

Capacity Building: What kind of health professional we needed Focus in Primary care

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Objectives

- To define the actual health scenario
- To know or imagine what kind of MDs we needed
- To see the real “gap” in public health
- To compare health capacity building vs. barriers

World Health Scenario

- Epidemiological Transition
- Ageing Population



The actual MD



The Real Health Gap

- Health scenario vs. Medical education

=> We need a change !!!!

- Undergraduate curricula
- Focus on primary care

Undergraduate curricula

- Dilemma: > specialization or broad base ?
- Curricular change imply Qs about needs
and also a sociocultural change
- Change is to value resources + to build capacities
- Different models
assistance vs. research
lineal/compartiment vs spiral/integral curricula

Why Primary Care ?

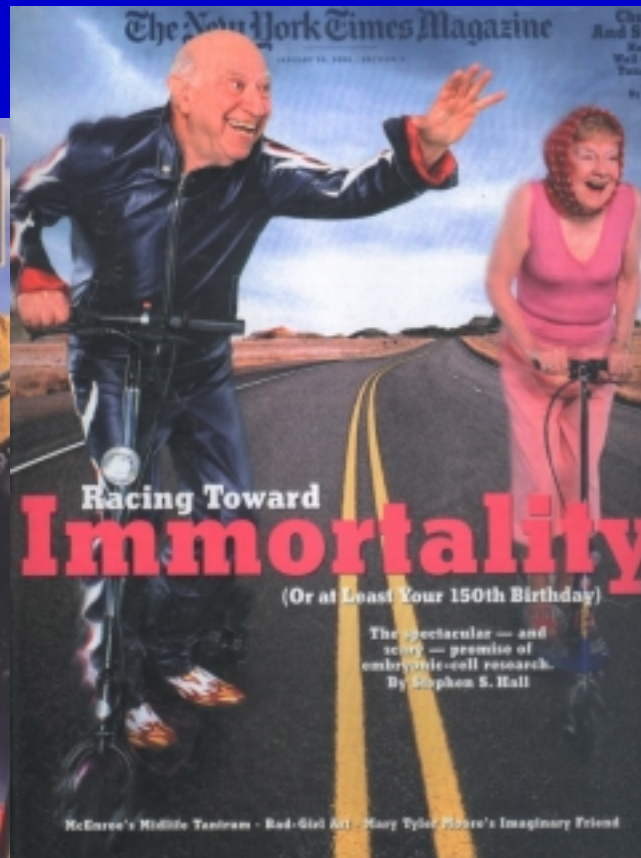
- Provide person focused care over time
- Is a different approach: first contact, longitudinal, comprehensive, prev + curative + rehab.
- Humanistically oriented
- Is the answer after the care fragmentation

From primary medical to primary health care

- Focus illness to health
 cure to prevention and care
- Contents Tx to health promotion
 episodic care to continuous care
 specific problems to comprehensive care
- Organization specialist to GP
 physician multidisciplinary group
 single handed practice to team
- Responsibility health sector alone intersectorial coll.
 professional dom. community participation
 passive perception self responsibility

Source: Vuori, Health Pol. 1985

The market ????



Medical and Patient Agendas

- Med agenda
clinical records, physical Ex,
lab test, Dx, etc
- Patient agenda
behaviour comprehension
and understanding of vital
experiences. Expectatives,
feelings, fears.



Barriers

- Undergraduate education: Education + Health
- Elderly community issues: Social + Health
- Normally we can identify the points to change
but.....How to change it ???

Possible solution:

- Population and Gov >>>> health = social capital
- Empowerment => community participation
- Capacity building => continuing dynamic process
 - assessment health needs
 - planning and building at different level
 - consensus and political commitment !!!!
 - priorities
 - recollection + evaluation + compare (network)

Summary 1

- We need a change !!!!
- Epidemiological Transition + Elderly Population enforce new kind of HP
- Health Capacity Building is a validity strategy + necessary resource
- Capacity Building at different levels !!!
- Primary care. Good strategy !!!!!

Summary 2

- “Line separating clinical medicine and public health, has become increasingly blurred”
- “Medical education is also, and today more than ever, about teaching how to manage change”
- “As educators we need be motivators of change at different level. We have the change on our hands to assurance equity and appropriate care for next generation in the a new health world”

D.G. Dr Brundtland, March, 2003

We are a Team !!!



PGC WHO Geneva 2003

Don't forget !!!



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Thanks you

Merci

Obrigado

Shukriya

감사합니다

Xin cảm ơn !!

Gracias

