

**HIGHLIGHTS OF THE TELECONFERENCE**  
**WITH**

**DR. HENRY PERRY**

**July 28, 2011**

*Dear Friends of Global Health Ministries and Community Based Primary Health Care, We were pleased to host a recent teleconference with Dr. Henry Perry on:*

*“Community-based Primary Health Care: The Key to Health Improvement in High-Mortality Settings,” and it will feature Dr. Henry Perry, who with Dr. David Thompson led the discussion.*

*We were honored to have Henry Perry with us for this call. Henry Perry has formal training in medicine (including general surgery), public health, sociology and anthropology. He spent 15 years (1979-1994) leading the formation of Andean Rural Health Care (ARHC), an NGO, which began its work in Bolivia providing community-based primary health care. ARHC is now called Curamericas Global, which is also working in Guatemala, Haiti, and Liberia. Dr. Perry worked in Bangladesh from 1995-1999, first at the ICDDR,B International Centre for Health and Population Research as a Senior Research Scientist focusing on maternal and child health issues in the urban slums of Dhaka. Later during that time he served as Maternal and Child Health Technical Advisor to the BASICS Project (Basic Support for Institutionalizing Child Survival) in Bangladesh, supported by the United States Agency for International Development. He then worked in Haiti from 1999-2003 as Director General/CEO of the Hôpital Albert Schweitzer, a leading NGO providing programs for communitybased primary health care, hospital care, and community development. From 2003 until 2009, he worked with the NGO Future Generations as Carl Taylor Professor for Equity and Empowerment in establishing its innovative master’s degree program in applied community change and conservation, providing technical support to its field projects in Afghanistan, Tibet (China), Arunachal Pradesh (India), and Peru, and conducting research on community-based primary health care.*

*He still teaches part-time with the Future Generations Graduate School. In addition to his teaching activities at Johns Hopkins and Future Generations, he **has worked** with UNICEF, WHO, the World Bank, and USAID on projects related to community-based primary health care, and he is actively engaged in project evaluations and write-ups about the effectiveness of community-based approaches for improving health in resource-constrained environments. He is also engaged in research about surgery and global health.*

*In 2009, Henry Perry joined the faculty of the Bloomberg School of Public Health of the Johns Hopkins University as Senior Associate in the Health Systems Program of the Department of International Health. David Thompson met Henry when they were both MPH students in international health at Hopkins. but did not get to know each other*

*very well. Then several years ago David came across the CBPHC study that Henry was involved in and got reconnected. Henry was a personal friend of both the late Dr. Raj Arole of Jamkhed in India and Dr. Carl Taylor, both pioneers in the field of CBPHC.*

*More information about Henry can be found at*

*<http://www.jhsph.edu/faculty/directory/profile/5087/Perry/Henry> .*

*You might also want to look at a Power Point presentation that he made recently at the University of Colorado titled: “The Next Frontier of Global Health Programming: Task Shifting and Moving Effective Interventions from Health Facilities to Communities and Households.*

Participants: Tom Duke, Sandy Iverson , Tricia Hall, Lon Keitlinger, Gary Sande, David Staub, Karen Plager, Chuck Hays, David Thompson & Dr. Henry Perry

- Strategies to get care out into communities:
- Provide services at outreach points
- Routine systematic home visits
- Community-based case management
- Participatory women’s groups/development projects.

Sustainability: (Disagreeing with Dr. Shobha Arole’s statement that there are no self sustaining programs & that all require subsidy in some form)

\* BRAC (Bangladesh Rural Advancement Committee) Created in 1972, has apparently initiated self-sustaining community programs that provide services to millions of people in Bangladesh. On their website it is obvious they receive significant grants and request donations.

\* Very active in micro-credit & banking

\* Largest NGO in world

\* Now sponsoring programs in Sierra Leone, Tanzania, Uganda and Southern Sudan

Different approaches to community-based programming:

\* SEED-SCALE model of Future Generations

\* Census-based Impact Oriented (CBIO) approach initiated by Dr. Perry and colleagues in Bolivia and spreading from there. See the attached article by Perry. The following quote comes from the opening paragraphs of that article. Good programs in Nicaragua

“Facility-based primary health care services in low-income countries are often overwhelmed by persons in search of treatment for acute medical conditions. Consequently, the staff of these facilities are unable to give proper attention to preventive activities in the community and are unable to address the acute medical problems of those

who have not come to the facility for treatment. But in some areas of low-income countries, the converse situation also exists: facility-

based primary health care services are minimally utilized. There, the staff may erroneously conclude that there is no need for services in the population served by the facility and therefore see no justification for reaching out into the community. In contrast, the CBIO approach responds to acute curative care needs of the entire community but places greater emphasis

on the prevention and early treatment of the community's epidemiologically defined health priorities. The outreach component of the CBIO approach is therefore vital in addressing one of the major drawbacks of facility-based preventive and curative health services ? namely, that a significant portion of the population, and particularly those at greatest risk of illness and death, never come to fixed delivery sites for preventive and curative services.”

- Aravind Eye Foundation - India
- Uses profits from paying patients to pay for eye services to poor
- Have gotten into manufacture of low-cost eye meds and a lens for post cataract placement (international market).

Church related programs:

- Provide significant levels of care in many countries
- Have for most part been limited to their institutions and curative work
- Christian Medical Commission (Geneva) was very active in promoting a much more holistic approach during the 70's & 80's. CMC questioned the effect of hospital based systems on community health. Their work was influential in setting the scene for the Alma Ata Declaration on primary health care.

CORE Group: GHM should consider joining. Sponsors spring and fall meeting. Baltimore & Washington D.C.

“CORE Group works to fulfill our vision by working with its 50+ member organizations and network of partners to generate collaborative action and learning to improve and expand community-focused public health practices for underserved populations around the world. We believe in a world of health communities, where no woman or child dies of preventable causes. CORE Group makes a difference both as an independent not-for-profit organization and as the home of the Community Health Network.” From the CORE website