



**World Health
Organization**

AFRICAN REGION

African Programme for Onchocerciasis Control (APOC)

Programme africain de Lutte contre l'Onchocercose

01 B.P. 549, Ouagadougou 01, Burkina Faso

Tel: (226) 50 34 29 53; 50 34 29 59; 50 34 29 60; 50 34 36 45/46

Fax: (226) 50342875; 50343647



PRESS RELEASE

Minister affirms commitment to community ownership of public health interventions

Nairobi, Kenya/04 November 2010 – The Kenyan Minister for Public Health and Sanitation Beth Mugo has advocated a wider use of community-directed intervention in the delivery of public health services to promote community ownership of the health systems in Africa and overcome the adverse effects of the global financial crisis.

“It is incumbent upon us to look for better ways to provide and deliver cheaper and accessible health care to our populations, and the Community-directed intervention (CDI) strategy has been proved effective” in this regard, the Minister told a health/education meeting being held in Nairobi and discussing the merits of the strategy and its inclusion in the curricula of University Faculties of Medicine and Health Sciences and nursing schools in Africa.

The Minister, represented by Dr Willis Akhwale, Head of the Department of Disease Control of the Ministry said the CDI principle was in line with Kenya’s newly rolled out Community Strategy which aims at enhancing delivery of the Kenya Essential Health Package (KEHP) at community level.

“It is my belief that adoption of the CDI strategy in Kenya can accelerate implementation of the community health strategy and lead to effective delivery of the KEHP to all communities including the poorest and the most remote,” Mugo said

She urged the Vice-chancellors, deans and other senior academics as well as heads of nursing schools of 16 universities and nursing schools from 11 East and Southern African countries attending the three-day Nairobi meeting to emulate their West and Central African counterparts.

“In this way,” she said, “all the health workers coming through the (medical schools’) system will have internalized the (CDI) strategy and ready to recognize the desire of and ability of communities to participate in the delivery of their own health services.”

Speaking in a similar vein, the WHO Country Representative Abdoulie Jack, said that piloting the teaching of the CDI strategy in medical and nursing schools “will encourage the political leadership and decision makers in health and education to further strengthen their collaboration.”

Dr Jack, who was represented by Dr Joyce Onsongo, a Disease Prevention and Control Officer in the WHO Country Office, noted that the CDI strategy fitted well into the Primary Health Care (PHC) philosophy which emphasizes an integrated approach in solving public health problems confronting populations worldwide, especially in the African region.

Earlier in her address of welcome, WHO/APOC Director Dr Uche Amazigo, said the African region would not make sustainable improvement in health systems without “a long-term plan to train and engage future health professionals on a strategy that works and is inclusive of community participation.”

The CDI strategy “reinforces the links between communities and health services,” she said, adding that it “works where health systems are sparse or non-existent. “It works where conflict and instability are rife – prompting a revolution in the provision of basic primary health. Based on volunteers, it requires the minimum amount of investment, and cash-strapped governments can appreciate its value.”

The World Health Organization African Programme for Onchocerciasis Control (WHO/APOC), has been using the CDI strategy for the control of the debilitating and blinding disease also known as river blindness for over 13 years with remarkable success. Having found the CDI approach to be equally effective for the delivery of multiple health interventions, the Programme and its partners are advocating for the teaching of the strategy by universities and nursing schools and its adoption by other disease control programmes for better outcomes.

Faculties of medicine, health sciences and nursing schools represented at the meeting are expected to agree on a curriculum and training module for pre-testing by their institutions at the end of the meeting.

Eighteen universities from 12 countries in Central and West Africa have already adopted a training module on the CDI strategy and agreed to introduce the strategy in their curricula.