



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## **49th DIRECTING COUNCIL**

### **61st SESSION OF THE REGIONAL COMMITTEE**

*Washington, D.C., USA, 28 September-2 October 2009*

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*Provisional Agenda Item 4.16*

CD49/20 (Eng.)

17 August 2009

ORIGINAL: ENGLISH

### **FAMILY AND COMMUNITY HEALTH, Concept Paper**

#### **Introduction**

1. The family is the basic unit of social organization and provides the setting and context in which 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.<sup>1</sup>

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 culturally appropriate local planning is used as a basic tool to that end and includes social participation in management, evaluation, and decision-making.<sup>2</sup>

3. There is a growing perception that the health of individuals, families, and communities cannot be attained without considering the social determinants of health in an intercultural framework. These determinants include the condition of the physical and social environment, education, access to information, the health status of other family and community members, household income, food security, working conditions, access to health services, family planning, and the exercise of human rights and fundamental

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<sup>1</sup> World Health Organization. *Statistical indices of family health*. Geneva: WHO; 1976.

<sup>2</sup> Pan American Health Organization. *Health in the Americas*, 2007 edition. Washington, DC: PAHO; 2007.

freedoms.<sup>3</sup> Consideration of the socioeconomic determinants of health is essential to the formulation and implementation of an intercultural family and community health approach and the attainment of the Millennium Development Goals.<sup>4</sup>

4. In the countries of the Hemisphere, indigenous peoples constitute some 3% to 40% of the total population. Regionally and globally, the burden of disease, disability, and premature death is consistently higher among indigenous peoples than among the rest of the population. Moreover, indigenous peoples still lack opportunities to participate in their own health care, and health care providers and society as a whole have little understanding of the cultural complexities and needs of indigenous peoples.

## **Background**

5. 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, El Salvador, Guatemala, Jamaica, and Nicaragua<sup>5</sup>) are developing programs or consolidating existing ones. However, it is still necessary to develop the intercultural family and community approach, based on the strategy for the renewal of primary health care.<sup>6</sup>

6. 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.<sup>7</sup> The design and implementation of the intercultural family and community health approach is a practical response to these mandates, especially in matters that affect the most neglected populations.

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<sup>3</sup> The Universal Declaration of Human Rights establishes that the family is the natural and fundamental unit of society and is entitled to protection by society and by the State (Article 16). Furthermore, the American Declaration of the Rights and Duties of Man establishes that every person has the right to establish a family, the basic element of society, and to receive protection therefor (Article VI).

<sup>4</sup> <http://www.un.org/millennium/declaration/ares552e.pdf>.

<sup>5</sup> For additional information about country experiences, see *Health in the Americas*, 2007 edition (Vol. II). <http://www.paho.org/hia/homeing.html>.

<sup>6</sup> <http://www.paho.org/english/AD/THS/PrimaryHealthCare.pdf>.

<sup>7</sup> 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). All have addressed the importance of involving the family and community to improve health worldwide.

## Progress Report

7. Since the last progress report on family and health to the Directing Council in 2005,<sup>8</sup> 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), the empowerment of families and communities for the reduction of maternal mortality, and the achievement of active and healthy aging;
- (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 working group of family and community health professionals in Barbados in June 2008;
- (h) the inclusion of a specific intercultural approach as a new way to achieve and maintain the health of individuals, communities, and families in indigenous populations;
- (i) the preparation of a more comprehensive document that is under technical and editorial review prior to being published.

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<sup>8</sup> <http://www.paho.org/english/gov/cd/CD46-21-e.pdf>.

## Proposal

8. The family and community health approach seeks to ensure that the individual, the family, and the community receive health care that looks not only at a person's health but at his relations with his family, his community, and his environment. The family and community health approach respects community values, providing a participatory model for the social management of care through the strategy for the renewal of primary health care,<sup>9</sup> which includes the guiding principles of health systems organization.

9. The family and community health approach views the health of children, adolescents and youth, adult men and women, and the elderly as a continuum that encompasses all stages of life. This new way of creating health focuses on the health risks and determinants that are especially associated with age, gender, ethnicity, and culture.

10. Conceptually, the family and community health approach is based on the premise that health is a basic human right<sup>10</sup> guaranteed by the State and grounded in the values of equity and solidarity, especially in regard to persistent inequalities linked with gender, ethnicity, and vulnerable populations.

11. 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.

12. The family and community health approach has the following purposes:

- (a) create healthy behaviors and develop strong and resilient communities, families, and individuals;

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<sup>9</sup> <http://www.paho.org/english/AD/THS/PrimaryHealthCare.pdf>.

<sup>10</sup> The Member States of WHO agreed on important public health principles, which are established in the Preamble to its Constitution. Thus, the Constitution establishes as a basic principle that the enjoyment of the highest attainable standard of health is not only a state or condition of the individual, but "...one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.." The Constitution was adopted by the International Health Conference, held in New York from 19 to 22 June 1946 and signed by the representatives of 61 States. In addition, the International Covenant on Economic, Social, and Cultural Rights (UN) protects "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health..."(Article 12), and the Protocol of San Salvador protects "the Right to Health" (Article 10). Moreover, protection of health as a human right is enshrined in 19 of the 35 constitutions of the Member States of PAHO (Bolivia, Brazil, Cuba, Chile, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Uruguay, and Venezuela).

- (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 strategy for the renewal of primary health care, respecting the local culture and seeking linkage and complementarity;
- (d) address health determinants by conducting intersectoral actions, building alliances, partnerships, and networks, and adopting the “health in all policies” strategy;
- (e) promote the development and establishment of organized communities that fully exercise their right to the enjoyment of the highest attainable standard of physical and mental health (“right to health”).<sup>11</sup>

13. The six fundamental principles of the approach are:

- (a) *Participation*—to enhance the role of communities and families as active, co-responsible partners in decision-making and management for attaining and maintaining their health, based on the identification of their own problems and needs.
- (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, promoting coordination between the population and the different sectors to act on health determinants.
- (c) *Interculturalism*—to accept, recognize, and mutually value the perceptions, interpretations, knowledge, and practices of conventional academic medicine and the traditional medicine of indigenous peoples, as part of a symmetrical relationship.
- (d) *Comprehensiveness*—to recognize the health-disease process as a totality that includes the person and his relations with his family, his community, and his environment—a concept that, in the vision and perception of indigenous peoples, extends to nature and the spiritual world—with a view to implementing health

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<sup>11</sup> The Directing Council of PAHO has defined the most important links between health and human rights, according to the doctrine and international human rights agencies. See technical document CD47/15, “Disability: Prevention and Rehabilitation in the Context of the Right to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health and Other Related Rights,” pp. 10-15, 47th Directing Council of PAHO, Washington, D.C., 25-29 September 2006, available at: <http://www.paho.org/English/gov/cd/CD47-15-e.pdf>

- promotion, the prevention and treatment of disease, rehabilitation, and recovery with quality and the human touch, within the framework of international and regional instruments focused on human rights,<sup>12</sup> gender, generational, ethnic, and cultural issues.
- (e) *Integration*—to combine measures from conventional academic medicine and health programs with efficacious practices from traditional medicine into a continuous, comprehensive model of health care for individuals, families, and communities that spans the entire life-course.
- (f) *Opportunity*—to take advantage of interactions among individuals, families, health services, and communities to implement simultaneous and timely health interventions.

14. In practical terms, at the core of the family and community health approach lies a set of key individual and family practices,<sup>13,14</sup> including care-seeking behavior and following the advice of health care providers, which in many communities includes members of the community who practice traditional medicine. This approach is intended to strengthen the capacity and efficacy of health systems and service networks to provide integrated and comprehensive care, bringing people closer to the health services and community resources that can improve their quality of care, their health, and their well-being.

15. The success and sustainability of the family and community health approach depend on the development of policies, actions, and tools<sup>15</sup> 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 the right and the ability to choose. Communities are empowered through strong leadership, commitment to health and effective social organization and mobilization in the full exercise of their right to health. 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.

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<sup>12</sup> With respect to the added value of using human rights instruments, see Strategic Plan of PAHO 2008-2012, Strategic Objective 7, 27th Pan American Sanitary Conference, Washington, D.C., 1-5 October 2007, p. 74-78. Available at: [http://intranet.paho.org/DPM/PPS/0\\_OD\\_328\\_post-PASC\\_strat\\_Plan\\_eng\\_0908.pdf](http://intranet.paho.org/DPM/PPS/0_OD_328_post-PASC_strat_Plan_eng_0908.pdf)

<sup>13</sup> Drasbek, et. al., Regional Community IMCI Partnership, ARC/UNF Final Report, 2007.

<sup>14</sup> 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

<sup>15</sup> Examples of tools developed are the IMCI community component guides (Series PAHO/FCH/CA/04.2(1,2,3,4,5,6,7).1 .

16. Strategically, the necessary measures for designing and implementing actions and programs for family and community health within the health systems and services should include the following:

- (a) Advocacy promoting this approach and utilizing the media to engage the necessary parties and stakeholders;
- (b) development of policies, programs, plans, legislation, and projects with a clear and respectful understanding of the needs, rights, and cultural values of individuals, families and communities, and strategies for their execution, as well as monitoring and 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) social participation and control through organized communities, in the full exercise of their right to health;
- (e) mobilization of human and financial resources at the local, national, and international levels;
- (f) education and training of human resources at every level to develop multidisciplinary teams whose members can collaborate with and learn from each other;
- (g) technical cooperation geared to problem-solving;
- (h) research promotion, especially applied and participatory research designed to develop new methodologies and knowledge;
- (i) surveillance, monitoring, and evaluation to measure progress, achievements, and impact;
- (j) dissemination of information to share findings throughout society and give feedback to decision-makers, health services, communities and families.

17. The commitment of the States is a *sine qua non* if the family and community health approach is to succeed. Moreover, it must be acknowledged that global and national policies can only be relevant if they are translated into effective local action within the cultural framework of the community. Thorough understanding and application of the family and community health policy will be instrumental for renewing primary health care, meeting the population's health and social expectations, and achieving health for all as a joint governmental and civil society responsibility and a basic human right.

**Action by the Directing Council**

18. The Directing Council is invited to examine the information contained in this document and study the possibility of adopting the resolution recommended by the 144th Session of the Executive Committee, found in Annex B.

Annexes





PAN AMERICAN HEALTH ORGANIZATION  
*Pan American Sanitary Bureau, Regional Office of the*  
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CD49/20 (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.
- Residencia Médico Salud Familiar Comunitaria Intercultural (SAFCI) and Office of Health Promotion, Ministry of Health and Sports, Bolivia.
- 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.
- Strengthening the management and development of health workers.

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

The conceptual framework for intercultural family and community health 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 intercultural family and community health programs and best practices; among them Brazil, Chile, Costa Rica, Cuba, Ecuador, Jamaica, Mexico, and Nicaragua. The intercultural family and community health approach is especially relevant in countries such as Bolivia, Ecuador, El Salvador, Guatemala, Guyana, and Peru.

**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.



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## **49th DIRECTING COUNCIL**

### **61st SESSION OF THE REGIONAL COMMITTEE**

*Washington, D.C., USA, 28 September-2 October 2009*

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CD49/20 (Eng.)  
Annex B  
ORIGINAL: ENGLISH

### ***PROPOSED RESOLUTION***

### **FAMILY AND COMMUNITY HEALTH**

#### ***THE 49th DIRECTING COUNCIL,***

Having considered the concept paper *Family and Community Health* (Document CD49/20);

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 comprehensive and intercultural 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 the 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 and intercultural 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 with a gender and intercultural approach;
  - (b) promote integration of the family and community health approach in PAHO programs;
  - (c) 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
  - (d) 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.



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Annex C

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

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