

2009 SESSION REPORT

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Community-based health systems: human resources and education to combat poverty

Moderator: Vincent McGee, The Atlantic Philanthropies

Speakers: Ayorinde Ajayi – PATH; Andre-Jaques Neusey, THEnet; Gail Reed, MEDDIC; Makhosazana Xaba, The Atlantic Philanthropies

The inability to access healthcare, lack of appropriate training of the human resources and non-functional health systems in general are major problems in developing countries and in underserved areas of developed ones. Working with communities, training people selected from within communities and making it accessible for those in need, as well as transforming health systems based on the good practices of existing models are certainly ways to improve health and provide jobs and hence, combat poverty.

The session was focused on exploring different models aiming at the education of human beings and the improvement of community-based health systems.

Ayorinde Ajayi from PATH: A Catalyst for Global Health (www.path.org) started the session naming access to health in general and reaching HIV/AIDS positive Adolescents in particular (due to stigma related to the virus) as some of the difficulties in serving poor communities. To offer healthcare in underserved or remote communities is a major challenge as the only health structure accessible may be a pharmacy. In response to this situation PATH has launched a project focusing on the training of pharmacists in counselling, diagnosis and follow up. Although pharmacies are not formally connected with public health structure, a trained pharmacist working on the frontline with the community in need for healthcare is now able to offer basic medications or prevention, refer patients and give counselling as well as follow up.

With the high rate of trained physicians per year, Ethiopia might have been one of countries with an excellent healthcare provision, if it was not for the majority of trained professionals leaving the country soon after their graduation. Andre-Jaques Neusey from THEnet: Training for Health Equity Network (www.thenetcommunity.org) explained how this global network of socially accountable medical schools works to focus on the communities' needs based on which training programmes are designed. This ensures that training medical personnel from the community served is in line with the needs of the communities but furthermore ensures that the skilled personnel remain in the country where their skills and knowledge is applicable.

In this manner the Cuban model of health system strengthening was shown to be an example of efficiency in providing accessible healthcare even in the most remote areas. This is due to a functional health system based on the principle of community. According to Gail Reed of MEDICC, Medical Education Cooperation with Cuba,

(www.medicc.org), thousands of Cuban men and women physicians are providing healthcare and training health professionals in other countries of the Americas and Africa where replication of the Cuban model is increasingly becoming a force in improved provision of health care and training for the underserved.

Makhosazana Xaba from Atlantic Philanthropies in South Africa (m.xaba@atlanticphilanthropies.org) described some of the reasons why the nursing profession in South Africa was no longer being perceived as an interesting, trendy and valuable profession. This is shown in the recent drop in interest by young women no longer seeing themselves as trained nurses. A main reason for this drop of interest is that the nursing training no longer fits the needs and the reality of rural and underserved urban communities. Atlantic Philanthropies has been supporting efforts to improve the quality of the training by working with the colleges and universities of South Africa in adjusting the curricula of training that would prepare “fitting nurses” and offering institutional support to health professionals who are a substantial component of society.

The four presented models focused on the improvement in training of human resources in health and developing strong health systems as a means to empower communities. These models offer examples of basic concepts which can ensure good healthcare provision and provide training and jobs.

To conclude, it is to be highlighted that:

- Community and government inclusion is essential when designing training programs and health systems and in long term sustainability
- Close cooperation with local universities and colleges is very important for preparing young, suitable graduates
- Working with health structures that are close to the communities such as pharmacies, and training its staff to best respond to the needs of the population, can give high results in prevention, diagnosis, counselling and follow up for the population
- Involving communities throughout the process such as in the needs’ assessment, recruitment of trainees and training design, plays a major role not only in developing appropriate skills, but will also in ensuring that the trained staff remains within the community