the phenomenon, (i) the ‘private sector’ covers multiple realities; (ii) limited conceptualization and in-depth empirical investigation of public-private partnerships has happened so far; and (iii) some authors claim that the pragmatic view which favours strengthening the role of the private sector opens the way to the marketization of health services and jeopardizes the goals of equity and universal health coverage. This session aims to discuss the opportunities, threats and limits of involving more private healthcare providers in PHC and UHC policies in various contexts.

6. Current challenges for the Primary Health Care approach: can cities show a way forward?

Werner Soors, Katja Polman & Bruno Marchal (ITM Antwerp)

The Alma-Ata Declaration reframed health and health care, calling for participation, multi-sectoral collaboration and even a new economic order, all centred around the Primary Health Care (PHC) approach. Among the setbacks the PHC approach suffered were piecemeal participation, insufficient multi-sectoral collaboration and the difficulty to adapt PHC to urban environments. Rapid urbanization is an increasing challenge for the realisation of PHC: since 2007, more than half of the world's population lives in cities, and by 2050 this will be 68%. The Health-in-All Policies (HiAP) approach provides an opportunity to address social and economic health determinants beyond the health sector, but is in itself insufficient to guarantee participation and is limited to formal public policies. Besides, both PHC and HiAP lack an ecological dimension. Indeed, adding to the challenge of improving well-being and health is the deteriorating health of our planet. In this session, we explore how the urban challenge could possibly also be an opportunity.