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SUMMARY OF THE PANEL ON PRIMARY HEALTH CARE: ADDRESSING HEALTH DETERMINANTS AND STRENGTHENING HEALTH SYSTEMS

Opening

1. Dr. Jose Temporão, President of the 48th Directing Council, and Minister of Health of Brazil, opened the session by thanking the Commission on the Social Determinants of Health for its excellent and important work and by briefly highlighting the importance of the topic in Brazil. The country has developed a national public policy that cuts across all sectors of government along the lines of the Report's recommendations and it particularly addresses ways to reduce inequities in access to public health services.

Presentation by Sir Michael Marmot, Chair, Commission on Social Determinants of Health

2. Sir Michael Marmot made a presentation by emphasizing that the work of the Commission on the Social Determinants of Health (CSDH) focused on the pursuit of social justice, empowering people and communities and creating conditions for people to live fulfilling lives. He stressed that the justification for this work was based on social justice and promoting equity in health rather than only on economic grounds. He highlighted the importance of putting fairness back onto the health and development agendas of countries.

3. He reviewed the health inequities between and within countries and the social gradient in health. For example, in England, those that are on the bottom 10% of the gradient have the poorest health, and this is true in most countries. However, this is not the whole problem and equity means that action needs to be taken across the whole spectrum of society. For example, mortality rates and life expectancy, cardiovascular disease, infant mortality and mortality in children under 5, accidents and violent deaths are major causes of death in all countries of this Region and affect all population groups,

although they disproportionately affect the poorest and most disadvantaged populations. Additionally, all countries are facing a convergence of challenges, such as that of an aging population.

4. He briefly explained the CSDH's modality of work, putting emphasis on partnerships with several countries that have taken the initiative in social determinants of health, including, in our Region, the countries of Argentina, Brazil, Canada, Chile, and Mexico.

5. Subsequently he mentioned the key areas of action of the CSDH which include:

- Conditions under which people are born, grow, live, work, and age,
- Structural drivers of those conditions at global, national, and local levels, and
- Monitoring, training, and research

6. Health equity should be considered in all policies, and he emphasized an all-government approach. The decisions of the ministers of finance can affect living conditions and, in turn, health equity. Therefore, there is a need for fair financing and ethical decision-making to reduce poverty levels. There is a need to promote market responsibility in issues of free trade, government subsidies, debt services and the role of the private sector.

7. Political empowerment, inclusion, granting voice to those not normally heard, and empowering communities are key areas of action and have an impact on the health of the population. Other areas of action include good global governance and gender equity.

8. Education is critical for early childhood development and it is an equalizer that cuts across all socio-economic levels. Other critical areas of action that will affect the determinants of health are healthy places and the increasing populations moving to urban centers and creating slums, fair employment with more availability of fixed term contracts, social protection with the need for greater percentages of the population to receive social pensions, and universal access to health care. It is important to reverse the individual burden of catastrophic health expenditures that throws individuals and families into poverty.

9. He ended his presentation by reminding us of Dr. Chan's statement that health care is an important determinant of health but that lifestyles are also important determinants and that the social environment will determine both access to health services as well as lifestyle choices.

Presentation by Dr. Wim Van Lerbeghe, Health Systems and Services Cluster, WHO

10. Dr. Wim Van Lerbeghe began by indicating that primary health care (PHC) is gaining more attention throughout the world. Each of the WHO Regions of the world is following its own processes for renewing PHC, combined with the social determinants and the MDGs, all of which are contributing to raising awareness of the importance of equity in health. The role of civil society and academic institutions is also important. All of this is covered in the World Health Report on PHC that will be released in the near future and which provides key strands for the paper that will be presented to the Executive Board and the World Health Assembly in 2009. It is hoped that these processes will increase the impetus being placed on PHC.

11. There is a growing consensus on the reasons for a renewal of PHC. One of the main drivers is equity. However, progress is not automatic, and in health it has been disappointing, especially in light of new challenges mentioned in this Directing Council (DC), such as obesity and climate change.

12. He argued that there are political aspects for renewing PHC, especially related to the movement among people in terms of their prevailing values and raised expectations to have a stronger voice in the quality of care and to have it be more people-centered. People are increasingly expecting to have control over their lives and to live in communities where health is protected and promoted. People feel there is a disconnect between these expectations for a healthier environment and empowerment and the reality they are experiencing. People are becoming more intolerant of health inequities and they are putting pressure on health authorities to change; they want health authorities on whom they can rely. There is increasing recognition that the health system needs to be restructured to respond to this.

13. Health systems will not spontaneously move in this direction. Without proper leadership and steering of the health systems, it tends to be hospital-centered, fragmented, commercialized, and focused on tertiary care and specialization. This is in contrast to the underlying values of PHC.

14. There is an emerging consensus on which areas of health systems need to be transformed, that are highlighted in the upcoming World Health Report. There is a need to advance in universal coverage to improve health equity through social protection, availability of health services, and addressing barriers to access. There is also a need for service delivery to make health a priority and to make health services more people centered. Public policy reforms are needed to make communities healthier and integrate health into all policies. There needs to be a reform of leadership to make health

authorities more reliable and to invest in strengthening stewardship and leadership of the health sector.

Presentation by Dr. Socorro Gross-Galiano, Assistant Director, PAHO

15. Dr. Socorro Gross started by outlining the Region's political framework for action regarding primary health care (PHC) and health determinants (HD). She reminded us that over the course of the last 8 years there have been many commitments and mandates to guide us in this respect, starting with the internationally-agreed upon development goals of the year 2000, including those contained in the Millennium Declaration and up to the Health Agenda of the Americas 2008-2017. She particularly emphasized the Primary Health Care renewal process in the Americas, which started in 2003 with Resolution CD 44.RD, followed by broad national consultations with Member States on this topic, ending with Regional the Declaration of Montevideo on the Renewal of PHC (2005) and the Declaration of Buenos Aires (2007).

16. Within PAHO and WHO we have taken into consideration the basic values of PHC, which are: the right to health, equity, solidarity, universality, social justice, participation and the responsibility of the State, all of which should inspire and guide our work in both health systems and the determinants of health. Health systems and the work on the health determinants should always be centered on improving the health and well being of individuals, families and communities within the context of the Millennium Development Goals (MDGs) and health for all. With regards to health systems, the PHC values have implications on stewardship, financing and health insurance, service delivery, and human resources; and all of these have been summarized in PAHO's position paper on PHC. On the other hand, the work on social determinants should take into consideration all the determinants including socio-economic, political, environmental, cultural and lifestyle, and biological and genetic ones.

17. However, the greatest challenge ahead of us is that of articulating the work of health systems with the health determinants. She outlined seven strategies for articulation, including Healthy Public Policies; Emphasis on Equity; Intersectoral Collaboration; Health Promotion and Participation; Social Protection; Focus on Human Rights; Gender, Ethnicity and Cultural Competence.

18. Finally she demonstrated the need for convergence among the agendas of institutions (i.e. of the United Nations, other cooperation and financing agencies, etc.), highlighting the need to use PAHO's instruments such as resolutions, the Mid-Term Strategic Plan 2008-2012, and the Health Agenda for the Americas. Additionally, she stressed the need to articulate actions at global, regional, subregional, national, subnational, and municipal levels, PAHO's tools for technical cooperation such as technical cooperation among countries, country cooperation strategy, decentralized

technical cooperation, and our network of collaborating and reference centers. All of the efforts should be focused on the ultimate beneficiaries who are the individuals, families, and communities, in order to achieve health for all.

Comments by Dr. Hubert Alexander Minnis, Minister of Health, Bahamas

19. On behalf of the Ministers of Health of the Caribbean, Dr. Hubert Alexander Minnis congratulated Dr. Michael Marmot and the Commission for its excellent work, and he gave special recognition to Drs. Li and Chan from WHO. Regardless of the size of the country, he emphasized that health is inextricably linked to equity. In the Caribbean, the health of the populations is directly linked to climate change which in turn links to determinants such as dislocation; increased poverty; natural disasters; saltwater contaminating agricultural lands; destruction of homes; and the ability of people to feed themselves, access health services and employment. Many of these and other challenges of rural areas in the Region are the same for island states, such as clean water, education, sanitation, safe foods, solid waste disposal, etc.

20. For the past 25 years the Caribbean Cooperation for Health Initiatives have been collecting and analyzing data which, in turn, have led to building strategies aimed at correcting inequalities. However, he stated that you can build health facilities but if people cannot access them then their health cannot be improved. Universal access and implementation of insurance schemes can help to close the gap.

21. Dr. Minnis proposed that the early childhood development model of the Bahamas could be used as a model for Caribbean Cooperation in Health, but it needs the support of its partners in health. He also stressed problems within the Caribbean states of deficiencies in public sector leadership, human resources/health work force, and quality of care.

22. Health is a basic right and a public sector duty. The public sector needs to strive for fairness in financing. Health needs to be a component of every part of government and agencies as only then can the equity gap be closed.

23. He also recognized that education is the most equitable way to ensure equality in employment, and major strides have been made in the Caribbean, especially as it relates to women. This part of the Region has made major advances in gender equality as demonstrated by the large representation of women on the delegations from the Caribbean to this Directing Council.

24. What gets measured gets done. He stressed the need to pay more attention to measuring the cost-effectiveness of PHC interventions and the need to reduce inequities. PHC is a smart way to get development on track and to meet new challenges. After 30

years since the Alma Ata Declaration there has been progress, such as the reduction in maternal and infant mortality. However, as the Buenos Aires meeting on PHC demonstrated, more needs to be done to ensure universal access to quality health care. PHC will require ways of meeting new challenges with strategic planning, policies, and creative approaches. We need to help each other and create solidarity to achieve health for all, involving all the Ministers and the entire government working together. The time for action is now.

Comments by Dr. José Guillermo Maza, Minister of Health, El Salvador

25. Dr. José Guillermo Maza highlighted that the richness of the Region is its inhabitants. The population is the real center and basis of society and therefore the call for social justice is totally justified. Health is at the core of people's well being. However, usually it is not a high enough priority in government actions.

26. In his 4 ½ years as Minister of Health he has had difficulties in making the rest of the cabinet understand that while health was normally included in electoral campaigns and speeches, at the end of the day it was not supported with resources and programs.

27. Other challenges we face relate to many of the determinants of health, such as environmental pollution, unplanned growth of cities, overcrowding, many households without basic services (like water, sanitation, electricity, floors, etc.), and solid waste disposal.

28. To be fair, in spite of the above, there has been progress if we look at areas such as vaccine-preventable diseases, improvements in health services delivery through increased coverage and free health services, creating safe landfills, as well as improvements in primary and secondary education. However, there is still a lot to be done to guarantee universal coverage of basic services in our countries.

29. The real problem is poverty, which in turn leads to inequities in health. The other big challenge is to recognize and raise awareness that health is fundamental to human development.

30. Dr. Maza thanked WHO and PAHO for their efforts in renewing PHC and for working on the health determinants. Countries should support these efforts, not just on paper but by translating them into concrete actions that serve as the basis for the development of any health system.

Closing Comments by the Chair

31. In closing, Dr. Jose Temporão stressed the importance of research on the health determinants. For example, in Brazil we have developed an intersectoral policy to address mother and child health, in which research emphasizes the impact of the environment (such areas as domestic violence, quality of life etc.) on maternal and child health.

32. Another point he made was the importance of looking after human resources for health and the need to take care of the caregivers. Improvements need to be made in job satisfaction and attracting and retaining the best professionals to this sector. There is also a need to educate these professionals in a more general environment, as many of them are trained in highly specialized hospital settings.

33. He stressed the importance of health in all policies and the concept of creating a public health awareness which incorporates a collective view of society in terms of health. This in turn impacts the political agenda and the way health is carried out.

34. Finally, in terms of policy development, the real difficulties lie in working with other ministries, such as planning and finance, in order to engage them in a collaborative manner.

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