



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



144th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 22-26 June 2009

Provisional Agenda Item 4.16

CE144/21 (Eng.)

11 May 2009

ORIGINAL: ENGLISH

FAMILY AND COMMUNITY HEALTH Concept Paper

Introduction

1. The family is the basic social organization unit and also the most easily approached for preventive and therapeutic interventions. The family provides the setting and context where knowledge, beliefs, attitudes, and practices about health, as well as health-seeking behaviors, are first formed and established. The health of the family is more than the physical and mental condition of its members; the family provides a social environment for their natural development and fulfillment.¹

2. Healthy families help create healthy communities and, in turn, healthy communities help create healthy families. A community begins to be healthy when its political leaders, local organizations, and citizens commit and collectively organize to improve the health and well-being of all its residents; when local authorities, community organizations, and public and private sector institutions enter into a social contract to improve the community's health; and when local planning is used as a basic tool to that end and includes social participation in management, evaluation, and decision-making.²

3. There is a growing perception that family and community health cannot be attained if the social determinants of health are not taken into account and addressed properly in the formulation of health and social policies. The acknowledgment of the fundamental role that families and communities play in achieving the optimal health and well-being of all persons has triggered the emergence of the family and community

¹ World Health Organization. Statistical indices of family health. Geneva: WHO; 1976.

² Pan American Health Organization. Health in the Americas, 2007 edition. Washington, DC: PAHO; 2007.

health approach. Ultimately, this approach aims to generate human and social development, especially as they apply to reaching the Millennium Development Goals.³

Background

4. The family and community health approach is not completely new in the Region of the Americas. To date, several countries (Brazil, Chile, Costa Rica, and Cuba) already have well-established family and community health programs, and several others (Bolivia, Guatemala, Jamaica, and Nicaragua⁴) are developing their own programs or are consolidating existing programs. The Region as a whole, on the other hand, still needs to arrive at a common understanding about family and community health based on the primary health care strategy.⁵

5. With a clear vision that policies and political support are necessary to improve health conditions in the countries and globally, several international summits have issued declarations in the past 25 years calling attention to the growing need for a new social and health agenda that stresses the role of families and communities.⁶ The design and implementation of the family and community health approach is a practical response to these mandates.

Progress Report

6. Since the last progress report on family and health to the Directing Council in 2005,⁷ the development of the family and community health approach has progressed through a series of actions, including:

- (a) reviews of country experiences on family and community health;
- (b) analyses of lessons learned from the implementation in the countries of Regional initiatives and programs such as the Integrated Management of Childhood Illness (IMCI), the Integrated Management of Adolescent Needs (IMAN), and Healthy and Active Aging;

³ <http://www.un.org/millennium/declaration/ares552e.pdf>.

⁴ For additional information about country experiences, please review Health in the Americas, 2007 edition (Vol. II). <http://www.paho.org/hia/homeing.html>.

⁵ <http://www.paho.org/english/AD/THS/PrimaryHealthCare.pdf>.

⁶ The Ottawa Charter for Health Promotion (1986), the World Summit for Children (1990), the International Conference on Population and Development (Cairo, 1994), the United Nations Millennium Development Goals (2000), and the United Nations International Plan of Action on Ageing (2002) have all addressed the importance of involving the family and community to improve health worldwide.

⁷ <http://www.paho.org/english/gov/cd/CD46-21-e.pdf>.

- (c) regional collaboration efforts to develop community projects in Guyana, Haiti, and Nicaragua;
- (d) ongoing bibliographic research, with special emphasis on selected articles from Latin America, the Caribbean, and North America;
- (e) stepwise development of a conceptual framework that has included the participation of Regional technical programs, academic institutions, and country practitioners;
- (f) technical discussions held with family and community health focal points from 22 countries in Guatemala in early 2007;
- (g) a review and analysis of previous document drafts to clarify concepts and agree on definitions by a small group of family and community health professionals in Barbados in June 2008; and
- (h) the preparation of a more comprehensive document that is under technical and editorial review prior to being published.

Proposal

7. The family and community health approach is a necessary component for the successful implementation of the primary health care strategy in the Americas.⁸ Primary health care embraces values and principles that steer the organization of health systems and services toward serving the health needs of families and communities; the family and community health approach, on the other hand, provides a model of care and content, and promotes the active participation of families and communities in managing their health through the primary health care strategy.

8. The family and community health approach considers the health of children, adolescents and youth, adult men and women, and the elderly as a continuum that encompasses all stages of the life-course. Relying on evidence-based and efficacy-proven interventions, this approach addresses age- and gender-specific health risks and determinants, beginning before conception and continuing through pregnancy, birth and infancy, and on through childhood, adolescence, adulthood, and old age.

9. Conceptually, the family and community health approach is based on the premise that health is a basic human right that rests on the values of equity and solidarity, especially in reference to persistent gender- and minority-related inequalities.

⁸ <http://www.paho.org/english/AD/THS/PrimaryHealthCare.pdf>.

10. In operational terms, the family and community health approach considers that risk factors change over the course of a person's life and promotes interventions that are consistent with the various biological and chronological stages of life. The approach also focuses on health outcomes (impact) rather than input (process), and ensures that family behaviors, community resources, government policies, and health sector and intersectoral actions be coordinated and oriented toward the same goal.

11. The family and community health approach is intended to:

- (a) create healthy behaviors and develop strong and resilient communities, families, and individuals;
- (b) reduce risks to health and prevent disease, decreasing exposure to harm and avoiding causes of illness and death;
- (c) provide equitable access to quality health services, adopting the primary health care strategy; and
- (d) address health determinants by conducting intersectoral actions, building alliances, partnerships, and networks, and adopting the "health in all policies" strategy.

12. The approach's four principles are:

- (a) *participation*—to increase families' and communities' role as active stakeholders in attaining and maintaining their health;
- (b) *collaboration*—to coalesce the actions of families, communities, health services, and institutions into a synergistic effort that produces a greater effect on people's health;
- (c) *integration*—to group health actions and programs into a continuous and comprehensive life-long approach to the health of individuals, families, and communities; and
- (d) *opportunity*—to take advantage of interactions among individuals, families, and health services to apply simultaneous and timely health interventions.

13. In practical terms, at the core of the family and community health approach lies a set of key individual and family practices to promote healthy growth and development and inclusive care, prevent disease, provide home care for the sick, and improve care-seeking behavior and compliance with the advice of health providers. This approach is

intended to strengthen the health systems' capacity and efficacy to provide integrated and comprehensive care, bringing people closer to the health system and community resources that can improve their quality of care and their health and well-being.^{9,10}

14. The success and sustainability of the family and community health approach depend on the development of policies, actions, and tools¹¹ that aim to empower individuals, families, communities, and health services. Individuals and families are empowered by acquiring health literacy through information and education, by having available options, and by having right and ability to choose. Communities are empowered through strong leadership, commitment to health and effective social organization, and mobilization. Health services are empowered by providing health personnel with ongoing training and economic incentives; access to adequate information, technology, and technical know-how, as well as good managerial practices and logistical, administrative, and financial support for health programs.

15. Strategically, the necessary actions for designing and implementing a comprehensive family and community health approach within the health systems and services should include the following:

- (a) advocacy and social communication to involve engage all necessary parties and stakeholders;
- (b) policy and program development that has a clear understanding of the needs and strategies for implementation, as well as evaluation mechanisms;
- (c) the development of alliances, partnerships, and networks among individuals and institutions that can provide technical, political, and financial collaboration and support;
- (d) human and financial mobilization of resources at the local, national, and international levels;
- (e) training of human resources at every level to develop multi-disciplinary teams whose members can collaborate with and learn from each other;
- (f) technical cooperation directed to solve problems;
- (g) research promotion, especially applied and participatory research designed to develop new knowledge and methods;

⁹ Drasbek, et. al., Regional Community IMCI Partnership, ARC/UNF Final Report, 2007.

¹⁰ Harkins, T., Drasbek, C., et. al., The Health Benefits of Social Mobilization: Experiences with Community-based Integrated Management of Childhood Illness in Chao, Peru and San Luis, Honduras, Promotion and Education, Volume XV, No. 2, 2008.

¹¹ Examples of tools developed are the IMCI community component guides (Series PAHO/FCH/CA/04.2(1,2,3,4,5,6,7).1 .

- (h) surveillance, monitoring, and evaluation to measure progress, achievements, and impact; and
- (i) the dissemination of information to share findings throughout society and give feedback to decision-makers, health services, communities and families.

16. If the family and community health approach is to succeed, it must be acknowledged that global and national policies can only be relevant if they are translated into effective local action. A thorough understanding and application of the family and community health approach will be instrumental to successfully renewing primary health care, fulfilling the population's health and social expectations, and pursuing "health for all" as a joint governmental and civil society responsibility and a basic human right.

Action by the Executive Committee

17. The Executive Committee is asked to review and analyze this document and provide guidance on the next steps for implementing the approach in the countries.

Annexes



PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION

CE144/21 (Eng.)
Annex A

ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL AREAS

1. Agenda item: 4.16. Family and Community Health.

2. Responsible unit: FCH

3. Preparing officer: Gina Tambini

4. List of collaborating centers and national institutions linked to this Agenda item:

- Ministry of Health, Brazil
- The George Washington University, Washington, DC
- Countries in the Region with Family and Community Health programs and initiatives

5. Link between Agenda item and Health Agenda for the Americas 2008-2017:

This agenda item is linked to these specific areas of the Health Agenda for the Americas, but especially to:

- Tackling health determinants;
- Increasing social protection and access to quality health services;
- Diminishing health inequalities among countries and inequities within them;
- Reducing the risk and burden of disease; and
- Strengthening the management and development of health workers

6. Link between Agenda item and Strategic Plan 2008-2012:

The family and community health conceptual framework is based on the life course approach to the health of all members of families and communities. For this reason, it is linked to a several Strategic Objectives, which include:

- SO1: To reduce the health, social economic burden of communicable diseases.
- SO2: To combat HIV/AIDS, tuberculosis and malaria.
- SO4: To reduce morbidity and mortality to improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals.
- SO6: To promote health and development, and prevent or reduce health factors such as use of tobacco, alcohol, drugs, and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions.
- SO9: To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development.
- SO10: To improve the organization, management and delivery of health services.
- SO13: To ensure an available, competent, responsive and productive health workforce to improve health outcomes.
- SO14: To extend social protection through fair, adequate and sustainable financing.

7. Best practices in this area and examples from countries within the Region of the Americas:

An increasing number of countries has developed significant experience in the implementation of family and community health programs and best practices; among them Brazil, Chile, Costa Rica, Cuba, Ecuador, Jamaica, México, and Nicaragua.

8. Financial implications of Agenda this item:

Financial support for family and community health programs at the country level has been assumed by the governments. The Secretariat's involvement in promoting and strengthening the family and community health approach will require US\$ 790,000 per biennium, of which about US\$ 210,000 will be provided by the Family and Community Health Area.



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



144th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 22-26 June 2009

CE144/21 (Eng.)
Annex B
ORIGINAL: ENGLISH

PROPOSED RESOLUTION

FAMILY AND COMMUNITY HEALTH

THE 144th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the concept paper on Family and Community Health (Document CE144/21),

RESOLVES:

To recommend that the Directing Council adopt a resolution along the following lines:

FAMILY AND COMMUNITY HEALTH

THE 49th DIRECTING COUNCIL,

Having considered the concept paper on Family and Community Health (Document CD49/__);

Recognizing that the Health Agenda for the Americas, 2008–2017, calls for increasing social protection and access to quality health services, tackling health determinants, diminishing health inequalities among countries and inequities within them, reducing the risks and burden of disease, and strengthening the management and development of health workers;

Taking into account the 2008 World Health Report on primary health care and the need to develop and strengthen public policies to extend coverage in the delivery of quality health services with a family and community health orientation; and

Mindful of the international and Regional mandates on family and community health, and acknowledging that if the health targets of the Millennium Development Goals are to be achieved at the national, Regional, and global levels they must be fulfilled at the local level with the participation and collaboration of health and social services, families, and communities,

RESOLVES:

1. To urge Member States to:
 - (a) adopt a family and community health approach as an effective framework for promoting and integrating social policies, local development strategies, public health programs, and health care services aimed at strengthening the coping capabilities of families and communities and ensuring health and wellbeing of their members;
 - (b) intensify their efforts to ensure universal access to quality individual and collective health services and programs, as a critical component of a social protection agenda, through the development of integrated health systems based on primary health care;
 - (c) strengthen the development, governance, management, and performance of integrated networks of health services with a population focus to respond to the specific health needs of individuals at different stages of their life course and in the context of their families and communities; and
 - (d) invest in the development of the necessary human resources to sustain the outreach and expansion of multidisciplinary and team-based, primary health care services and public health programs and interventions with a comprehensive family and community health approach.
2. To request the Director to:
 - (a) support the development of models of care and training of human resources as well as the organization, management, and delivery of health services with a family and community oriented focus to provide comprehensive, continuous, and integrated quality health care;
 - (b) advocate for the involvement of international agencies, scientific and technical institutions, civil society organizations, the private sector, and others in supporting national and local initiatives on family and community health, with

special emphasis on priority countries and socially unprotected areas and populations of the Americas; and

- (c) facilitate the exchange of experiences and good practices on family and community health between countries, and strengthen mechanisms for operational research and standardized evaluation and monitoring of family and community health activities, in order to allow for international and longitudinal comparisons of their effectiveness and efficiency to be made.



PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION

CE144/21 (Eng.)
Annex C

**Report on the Financial and Administrative Implications for
the Secretariat of the Resolution Proposed for Adoption**

1. Agenda item: 4.16. Family and Community Health.
2. Linkage to Program Budget 2008-2009: (a) Area of work: Family and Community Health (b) Expected result: RER 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7 RER 1.1, 1.2 RER 2.1, 2.2, 2.3, 2.5 RER 6.1, 6.5, 6.6 RER 9.1, 9.4 RER 10.1, 10.4 RER 13.1 RER 14.1
3. Financial implications (a) Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$ 10,000, including staff and activities): US\$ 1,970,000 (five years). (b) Estimated cost for the 2008–2009 biennium (estimated to the nearest US\$ 10,000, including staff and activities): US\$ 300,000. (c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? US\$ 210,000.
4. Administrative implications (a) Indicate the levels of the Organization at which the work will be undertaken: Regional, subregional, and country levels. (b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile): A professional level position (Master in Public Health) to provide technical support and coordinate and monitor the implementation of country-specific projects. (c) Time frames (indicate broad time frames for the implementation and evaluation): 2009-2013.