Speech by Dr. U Ko Ko, Regional Director for the South-East Asia Regional Office Of the World Health Organization delivered at the annual meeting of the NAMS on March 12, 1988

Academics in HFA Movement

Mr. Chairman, distinguished members of the National Academy of Medical Sciences, ladies and gentlemen,

First of all, on behalf of WHO and myself personally, let me express my sincere thanks to the National Academy of Medical Sciences for the honour and opportunity given to me to address this Annual Meeting. I also want to convey to your our sincere, good wishes for an interesting and productive meeting, as exciting as the previous ones.

I wish to avail of this opportunity to share with you – the enlightened group of academics of India some of my thoughts on the twin subjects of the importance of health manpower in the implementation of Health for All strategies, and leadership roles and responsibilities of bodies such as the National Academy of Medical Sciences in promoting scientific work that will enable the achievement of the goal of Health for All by the year 2000.

The adoption of the goal of Health for All by the Year 2000 by the World Health Organization was a historic milestone that expressed the collective vision of the human race. It is founded on social equity and the urgent need to reduce the gross disparities in the health status of the people in the world, in both developed and developing countries. In the principle of Health for All, as enunciated in the Alma-Ata Declaration, lies the basics for the fundamental shift in values. It, therefore, implicitly acknowledges and encompasses a fundamental change in the way health is perceived, protected, promoted and delivered. It also requires an adaptation to the evolving circumstances of the world's health, a change in the way people take responsibility and participate actively for the protection and promotion of their health. It also underlines a need for a change in the perception of the health providers, where they have to broaden their understanding of health, no longer confined to medical care or traditionally defined preventive care services.

The Thirty-eighth World Health Assembly reviewed the results of the first evaluation of Health for All strategy that was undertaken by 146 Member Countries. This revealed that a high degree of political commitment was apparent and that some discernible progress has been made even though this was not sufficiently consistent and widespread. The health system infrastructure has expanded appreciably in some countries and innovative approaches to reach the underserved and disadvantaged population groups were identified. Overall, there was a palpable improvement in the health of the world.

But, yet at the same time, a number of factors have also restrained implementation of national strategies. Setting aside the all-pervasive negative influences of political instability, natural disasters and world conflicts and the unfortunate economic recessions, certain other factors have also retarded the pace of health development towards the goal of Health for All. Insufficient commitment and support from professional health groups for primary health care and the values inherent in Health for All strategy, persistent managerial weaknesses and the qualitative and quantitative imbalances in health manpower have all contributed major obstacles to progress.

The critical importance of appropriate health manpower for achieving the goals of Health for All cannot be gainsaid. Manpower forms the cornerstone of any health system and unless the manpower development patterns are congruent with people's health needs and social circumstances, countries will not be able to achieve a level of health that will allow their people to lead socially and economically productive lives. The underlying truism is that the attainment of Health for All through primary health care requires rational ways of planning, training and utilizing manpower and thus holds the key to establishing and maintaining efficient health system, based on

primary health care. It transcends all other issues in health development and is a critical factor for the economic efficiency of the health care system.

Pursuit of Health for All will require the redefinition of the roles and functions of all categories of health personnel, including those of specialists, generalists, nurses, paramedicals, as well as health volunteers, all of whom in varying combinations, constitute the health team. If the health team concept is to become a reality, each member must contribute to and benefit form its functioning. Instead of being viewed as performing specialized tasks within the narrow confines of their earlier professional training, health professionals must assume new tasks, such as leadership, supervision and provision of continuing education to other members of the team, and relate to them in the spirit of equality to achieve common objectives.

The idea of defining the characteristics of the different health personnel in a health team, needless to say, applies equally strongly to the planning, education and training and management components of health manpower development. Each of these three components of the health manpower development process employs its own problem-solving cycle. It is crucial that academicians involve themselves intimately in these problem-solving cycles and the studies necessary to identify and define the roles, functions and tasks of the health personnel and also ensure that they are anchored to the reality of health care needs. At the same time academics have the responsibility in developing and formulating simple, safe and effective health technologies that could be delivered by paramedicals and health volunteers in partnership with the communities themselves.

Another important problem is the frequent lack of, or poor, coordination between manpower planners, producers (especially universities), and the health services. This has resulted in the development of manpower plans that are irrelevant to community health requirements and that are therefore not implemented. Reliable information systems at both local and national levels are needed to assist the development of, and to review and revise regularly, the policies and plans and their implementation. Quite often, an impressive quantity of data are gathered, but there is no system for the processing, storage and retrieval of such data and its use for critical decision-making.

At this stage, I wish to dwell for a moment on some of the crucially important roles of academic institutions or universities in achieving the goal of Health for All. The Thirty-seventh World Health Assembly, in 1984, agreed that universities bring together "*novel conjunctions of talent to get around the contours of complex issues in human resource development and could provide continuously improving answers to health-related problems. They can involve the scientific and scholarly community more deeply in these issues than at present. They can systematically link this community with leadership groups in different countries. They can foster the dissemination of intelligible, credible syntheses of state of the art information on human resources questions*."

The need for medical education to respond adequately and appropriately to the changing trends in health development and contribute the medical manpower for comprehensive health systems based on primary health care had led WHO to revitalize the reorientation of medical education. All the Member Countries in our region have reinforced the rationale, identified the directions and content of reorientation and have begun to formulate specific targets and the framework for monitoring and evaluating the progress of the reorientation process.

One of the key recommendations of these consultations on medical education has been the reinforcement of the need to strengthen the integrated health systems manpower development (HSMD) concept that was first introduced by WHO in 1976. The urgent need to develop formal and permanent institutional mechanisms, where they do not exist, to foster a continuous dialogue and coordination between planners, producers and the managers has been identified as a key requirement, if a quantitative and qualitative balance of manpower is to be achieved.

Despite considerable efforts to establish and strengthen institutions and train teachers for them, appropriate training facilities are often in short supply. Further efforts are needed to ensure the relevance of basic, advanced and continuing education for health workers. Related to the improvement of curricula is the need for the development, testing, reproduction and effective use of relevant and suitable teaching and learning materials.

Systems of continuing education, integrated with supervision at all levels of the health systems, help to maintain and upgrade the competence of health workers. They are vital elements to increase the productivity and job satisfaction. Efforts in these directions have been sporadic, with no systematic approach towards promoting progressive, sequential learning within the framework of professional growth and career development schemes.

The academics and specialists have a role to support the development of viable continuing education systems, to train the trainers who will undertake the implementation of the continuing education programmes, and, very importantly, to experiment with and devise effective and efficient technologies for promoting, supporting and sustaining these continuing education efforts.

Research efforts may be focused on one or all of the three main facets of interventions possible for solution of problems arising in the health care system – the problem itself, the specific intervention desired or on the managerial process for executing the desired change. Such research, therefore, may draw attention to the need for generation of new knowledge, often called basic research, or the application of existing scientific knowledge, so that it is transformed into appropriate and usable intervention technology. Health systems research, including health manpower research, has, therefore, been recognized by WHO as an area of high priority for the countries of our region. Research findings should form the basis for decision-making in the health system, particularly in the health manpower development process. The relevance and effectiveness of the latter to the needs of the health system will be vastly improved if research is utilized as the main tool for supporting this.

Here, I wish to refer briefly to the need for research towards attaining the goal of Health for All by the Year 2000, and the manner in which health systems research can be made instrumental to support Health for All strategies, as I believe this to be germane to the theme of my presentation.

WHO believes that research strategies should focus on the priority problems whose solutions would contribute towards national and regional strategies and plans of action related to HFA. Such research should support the provision of a basic minimum package of services together with people's involvement and the development of the requisite managerial processes and technology for essential health care with the widest coverage.

In the move towards HFA goals, research capabilities will have to be employed for the optimal exploitation of the existing conditions and for the identification of new developments that are required. In this context, relevant researchable problems related to PHC for the attainment of HFA need to be identified, besides strengthening the research capabilities, particularly, the training of the required scientific manpower for research.

Another aspect hat comes sharply into focus is the question of leadership for Health for All. Recognition of the imperative need for a clear understanding of the critical issues affecting the implementation of the national Health for All strategies and consequent attempts to resolve these issues adequately by those in leadership positions led WHO to launch a new initiative in 1985, called "*Health for All Leadership Development*". This initiative is based on the premise that the implementation gap could be substantially narrowed if those in leadership positions understood fully the process involved in implementing the Health for All strategy, subscribed to its values and developed within themselves the appropriate qualities and abilities to lead the process. The principal aim of this initiative is to create a critical mass of people in each country who are in a

position to motivate others and direct their health development processes towards the goal of Health for All. Strategically located throughout the entire spectrum of a national structure, including the health system, its related institutions, universities, research establishments, health professionals and professional bodies and the community, these people will be able to mutually support each other in processing and creating the conditions for change. The National Academy of Medical Sciences in this regard has among its members the *crème de la crème* of the real and potential national health development leadership. Leadership opportunities are plentiful and within the reach of all of you, but you do not need to be reminded that there is no simple formula or guideline for leadership development.

The foregoing critical issues, such as the integrated health services and manpower development, continuing education of health personnel, health manpower research and training of Health for All leaders, are some of the exciting challenges that are open to the National Academy of Medical Sciences to support the national and regional efforts for achieving the Health for All goal. The successes in these endeavours will accelerate the heralding of this cherished goal. Academic and scientific contributions to improve the processes of health manpower development, implementing and evaluating the national Health for All strategies and directions in the post-graduate and continuing education, particularly medical education, should assure greater balance and relevance in HSMD.

WHO, on its part, stands ready and committed to intensify its efforts in stressing the need for narrowing the gap between political dialogue which accepts Health for All as a strategy, and its actual implementation. It should be a labour love, if not a social responsibility to provide the drive, the scientific and technological basis and the most appropriate tools for this common endeavouor. The challenge that we face could be the golden thread that binds the multi-disciplinary group of academics and professionals that comprise your honoured academy in a new partnership of opportunity. We should see in this joint endeavour a clear challenge to move from rhetoric to reality, a desire to demonstrate through programmes, projects and models the compelling concerns of the scientific community for health development. The themes of your deliberations at this meeting indicate the will, and so there must be a way.

I have every reason to believe that the National Academy of Medical Sciences is equal to this challenge and will continue to play the role it is destined to do with even greater vigour in the coming years so that Health for All will become the crowning achievement of our time and the most valuable legacy we leave behind for posterity.