

# Meeting of the South-East Asia Primary Health Care Innovations Network (SEAPIN)

*Chiang Mai, Thailand, 20 August 2010*



**World Health  
Organization**

Regional Office for South-East Asia

# Meeting of the South-East Asia Primary Health Care Innovations Network (SEAPIN)

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## **1. Introduction**

The concept of primary health care (PHC) was enunciated over 30 years ago in the Alma Ata Declaration. The basic pillars of the primary health care approach (universal coverage, equity in health, intersectoral collaboration and community participation, use of appropriate technology) remain valid even today. A wider application of these principles in the ongoing efforts to strengthen health systems in countries is necessary to achieve the Millennium Development Goals and health for all. With the changing political, socio-cultural, economic and epidemiological scenarios as a result of globalization, we must ensure that the concepts of primary health care continue to underpin community-based public health interventions. Countries and authorities concerned must be inspired and supported to continuously implement and improve primary health care activities to meet the changing needs of their people.

Countries in the WHO South-East Asia Region (WHO-SEAR) have developed primary health care innovations to address their own health challenges and the determinants of health. These experiences provide useful lessons, especially for policy makers, professionals and others for wider application. In its efforts to support Member States in strengthening their health systems through the PHC approach, WHO-SEARO proposed the creation of a South-East Asia Primary Health Care Innovations Network (SEAPIN).

## **2. Establishment of South-East Asia PHC Innovations Network**

A concept note on the proposed South-East Asia PHC Innovations Network outlining WHO-SEARO perspective, proposed objectives, membership profile and modus operandi of the said network was shared with WHO Country Offices in all Member States. They were also requested to identify two or three institutions with the potential of influencing health policy in their respective countries and also contributing to the overall objective of the network. All the nominated institutions/individuals formed the network. A list of members of the network is at Annex 1. All members of the network

were invited to attend a Meeting of the South-East Asia PHC Innovations Network held on 20 August 2010 in Chiang Mai, Thailand, along with the Regional Consultation on Innovations in Primary Health Care also held in Chiang Mai, Thailand from 17-19 August 2010. The programme of the network meeting is at Annex 2.

### **3. Objectives**

The following were the objectives of the meeting:

#### **3.1 General objective**

To initiate the South-East Asia Primary Health Care Innovations Network.

#### **3.2 Specific objectives**

- (1) To discuss and reach agreement on the mechanisms of work of the network;
- (2) To develop a roadmap for network activities.

### **4. Proceedings of the meeting**

Representatives from 17 institutions from Bangladesh, Bhutan, India, Indonesia, Nepal, Sri Lanka and Thailand attended the meeting. There was a mix of autonomous institutions, NGOs and government institutions. A list of participants is attached in Annex 3.

The opening remarks were made by Dr Athula Kahandaliyanage, Acting Director, Health Systems Development, WHO-SEARO. He addressed the need for each Member State to strengthen its health service system based on the principles of primary health care through innovations. This was timely since many donor agencies are interested in providing financial support for health systems strengthening/development. He stated that the network would facilitate and motivate sharing and promoting innovations among Member States.

Dr Suniti Acharya, Executive Director, Centre for Health Policy Research and Dialogue, Nepal, was nominated as the chairperson of the meeting.

Dr Sudhansh Malhotra, Regional Adviser, Primary and Community Health Care, WHO-SEARO, presented the draft concept note on the SEA Primary Health Care Innovations Network. The draft, in addition to stressing the importance of the network, defines its objectives, identifies potential network partners, the funding mechanism and expected outcomes. There was unanimous agreement about the establishment of the network to provide a regional forum for advocacy and dissemination of information related to PHC innovations. The draft concept note became the basis for further discussions.

## 5. Outcomes of the meeting

### Main discussion points and decisions

**Name of the network:** Participants accepted the name of the network as suggested by the Secretariat but the acronym identifying the network should be **SEAPIN**.

**Goal:** In addition to objectives, the goal for SEAPIN was defined as follows:

*“To promote health systems strengthening in the South-East Asia Region on the basis of fundamental principles of PHC.”*

**Functioning:** The fundamental functioning of the network should be *“formally informal”*.

**Role of WHO:** SEAPIN should not be seen as a WHO-SEARO-led activity. WHO-SEARO should only play the role of a facilitator. It was clarified that SEARO will provide activity-based support only. The role and responsibilities of WHO-SEARO are outlined below:

- (1) WHO-SEARO will play a facilitating role.
- (2) Provide activity-based support.
- (3) Nominate advisory group as per guidance from the Regional Director.
- (4) Be a permanent/founder member of the advisory group.



**Term of the Secretariat:** The suggested two-year term for the Secretariat may not be adequate. It was agreed that the term should be increased to three years.

The institution that is identified as the SEAPIN Secretariat will also provide infrastructure and manpower for functioning of the Secretariat on a voluntary basis during its designated term.

**Hosting of the Secretariat:** It was unanimously agreed that the SEAPIN Secretariat should rotate among members and SEARO should not serve as the Secretariat.

**Membership fee:** It was strongly felt that membership of SEAPIN should attract a token fee. The pros and cons of this proposal were discussed and it was decided that the Secretariat should take a decision on this issue in due course of time. Other modalities of resource mobilization like approaching donors – corporate, individuals etc. – should also be considered by the Secretariat.

All SEAPIN Secretariat-related expenses will be borne by the host institution.

**Advisory group:** It was agreed that the Secretariat would be guided by a small advisory group. It was felt that the advisory group should be constituted by WHO-SEARO as per guidance from the Regional Director and that WHO-SEARO should be on the advisory board as a permanent/founder member. The role of WHO-SEARO and the responsibilities of the advisory group are outlined below:

SEARO, as per guidance from the Regional Director, will nominate an advisory group comprising not more than seven members from different Member States. The Secretariat should be the Convenor of the advisory group.

*Responsibilities of the advisory group:*

- *To develop an action plan for the next three years.*
- *To develop a short- and long-term agenda for SEAPIN.*
- *To assist the Secretariat to generate and manage resources.*
- *To support the functions of the Secretariat.*
- *To develop the Charter and submit it to the Founder Members of the SEAPIN.*

**Election of the Secretariat for the first term:** The Institute of PHC Innovations/ Foundation for Quality of Life (IPI/FQL), Thailand, Voluntary Health Association of India (VHAI), National Institute of Health and Family Welfare (NIHFW), India, and Darul Ihsan University, Bangladesh offered to serve as the Secretariat for the first term. After deliberations, the meeting unanimously agreed that the IPI/FQL, Thailand, will serve as the Secretariat for the first term of three years.

**Concept note:** It was decided that the concept note would be further refined to incorporate the changes suggested by the members and serve as the working document of the SEAPIN. The revised concept note incorporating additions and modifications suggested by the meeting is at Annex 4.

## 6. Workplan

The following workplan was agreed to for the initial 12 months and responsibilities assigned.

S.No	Activities	Responsible organization
1.	Develop advocacy paper for donors and partners with a view to ensuring that PHC principles are explicitly articulated in all health systems strengthening proposals.	IPI/FQL, Thailand
2.	Develop SEAPIN website to be updated by the respective Secretariat holding the three-year term.	IPI/FQL, Thailand, (for the first term of three years). Subsequently by respective Secretariats.
3.	Develop a list of topics for Operational Research in PHC.	ASEAN Institute for Health Development (AIHD), Thailand
4.	Develop an Inventory of Training Programmes in PHC related subjects.	National Institute of Health and Family Welfare (NIHFW), India
5.	To serve as information resource centre on herbal/traditional medicine.	National Institute of Traditional Medicine, Bhutan

## **7. Closing session**

Dr Suniti Acharya, Chairperson, in her concluding remarks thanked all the distinguished participants for their contributions. She congratulated the Institute of Primary Health Care Innovations/Foundation for Quality of Life, Thailand for being selected as the Secretariat for the first three-year term. She requested that the meeting report be finalized and circulated to all members of SEAPIN as soon as possible.

## Annex 1

# List of Members of South-East Asia Primary Health Care Innovations Network (SEAPIN)

S. No.	Country	Name and address of Institution / NGO	Responsible Person and designation	Tel/Fax	Email
1	Bangladesh	BRAC School of Public Health 66 Mohakhali, Dhaka 1212	Prof Anwar Islam Professor & Director	(T) +880-2-8824051 (F) +880-2-8810383	<a href="mailto:mrityunjoy@bracu.ac.bd">mrityunjoy@bracu.ac.bd</a>
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## **Annex 2**

# **Programme**

### **Friday, 20 August 2010**

- |             |  |
|-------------|--|
| 8:30 – 9:00 | Registration   |
| 9:00 – 9:15 | Opening remarks by Dr Athula Kahandaliyanage, Acting Director, Department of Health Systems Development, WHO-SEARO.                    |
| 9:15 – 9:30 | Presentation of the Concept Note on South-East Asia Primary Health Care Innovations Network by Dr Sudhansh Malhotra, RA-PCH, WHO-SEARO |
| 9:30 – 1:00 | Discussions on the Concept Note, plan of actions and tasks delegation  |
| 1:00 – 1:30 | Closing remarks by the Chairperson   |

## Annex 3

# List of participants

### **Bangladesh**

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Nakhon Si Thammarat

Mr Wattana Potha  
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The North-East Regional Primary Health  
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Mr N. Mitroo  
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Mr Harish Rana  
Central Registry



## Annex 4

# Concept note on South-East Asia Primary Health Care Innovations Network (SEAPIN)

## 1. Background

The concept of primary health care (PHC) was enunciated over 30 years ago in the Alma Ata Declaration. The basic pillars of PHC approach (universal coverage, equity in health, inter-sectoral collaboration and community participation) remain valid even today. A wider application of these principles in the efforts to strengthen health systems in countries is necessary to attain the Millennium Development Goals and health for all. With the changing political, socio-cultural, economic and epidemiological scenarios as a result of globalization, we must ensure that primary health care principles continue to underpin community-based public health interventions. Countries and authorities concerned must be inspired and supported to continuously implement and improve primary health care activities to meet the changing needs of their people.

Countries in the WHO South-East Asia Region (WHO-SEAR) have developed primary health care innovations to address their own health challenges and the determinants of health. These experiences provide useful lessons, especially for policy makers, professionals and others for wider application. In its ongoing efforts to support Member States in strengthening their health systems through the PHC approach, WHO-SEARO proposes the creation of a South-East Asia Primary Health Care Innovations Network (SEAPIN).

## 2. Goal

To promote Health Systems Strengthening in the South-East Region on the basis of fundamental principles of PHC.

### **3. Objectives**

The proposed objectives of the prospective “South-East Asia Primary Health Care Innovations Network” are:

- (1) Serve as a platform for advocacy for the evolving concept of primary health care and community-based innovations.
- (2) Provide a forum for sharing information related to primary health care, community-based initiatives and overall health systems strengthening.
- (3) Support innovative health systems research in primary health care and serve as a regional think-tank to advise governments, WHO and other partners.
- (4) Serve as a technical and information support centre for revitalizing primary health care.
- (5) Engage in capacity-building for revitalizing primary health care and health systems strengthening.

### **4. Potential network partners**

- (1) Institutions, both service and research, active in primary health care/health systems development.
- (2) NGOs and civil society organizations implementing multi-disciplinary (including primary health care) initiatives.
- (3) Related government organizations.
- (4) Professional bodies (public health, nurse/public health nurse, community-based health workforce/community health volunteers, medical associations etc.)

Note: The Secretariat may involve individuals of repute in PHC in the activities of the SEAPIN on a case-by-case basis.

## **5. Modus operandi and roles**

### **5.1 WHO**

WHO will initially take proactive action to establish the network. Thereafter, once the partnership is established and functional, WHO will provide oversight to ensure smooth running of the network. The PCH unit at WHO-SEARO will be the regional WHO focal point. WHO country office staff responsible for health systems development area of work, will serve as focal points in the WHO country offices.

### **5.2 Membership**

To start with membership will be by invitation and limited to 25-30 members from South-East Asia. The WHO regional focal point, in close consultation with and advice of the WHO country office focal points will identify potential members. Later, opening the membership to other regions also may be considered. The WHO Regional Office for Eastern Mediterranean (EMRO) has expressed interest in sponsoring institutions to the network.

### **5.3 Advisory group**

To start with, SEARO will nominate an advisory group comprising not more than seven members from different Member States. The Secretariat should be the Convener of the advisory group.

#### ***Responsibilities***

- (1) Developing an action plan for the next three years.
- (2) Developing a short- and long-term agenda for SEAPIN.
- (3) Assisting the Secretariat to generate and manage resources.
- (4) Supporting the functions of the Secretariat.
- (5) Developing the Charter and submit it to the Founder Members of the SEAPIN.

## 5.4 Secretariat

The participating members of the network will serve as the Secretariat by rotation for a period of three years.

### ***Responsibilities***

The Secretariat will receive advice and support from the advisory group as required. The Secretariat will be responsible for identifying and recruiting new members in consultation with the advisory group; developing and maintaining a website, publication of a newsletter; organization of technical meetings; record keeping of the network's work for institutional memory and so on. This list is not exhaustive but only illustrative. It is expected that the list will be further developed as the network gets established.

## 6. Funding

The SEAPIN advisory group along with the Secretariat will decide on resource generation which could include:

- (1) Membership fee.
- (2) Funding from donor agencies.
- (3) Donations by individuals/corporates.
- (4) Contributions from governments/national institutions/NGOs.

All secretariat-related expenses will be borne by the institution holding the three-year term of the secretariat of the network.

WHO-SEARO will provide need-based financial support for the network activities only. These may include support for establishing a website, publication of a newsletter, expenses for communications, organization of meetings etc. WHO will not support any staff cost.

## 7. Expected outputs and outcomes

- (1) Health systems strengthening based on primary health care and community-based initiatives from SEAR countries and beyond will be shared among SEAR countries.

- (2) Region/country-specific innovations in health systems strengthening based on primary health care and community development will be generated.
- (3) Institutions and authorities concerned will be motivated to continuously improve the implementation of health systems strengthening based on primary health care to effectively meet health challenges in their respective countries.
- (4) The network will contribute towards improvement of health-related MDGs and equity in health.

## **8. Activities planned for the next six months**

- (1) Developing an advocacy paper on health systems strengthening for presentation to donors.
- (2) Developing an inventory of PHC training programmes.
- (3) Developing a research agenda for PHC.
- (4) Developing a website.
- (5) Developing an information resource centre on herbal medicine.

Countries in the WHO South-East Asia Region have reaffirmed their commitment to revitalizing Primary Health Care during the Regional Conference on Revitalizing Primary Health Care held in Jakarta, Indonesia, from 6-8 August 2008. One of the recommendations of the Regional Conference for WHO-SEARO was:

“To provide normative support for country capacity, particularly in:

- Consolidating and disseminating the lessons learnt from international experiences with PHC; and
- Facilitating exchange and horizontal support between countries.”

In pursuance of this recommendation and in consultation with partner institutions, WHO-SEARO established a South-East Asia Primary Health Care Innovations Network (SEAPIN).

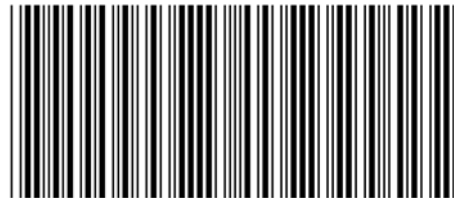
This report is an account of the first meeting of the South-East Asia Primary Health Care Innovations Network. It includes description of the agreements arrived at relating to administration and functions of the Secretariat and Advisory Group of the Network and outlines a workplan that the Network will pursue over the next one year.



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