

Summary Report

10th Annual Briefing of the NGO Advisory Group on Health Promotion 16 May 2007, Palais des Nations, Geneva

Integrated primary Health Care - *From Vision to Action*

The following summary describes the main discussion outcomes from the 10th Annual Briefing of the NGO Advisory Group on Health Promotion, held during the 60th World Health Assembly, Geneva in May 2007.

The session was titled Integrated Primary Health Care *From Vision to Action* and served to address the following three questions:

1. How to bridge the gaps between policy and action?
2. What are the obstacles?
3. What could be the solutions?

1. How to bridge the gaps between policy and action

Dr Grace Allen-Young started the session by detailing the roles of the government to provide leadership in public health and facilitate policy implementation, while non-governmental organisations (NGOs) have a role to play in bridging the gap between policy and action by being sensitive to the needs of the community and responding accordingly. *Dr Allen-Young* used examples of actions taken in Jamaica to illustrate the need to empower communities and develop health promotion partnerships. There was a particular focus on youth in the work done in Jamaica.

In his position as president-elect of the International Diabetes Federation, Professor *Jean-Claude Mbanya* continued by using action against the increasing prevalence of diabetes as an example of ways to bridge the gap between policies and action. He referred to the resolution passed by the United Nations General Assembly in December 2006, which establishes the global agenda for the coming fight against the diabetes pandemic.

Dr Harry Jeene continued that to bridge the gap between policy and action would ultimately require a major shift in thinking. Communities and primary health care stakeholders must work together to promote change and civil society must influence the priority given to public health care in the political agenda, through actions such as voting at general elections (every five years) and by working and lobbying with the general public.

Dr Akanni Sorungbe described how decentralisation of the health care system is needed and how primary health care should be the first point of contact of the public with the health care system. He specified the needs of Nigeria in order to bridge the policy-action gap and this included providing enough financing at a local level to fulfil primary health care needs. Attempts already made in Nigeria include strengthening of the primary health care infrastructure and developing new primary health centres as well as the merging of the National Program on Immunization with the National Primary Healthcare Development Agency.

Xuan Hao Chan then went on to focus on the actions that NGOs can take to bridge such gaps that governments can not. Examples included monitoring the outcome of the work of governments and being honest and transparent in their evaluations. He went on to suggest that the key elements that should be implemented by NGOs include creating a common interest between NGOs from different backgrounds and interests and building a synergistic approach in this way.

2. What are the obstacles faced in integrating primary health care

One obstacle to bridging such gaps between policy and action was described by Dr Allen-Young as ‘programme institutionalisation’ – something that occurs as a part of all projects.

Continuing with the specific topic of diabetes, Professor Mbanya commented that one of the many challenges in the development of national policies for the prevention of diabetes is to understand better the environmental and societal factors that are driving what has been called the epidemic of the 21st century.

Dr Jeene reiterated that unless there is a change in approach to health care as well as the changes in health being seen throughout the world, such gaps would not be closed and the ability of communities and policy makers in the primary healthcare setting to start working together to promote health may be a limiting factor.

Obstacles faced in Nigeria in integrating primary health care and described by Dr Sorungbe included lack of commitment to the implementation of the three-tiered health system (with primary health care intended to be the central focus), primary health care not being seen as the first point of contact with the health system and the existence of fragmented and parallel delivery of health care services, rather than integrated health care services.

Xuan Hao Chan took an educational perspective and described the need for there to be standardised competency frameworks and assessments against which all health care workers should be assessed and skills mapped.

3. What could be the solutions to bridging the gaps between policy and action in integrated primary health care

Dr Allen-Young concluded her presentation by emphasising the need for enabling people to improve their own health by integrating targeted lifestyle activities into healthcare programmes to address risk factors. She also mentioned the further need for a greater involvement of professional organisations to ensure successes.

This message was echoed in the response of Professor Mbanya, who stated that strategies must be developed that involve everyone – not just government input but also for civil society and industry to work together to solve the problem. While increased public awareness is required of the prevention of type 2 diabetes and the responsibility of individuals and families over the lifestyle choices they make, strategies must also be developed to address the negative changes to the living environment that is behind the pandemic. These strategies will demand whole government actions and not just the actions of agencies responsible for healthcare.

Dr Jeene used the term “political dynamite” to describe what was needed to move health policies forward and stated that major shifts in thinking about health will only

work if communities and politicians start working together in the primary health care setting to promote health.

Dr Sorungbe finished his address by reinforcing his message of the importance of primary health care settings being the entry point into the health system. He also commented on how interesting and valuable it had been to hear what individual countries were doing to bridge such gaps between the policy and action levels and was inspirational for other countries.

Xuan Hao Chan's concluding remarks emphasised that in order to achieve solutions, NGOs needed to be valued as powerful social drivers that can work efficiently with governments and communities to drive change and the need to look at the experiences of health care professionals of future generations to progress and maintain integrated primary health care.

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