

Revitalising Health for All: Learning from Comprehensive Primary Health Care Experiences

http://www.globalhealthequity.ca/projects/proj_revitalizing/index.shtml

Expressions of Interest Submitted for CPHC Training and Research Funding

Nearly 90 teams from across the world responded to our Call for Expressions of Interest (EOIs) to Participate in New Research and Research Training in Comprehensive Primary Health Care, which closed on 31 March 2008. The Evaluation Committees which reviewed the EOIs had a very difficult time selecting the top teams of applicants which would receive funding to attend trainings and carry out research as outlined in our Call. In addition to the fact that there were many strong EOIs (we were very impressed with the diversity of proposed research and the calibre of many early career researchers), the Evaluation Committees had to take into consideration other factors when making their selections, such as a balance of geographic representation as well as the degree to which the proposed research would examine truly *comprehensive* primary health care.

The regional Evaluation Committees gathered in August to make the final selection of five teams in India/South Asia, Africa, and Latin America, and three teams in Canada and New Zealand.

Summaries of Successful Teams

Below are summaries of the focus of the research the selected teams will be undertaking over the next three years of this project. Each team consists of an early career researcher and a researcher user – both of which are being guided and supported by a mentor. The concept of working in such a triad is a unique feature of the '*Revitalizing Health for All*' project and aims to link the process of developing important and new knowledge with action on comprehensive primary health care. A list of the team members in all

regions and their research will be placed on our website.

India and South Asia

Team India (1) will research the impact of various participatory and local level advocacy strategies on the utilization of health services. The research will develop simpler methods of measuring equity in health outcomes at the community level and in a manner that the community can access the information and use it. The research aims to validate the claim that CPHC creates a more equitable and holistic health system. It will thus provide much needed evidence to advocate this approach to various policy makers and supporting partners.

Team India (2) seeks to explore the synergies between the empowerment of women and the participation of communities to reduce gender inequalities and sustain changes in health behaviour in culturally diverse tribal groups across three districts of Arunachal Pradesh in northeast India. The project will build local research capacity and help Future Generations Arunachal (FGA) and the Directorate of Health Services (DHS) to understand the impact of community and women's empowerment in reducing gender inequalities and achieving sustained improvements in health behaviours.

Team Pakistan will assess the effectiveness of different strategies used for establishment of CPHC in urban settlements within Karachi, Pakistan, which have a collective population of over 150,000. The project aims, first, to determine whether a community-led PHC program is more effective than an institutional-based program, and second, whether a development-focused PHC program is more effective than a health-focused PHC program.

Team Iran will study the implementation of CPHC in rural areas in Iran, where there remains a range of challenges (such as impeded engagement in program planning, supervision, and workload) for the community health workers. The research aims to examine ways to enhance the contribution of community health workers in the implementation of CPHC in Iran.

Team Bangladesh aims to develop a culturally sensitive, demand-based comprehensive primary health care delivery model for Bangladesh that efficiently and effectively caters to the needs of all segments of the population. Presently, PHC is the lowest tier of health care in Bangladesh, with conventional PHC delivery system not adequately reflecting the needs of the community.

Africa

Team Ethiopia (1) will assess the ways in which the Relief Society of Tigray (REST), an organization that serves the needs of refugees displaced by the civil war in Sudan, effectively executes CPHC programs. The project will examine the possibilities of the PHC clinic to deliver CPHC, and how government or donor contractual requirements for NGOs delivering PHC affect the comprehensiveness of their PHC services.

Team Ethiopia (2) will assess the contributions of different PHC principles in the health sector reform efforts, and forward re-directive measures to enhance effectiveness and efficiency of the health care delivery system. It will address the major factors hampering the implementation of CPHC in Jimma Zone's health systems, identifying the contributions of village health workers in the implementation of CPHC as well as community participation and local resource mobilization.

Team Kenya, in collaboration with the Great Lakes University of Kisumu, has studied the effectiveness of community participation in improving the performance of district health systems (DHS); the initiative has improved client satisfaction and specific health outcomes, including immunization, access to treated water, and availability of insecticide-treated nets for children and pregnant women. The current research will extend the study of the effectiveness and sustainability of CPHC in Kenya and the region in

order to determine the extent to which it has been adopted and implemented by the Kenyan Ministry of Health and key partners in health service delivery.

Team Democratic Republic of Congo has observed the weakened medical infrastructure due to ongoing war in the country. HEAL Africa (HA), a local non-governmental organization, operates a tertiary care training hospital and a plethora of community-based programs (rural and urban) from their base in Goma. The team will evaluate the interface of HA community-based programs with PHC service delivery, and integrate lessons learned from historical and current CPHC models to improve HA program orientation and referral development.

Team South Africa has problematized the lack of substantive action in CPHC after the Alma-Ata declaration. The aim of the project is to examine whether the potential role of community health workers (CHWs) to improve access to the formal health system is realized in practice. The researchers will document patients' experiences of CHW services as well as barriers to care, and will assess whether and how CHW activities impact on the affordability, availability, and acceptability to the formal health system.

Latin America

Team El Salvador will examine an experience with community health based on CPHC principles which have been carried out in El Salvador over the past 20 years. The system of community health in the district of Guarjila is led by a team of local rural health professionals with extensive experience in community health. The project will document the experience with community leaders and health professionals as the principal informants.

Team Uruguay's research will investigate the role of CPHC in the Community Policlinics in the new National System for Integrated Health. The focus of the research will be on determining the extent to which health care reforms in certain contexts support the application of CPHC, as well as the extent to which "ownership" of health services by the community affects the sustainability of CPHC.

Team Argentina will focus on the lessons learned and identification of deficiencies observed in the

development of CPHC strategies in Argentina. The researchers intend to describe and analyze the strong contradictions in politics and ideologies which have been behind the CPHC strategies from 1978 to 2008 through phases of dictatorship, social democratic and neoliberal policies, and grave crises, all of which have had an impact on CPHC. There will be a special focus on a large socially-excluded population of internal migrants, as well as migrants from Paraguay and Bolivia, who form a special challenge to CPHC in the region in which they are largely congregated.

Team Brazil's project will describe and analyze the development of the strategies and instruments employed for coordinating care between PHC and the other levels of the health system in four major urban centres in Brazil. The project will focus on determining how CPHC has advanced or could advance beyond an initiative targeted at a vulnerable group and evolve into a more universal system of access for other groups.

Team Colombia's research will examine where and how improvements could be made in terms of impacts on health and health equity, given that in 2004 the Government of the City of Bogota adopted the PHC model to secure the right to health and reduce inequalities in health and access to health care. Some of the deficiencies that are already evident are inadequate coordination between health providers, insufficient intersectoral action and community involvement which is still organized according to institutional rules. The team hopes to supplement the evaluation of the experience and outcomes of the PHC model, stressing the actions that lead to improvements in health and health equity.

Indigenous/Aboriginal peoples in Canada and Australia

Team New Zealand will be evaluating Health Care Aotearoa (HCA), a national network of non-governmental providers of CPHC to vulnerable populations in Aotearoa (the accepted Maori name for New Zealand). Currently in Aotearoa, Māori health disparities, including their underutilisation of health services relative to need, together with Māori disadvantage in terms of health status and socioeconomic status, is a breach of the Treaty of Waitangi / Te Tiriti o Waitangi, in which the Crown promised Māori the status of British subjects, and all

the privileges afforded them. The research will explore selected initiatives to improve access for Māori to PHC services with the specific aim of developing a tool for evaluating the 'accessibility to Māori' of a primary health care service in Aotearoa.

Team Canada (1) will test and further develop a framework created by the Athabasca Health Authority (AHA) for use by a northern Saskatchewan health organization and the First Nation and Provincial communities under the jurisdiction. The project will address changes in community empowerment and improved participatory mechanisms to develop the capacities for tracking identified community health indicators. It is intended to contribute to the theoretical and methodological global discourse on tracking community health in indigenous contexts, developing indicators that address the question of what constitutes "indigeneity" in CPHC.

Team Canada (2) will demonstrate that a First Nations approach to public health delivery can be effective in a First Nations community exercising its right to self-governance in the provision of public health services. The researchers will determine which CPHC governance structure is most appropriate to the health beliefs and values of the residents of four communities. The research will seek to document four First Nations communities conceptualization of health and CPHC, and then to explicitly link a CPHC governance model to these conceptualizations.

Regional Trainings for Successful Teams, Year 1

The first round of regional trainings for these teams have taken/ will take place in 2008/09. Specifically, these are:

Bogota, Colombia (for Latin American teams)
24 September – 5 October 2008

Bangalore, India (for Indian/South Asian teams)
13-24 October 2008

Cape Town, South Africa (for African teams)
3-14 November 2008

Adelaide, Australia (for Indigenous/Aboriginal teams in Canada, New Zealand and Australia)
Early March 2009

We will update you on the content of these trainings in our next newsletter.

Project Website and Communication with Teams

The project has a designated website:
http://www.globalhealthequity.ca/projects/proj_revitalizing/index.shtml.

We have begun to post important project documents on the site and the site will become a more important communication tool for our '*Revitalizing Health for All*' Network as the project goes forward. Teams will also be given access to a password protected portal on this website so that they can exchange materials and

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communicate with mentors, trainers and the project's administrators to obtain feedback on their work.

Please forward any suggestions or comments you have about the project website to Corinne Packer (cpacker@uottawa.ca).

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