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SELECTED ISSUES CONCERNING THE PROMOTION OF HEALTH AND DEVELOPMENT IN THE ESCAP REGION: CAPACITY-BUILDING FOR PUBLIC HEALTH

(Item 5 (c) of the provisional agenda)

Note by the secretariat

SUMMARY

Public health is an evolving and dynamic field of action and knowledge that aims to restore, protect and promote people's mental, physical and social well-being. It emphasizes prevention rather than cure through collective actions to address the underlying causes of disease and foster conditions in which communities or population groups can lead healthy lives.

Public health practitioners include a wide range of professionals. Among them are policy analysts, epidemiologists, demographers, social and behavioural scientists, health promoters, social workers and community health workers. The development of their ability to meaningfully involve communities in public health, work in multidisciplinary teams and communicate with government and community leaders is as important as training them in technical skills. Public health practitioners need to have a solid understanding of the social, economic and environmental determinants of health to be able to play a useful role in their health impacts.

Communities and civil society organizations are key allies for public health. Building their capacity for public health requires more attention than has been given in recent years. There is scope to build on their initiatives to expand the resource base for public health.

This document provides an analysis of the capacity-building requirements for priority public health problems and elaborates on some key aspects of capacity-building in public health. It supplements the other three secretariat documents on the determinants of health, investing in health and the draft framework for strategic action on promoting health and sustainable development.

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Introduction

1. At its historic sixtieth session, held in Shanghai, China, the Commission adopted resolution 60/2 of 28 April 2004 containing a regional call for action to enhance capacity-building in public health. In doing so, it recalled the internationally agreed development goals in the Millennium Declaration, especially those that were health-related, and General Assembly resolution 58/3 of 27 October 2003 on enhancing capacity-building in global public health.

2. The Asian and Pacific region, with 62 per cent of the global population, has shown consistent economic progress and dynamism over the past few decades, which in turn has contributed to improving the living conditions and health of its people. It also has a wealth of rich cultural, spiritual, health and healing traditions.

3. However, global macroeconomic policies and trends are affecting the region, resulting in loss of livelihood, increased distress and migration, environmental pollution and destruction, and an increase in conflict. These deeper social, economic and environmental determinants have a major impact on the health of people, fuelling the transmission of disease. The cost of health care is rising, while public expenditure on health is declining. Health gains achieved over five decades are beginning to be reversed in some population groups and countries. Inequities in health status and access to health care are growing.

4. The capacity of public health systems to deal with these problems is not keeping pace with the escalation and evolving nature of public health challenges. The emergence of HIV/AIDS, severe acute respiratory syndrome and avian influenza serves as a wake-up call to the region and a challenge to its health systems. Older, long-standing problems such as tuberculosis, malaria, diarrhoea and undernutrition also take a heavy toll in suffering and death, without attracting as much media and political attention. There is an urgent need to revitalize public health and its practice, and strengthen health systems, building on the infrastructure, experience and expertise developed over the past decades.

5. Capacity-building for public health to respond more effectively to emerging health problems in their development context would benefit from strengthening the knowledge and skills of public health personnel and expanding the pool of human resources for public health. Such expansion could be through mobilizing actors, such as communities and civil society organizations (CSOs), for public health. The initiative for public health capacity-building must enable the greater involvement of communities, especially the poor and vulnerable groups, in decisions that affect their health.

I. PUBLIC HEALTH AS AN INTERSECTORAL INSTRUMENT FOR EQUITY AND SOCIAL JUSTICE

6. Public health is an evolving and dynamic field of action and knowledge. The practice of public health care and improved economic and living conditions have resulted in major health gains for populations in several countries since the early nineteenth century. This occurred through social policies introduced even before the development of vaccines and antibiotics and included measures to improve sanitation, hygiene, water supply, housing, nutrition and social security.

7. The primary health-care (PHC) approach as a strategy to attain the international social goal of "Health for All by 2000" was articulated at the landmark Alma-Ata Conference in 1978. It drew on community-level experiences and challenges from different continents, including Asia and the Pacific.

8. The Alma-Ata PHC strategy was rooted in the principles of equity and social justice in health and health care. It expanded the scope for public health through highlighting the importance of increasing social control and democratic political processes governing health and related services. It attempted to give communities a greater voice in health systems through decentralization and institutional mechanisms for participation in health decision-making.

9. In moving beyond curative health care, PHC stressed intersectoral collaboration to address the deeper determinants of health. To reach the social goal of health for all, PHC emphasized self-reliance at the individual, community and national levels and recommended the use of appropriate technology to serve the needs of people. It promoted social means to reach these goals. However, some countries have persisted with PHC and maintained their health gains, while others have not fully implemented the PHC principles and thus not reaped the benefits. The challenge is to more deeply address the social, economic and environmental or developmental determinants of health.

10. Public health capacity-building within and outside of the health sector, combined with increased investment in health and sustainable development, would facilitate the achievement of the Millennium Development Goals.

II. HUMAN RESOURCES DEVELOPMENT

A. Analysing the resource gaps

11. Developing a pool of well-trained, competent, highly motivated professionals and workers in public health is a priority for all countries in the region. Within the public health system in many countries of the region, there may be a need for analysis of the human resource gaps. The gaps may occur due to factors such as a physical lack and/or a maldistribution of human resources. The human resources, even if available, may require skill upgrading or retraining. Analysis of the gaps would facilitate planning and forecasting of the number of trained public health personnel required at different levels of the health system.

12. Capacity-building in public health needs to transcend mere technical knowledge to include the development of a service orientation which enables public health personnel to be more responsive and accountable to those whom they are employed to serve, particularly the poor and groups who tend to be excluded from health services.

13. Public health service delivery has become more complex with a multitude of interventions that require simultaneous implementation. They range from antenatal care and immunization to focused disease control programmes, such as malaria and tuberculosis programmes. Most of these interventions are implemented by the same public health workers at the ground level. With the trend towards decentralization, there is growing pressure on grass-roots public health workers to manage a far more complex range of tasks than they have been trained to undertake, including managerial, financial and reporting functions.

14. In much of the region, the scope of public health training remains narrowly confined to the health sector. Many factors such as the supply of clean drinking water, the provision of adequate sanitation and other measures to control environmental pollution directly impact health. Yet the training of personnel responsible for environmental measures tends to exclude an understanding of the health impact of their work. Thus, training to ensure a public health orientation needs to be introduced into the capacity-building of workers in diverse sectors.

15. The development of sound and comprehensive policies that have a positive public health impact requires that policy makers in all development sectors understand and act on the wider concept of public health. Public health administration is a specialized function to be discharged by trained public health professionals, rather than generalists, who may simply be assigned as a matter of routine.

B. Enhancing the scope of the public health curriculum

16. There is considerable scope to enhance the public health curriculum of health professionals to expand their capacity to understand and address the impact of the development determinants of health. Many countries of the region do not have institutions that offer such courses. Furthermore, the public health programmes are staffed by personnel who have a clinical orientation, but not a public health one. There is much value in investing in institutions that develop in public health personnel the skills that enable them to discharge their public health functions in the specific contexts of their work environments.

17. For decision-making in public health, reliable data and information tend to be unavailable. Even if data and information were to be available, to use these effectively would require analytical skills which may not be readily available in some parts of the region. To meet this gap, specific skills for designing, assessing and financing interventions would be required. Health policy analysts and health managers are two professional groups whose contributions could be vital to public health.

18. Health impact assessment (HIA) is an evolving approach that could be used to consider the potential, or actual, health impact of a proposed policy, programme or project. HIA is helpful for understanding and dealing with risks to health before they become unmanageable. It is encouraging that many countries of the region now undertake some form of HIA or have ongoing programmes to assess the health impact of policies and proposals. There is scope to enhance the HIA capacity not only of health ministries, but also of other ministries whose decisions and actions impact on health.

19. Public health practice is often perceived to be an expert-driven, prescriptive approach. At its interface with people in the Asia-Pacific region, who have their own culture and knowledge base, public health practice has to take into account the cultural values and belief systems of the societies of the region, as well as utilize the region's rich knowledge base and traditional health and healing practices.

20. Over the past decades, much experience has been gained through community health and development initiatives in the voluntary sector in the use of participatory and experiential learning methods. These methods include self-awareness and reflection, teamwork, social skills and an understanding of culture and community dynamics, spiritual and ethical dimensions of health and public health ethics. They have been used in the education of professionals to increase personal motivation, enhance ability to support communities and facilitate networking among public health workers.

21. Personnel in charge of health facilities at all levels play an important role as health team leaders. Exercises in leadership training, communication, teamwork, gender sensitization, social analysis, understanding community dynamics and community organization, and public health ethics are important to supplement the traditional components of public health training.

22. In several countries there has been a mutually enriching interaction between modern public health systems and indigenous systems of health and healing. Indigenous systems and practices that are beneficial to health need to be appropriately reflected in the training of public health workers and professionals.

III. GREATER COMMUNITY INVOLVEMENT IN PUBLIC HEALTH

23. The participation of communities and CSOs brings new institutional, technical, political and financial resources to public health. For this to occur, capacity needs to be created for evolving policies and programmes which are informed by evidence and experience derived from good practice.

24. CSOs could contribute to public health through interactions within national health systems. The interactions could be through the provision of hospital services and emergency relief and health interventions to poor and remote communities. There is significant evidence of civil society contributions in enhancing the public accountability of policy processes and highlighting areas of

public health interventions that demand social action, public advocacy or innovative and community-based responses to health issues. At the international level, CSOs have moved from being outsiders to being informed insiders in influencing policy processes.

25. Elected representatives in local bodies have responsibilities for health and there is a need for innovative training to enable this group to improve the governance of the public health system.

26. Self-help groups, especially of women, are an increasingly important development force in the region. Adding a health and social dimension to their activities has been effective in some countries of the region and could be more widely used.

27. Experience across the region has shown the value of involving communities in public health through a variety of means that increase community ownership and management of health institutions. Those means include the following:

- Grass-roots-level health committees;
- Mechanisms for maintaining and enforcing accountability;
- Local bodies or elected representatives with specific constitutional responsibilities for the governance of health institutions and programmes;
- Mechanisms for the participatory management of health institutions that articulate community views for action to be taken on community health issues.

28. Governments and CSOs could proactively use information and communication technology (ICT) to bridge the knowledge gap in public health. A community participatory model of the Health InterNetwork project being piloted by the World Health Organization has shown that the sharing of health information with communities, health workers and government health personnel using a mix of communication methods, including ICT, improved information services for public health.

29. Community participation has been successful in action research on developmental determinants of health, such as those from industrial pollution, use of pesticides and mining. Community involvement in monitoring water and air quality has enabled communities to gather evidence and become agents for change.

30. Public campaigns on health-related issues have become increasingly common in the region as well as globally. The women's movement has been effective in increasing gender sensitization in health policies, promoting reproductive rights and raising gender concerns in health research and medical education. One of the current campaigns is to increase women's access to primary health care and reduce violence against women. The People's Health Movement has been campaigning for a revitalization of the spirit and principles of primary health care. The pulse of people can be felt and responded to by listening to the issues raised by people's campaigns and movements.

Conclusion

31. To achieve good health in the region, a paradigm and operational shift in public health is necessary. Public health needs to respond to the social, economic and environmental determinants of health that have not been sufficiently addressed thus far.

32. Capacity-building in public health enables health systems to address the determinants of health. It needs to take into consideration the rapid growth in knowledge and the context-specific changes that are constantly occurring. It also needs to be developed across sectors to deepen the understanding of health as a multisectoral issue. Communities are a rich resource of skills and knowledge, playing a key role in serving the health and health-related needs of the community.

33. The challenges that countries in the region are experiencing in improving their health systems are, to a large extent, the result of long-term neglect in the planning and management of capacity-building in public health. For the region to achieve the Millennium Development Goals, public health capacity has to be improved in quality and in coverage.

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