The human resources development dilemma in PHC:

Do we go for health care specialists?
Or do we opt for social and health development leaders?

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The theoretical consensus on health and determinants

1 Huber, M; Knottnerus J. How should we define ‘health’? Bmj 2010; 341: c4303–c4303.
2 Halfon N. Part 1: Context and Background The Emerging Theoretical Framework of Life Course Health Development. DOI:10.1007/978-3-319-47143-3_2.
Changing prioritization to have primary care contributing to health development: Moving away from a population-disease centred toward a people and community health centred approach.

Disease or risk but low disability
No disease or risk and low disability
Disease or risk and high disability
No disease or risk and high disability

Psychological
Somatic
Social

(dis)-ability

Solidarity and social ties

Community
People

The future of primary care: the package of care to be provided (example)
The future of primary care: proximity providers as part of a social system?

- The proximity providers
  - play a role of « boundary spanning » and « knowledge brokering »
  - Contribute to the best balance between people life goals and enhancing social cohesion within communities
Integration approach?

![Diagram showing integrated care units with specialized integrated care units and integrated care units.](image-url)
The overall actual situation and some determinants?
The primary care as it is still in many countries

- General Hospital
- Programs for disease control or population subgroups

« community »
Health centre
Health area

Biomedical individual curative care
Population disease-focused health
The primary care as it is still in many countries

- Medical doctor
- Nurse or clinical officer
- General Hospital
- Programs for disease control or population subgroups
- Biomedical individual curative care
- Population disease focused health
- "community" Health centre
- Community health “volunteer” (relais)
The primary care as it is still in many countries
What possible future for primary care human resources to be more in line with knowledge on health and determinants?
The future of primary care: the package of care to be provided (example)

The future of primary care: the package of care to be provided (example)

- Person and Community Medical doctor
- Person and Community Nurse
- Person and Community social worker
- Community volunteer
- Life expert
- Meeting space
- Sharing skills
- Time bank (accorderie)

Comparing interprofessional and interorganizational collaboration in healthcare: A systematic review of the qualitative research

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Legend:
- Indicates concepts common to interprofessional and interorganizational collaboration frameworks
- Indicates concepts specific to interprofessional collaboration
- Indicates concepts specific to interorganizational collaboration
Key questions

• The “multidisciplinary team” in PHC
  • Is “medicalization” a good future for PHC?
  • Do we need professional social worker? Or social work is the community health workers prerogative?

• Training:
  • How should we change?
  • The place for inter-professional training?

• Incentives for primary healthcare human resources:
  • Payment: Would it be possible to promote the “human” and “social” dimension rather than the “technical” dimension in work of PHC providers
  • What form of continuous support? How to move way from the actual “pseudo-supportive” supervision?