
Expert*innenworkshop Gesundheit „Primary Health Care“

17. und 18. Mai 2018

an der Hochschule für angewandte Wissenschaften München, Fakultät für angewandte
Sozialwissenschaften, Campus Pasing, Am Stadtpark 20, 81243 München

*40 Jahre Deklaration von Alma-Ata (WHO 1978)
Gleichberechtigter Zugang zu Gesundheitsleistungen als
gemeinsame Aufgabe in Forschung und Lehre*

Programm

Donnerstag 17. Mai 2018

9.00 - 09.30 Uhr	Get-together und Registrierung Frühstück Begrüßung und Registrierung	<i>Astrid Herold-Majumdar</i> <i>Nadine Falkenhagen</i>	„Lehrraum der Zukunft“ KE127
09.30 - 10.15 Uhr	Begrüßung Präsidium Hochschule für angewandte Wissenschaften München, Vizepräsident Dekanin der FK 11 International Office	<i>Klaus Kreulich</i> <i>Christine Boldt</i> <i>N.N.</i> <i>Moderation: Astrid Herold-Majumdar</i>	„Lehrraum der Zukunft“ KE127
10.15 - 10.45 Uhr	Key Note Speach Landeszentrale für Gesundheit in Bayern e.V. (LZG) Referentin Koordinierungsstelle Gesundheitliche Chancengleichheit	<i>Kathrin Steinbeißer</i>	„Lehrraum der Zukunft“ KE127
10.50 - 11.20 Uhr	„Mit Migranten für Migranten“ Ethno-Medizinisches Zentrum e.V. MiMi-Zentrum für Integration in Bayern MiMi-Landeskoordinatorin Bayern	<i>Theresa Geyer</i>	„Lehrraum der Zukunft“ KE127
11.20 - 11.50 Uhr	„Gesundheitsladen München e.V.“ Patientenberatungsstelle München für Stadtgebiet Erkundung des Gesundheitsladens	<i>Petrit Beqiri</i>	„Lehrraum der Zukunft“ KE127
12.00 - 12.45 Uhr	Mittagssnack		„Lehrraum der Zukunft“ KE127
12.45 - 13.00 Uhr	Aktion zur Einstimmung	<i>N.N.</i>	„Lehrraum der Zukunft“ KE127
13.00 - 13.30 Uhr	Zugang schaffen und Vernetzen durch IT im Gesundheitswesen Lehre und Forschung, FH Campus Wien Clinical Engineering und Angewandte Elektronik	<i>Eveline Prochaska</i>	„Lehrraum der Zukunft“ KE127
13.35 - 13.50 Uhr	Gemeinsame Projekte entwickeln Einführung in die Workshops	<i>Christine Boldt</i>	„Lehrraum der Zukunft“ KE127
13.50 - 15.00 Uhr	Zusammenfinden in Gruppen und Arbeit		„Lehrraum der Zukunft“ KE127
15.00 - 15.30 Uhr	Austausch mit Kaffeepause		„Lehrraum der Zukunft“ KE127
15.30 - 16.15 Uhr	Ergebnispräsentation und Diskussion <i>Alle Redner*Innen der Gruppen</i> <i>Moderation: Christine Boldt</i>		„Lehrraum der Zukunft“ KE127
16.15 - 16.30 Uhr	Rückschau auf den Tag und Ausblick <i>Astrid Herold-Majumdar</i>		„Lehrraum der Zukunft“ KE127
19.30 - open end	Gemeinsames Abendessen <i>ALLE sind herzlich eingeladen!</i>		Schneider Bräuhaus Tal 7, 80331 München

Freitag 18. Mai 2018

9.00 - 09.30 Uhr	Get-together Zweites Frühstück und Aktion zur Einstimmung Gestärkt in den Tag!	„Lehrraum der Zukunft“ KE127
		<i>N.N.</i>
09.30 - 09.45 Uhr	Begrüßung und Rückblick Tag 1 <i>Astrid Herold-Majumdar</i>	„Lehrraum der Zukunft“ KE127
09.45 - 10.15 Uhr	Gesundheitsangebote mit niederschwelligem Zugang im Grätzel – Ein Praxisprojekt des Studiengangs Physiotherapie der FH Campus Wien FH-Campus Wien, Studiengang Physiotherapie <i>Claudia Schume & Renate Zettl</i>	„Lehrraum der Zukunft“ KE127
10.20 - 10.50 Uhr	Bericht vom „Rosia-Projekt“ in Rumänien Hochschule München, Fakultät für angewandte Sozialwissenschaften, Professur Handlungsmethoden der Sozialen Arbeit <i>Claudia Stracke-Baumann</i>	„Lehrraum der Zukunft“ KE127
10.50 - 11.05 Uhr	Kaffeepause	„Lehrraum der Zukunft“ KE127
11.05 - 11.15 Uhr	Einführung in die Planung der INUAS Kooperationsprojekte <i>Christine Boldt</i>	„Lehrraum der Zukunft“ KE127
11.15 - 12.00 Uhr	Projektarbeit <i>ALLE in den Gruppen von Tag 1</i>	„Lehrraum der Zukunft“ KE127
12.00 - 12.45 Uhr	Mittagsimbiss mit Spezialitäten aus der Heimat	„Lehrraum der Zukunft“ KE127
12.45 - 13.30 Uhr	Präsentation und Diskussion der Projektcharter „INUAS Kooperationsprojekte 2018/19“ <i>Moderation: Christine Boldt</i>	„Lehrraum der Zukunft“ KE127
13.30 - 14.00 Uhr	Abschluss und Ausklang <i>Astrid Herold-Majumdar</i>	„Lehrraum der Zukunft“ KE127

Weitere Empfehlungen

Moodle Kurs „INUAS Expert*innen Workshop Gesundheit 2018“ (Workshop-Materialien und Vorträge werden in den Moodle Kurs hochgeladen, Forum zum weiteren Austausch der Teilnehmer*Innen)

Weiterverfolgung der INUAS Kooperationsprojekte in Lehre und Forschung

Literatur

1. Bryant John H., Richmond Julius B. (2017): Alma-Ata and Primary Health Care: An Evolving Story, International Encyclopedia of Public Health, 2nd edition, Volume 1: pp. 83-102, <http://dx.doi.org/10.1016/B978-0-12-803678-5.00017-5>
2. United Nations University, Institute for Environment and Human Security (2014): Alliance Development Works, World Risk Report 2014, Un Campus Bonn, verfügbar unter: www.ehs.unu.edu (zuletzt abgerufen 19.03.18)
3. Government of South Australia & World Health Organization. Progressing the Sustainable Development Goals through Health in All Policies: Case studies from around the world. Adelaide: Government of South Australia; 2017, ISBN: 978-1-74243-926-6 (Key Messages, Anlage)
4. World Health Organization (2015): Health in all policies: training manual. Publications of the World Health Organization are available on the WHO web site (www.who.int) or can be purchased from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland

Organisatorisches

Teilnehmer*innen: INUAS Kooperationspartner*innen (*Die Teilnehmerliste wird in der Tagungsmappe hinterlegt*)

Bitte lesen: vgl. Literaturliste; zur Einstimmung auf die Tagung: Government of South Australia & World Health Organization.
Progressing the Sustainable Development Goals through Health in All Policies: Case studies from around the world. Adelaide: Government of South Australia; 2017, ISBN: 978-1-74243-926-6 (Key Messages, Anlage)

Bitte mitbringen: Spezialitäten aus der Heimat

Hotelempfehlungen

Holiday Inn Express München City West
Friedenheimer Brücke 15, 80639 München
+49 (0)89 4438880

<https://www.ihg.com/holidayinnexpress/hotels/de/de/munich/mucwt/hoteldetail>

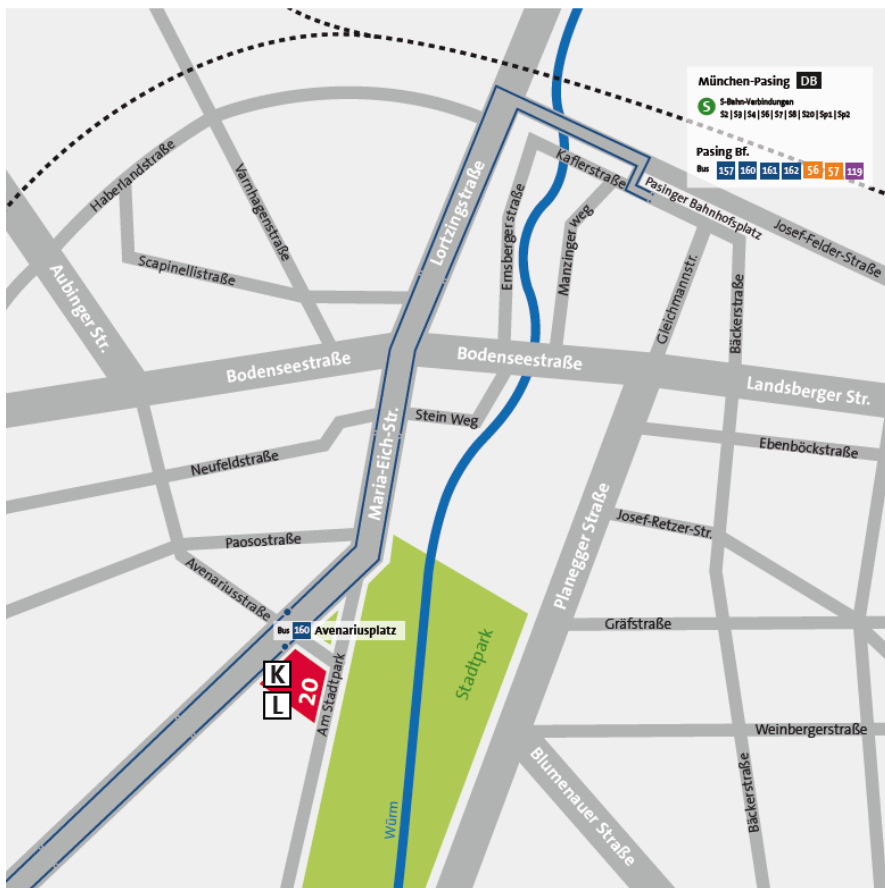
Hotel zur Post
Bodenseestraße 4a, 81241 München
+49 (0)89 896950

<http://www.hotelzurpost-muenchen.de/Home.32985.html>

Hotel Schleuse
Zehentstadelweg 12, 81247 München
+49 (0)89 8912000

<http://www.hotel-schleuse-muenchen.de/>

Anfahrtsbeschreibung Hochschule München, Campus Pasing



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Mit öffentlichen Verkehrsmitteln erreichen Sie den Campus Pasing über den Bahnhof München-Pasing. Von dort aus verkehrt die Buslinie 160 Richtung Maria-Eich-Str./Waldfriedhof. Die Haltestelle vor der Hochschule lautet "Avenariusplatz".

Mit dem PKW erreichen Sie uns aus der Stadtmitte kommend, über die Landsberger Str., Bodenseestr., Maria-Eich-Str., bzw. aus Nord-Westen kommend, über die Lortzingstr.

Im Altbau K befindet sich die Fakultät 11, Angewandte Sozialwissenschaften

Anfahrtsbeschreibung Schneider Bräuhaus München

Schneider Bräuhaus
Tal 7, 80331 München

Mit den öffentlichen Verkehrsmitteln erreichen Sie das Schneider Bräuhaus (ehemals Weisses Bräuhaus) über die Haltestelle Marienplatz (U-Bahn/S-Bahn). Von dort sind es ca. 300 m zu Fuß in Richtung Osten.

Kontakt

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Anlage

Declaration of Alma-Ata
Key Messages

Declaration of Alma-Ata

International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978

The International Conference on Primary Health Care, meeting in Alma-Ata this twelfth day of September in the year Nineteen hundred and seventy-eight, expressing the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world, hereby makes the following

Declaration:

I

The Conference strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.

II

The existing gross inequality in the health status of the people particularly between developed and developing countries as well as within countries is politically, socially and economically unacceptable and is, therefore, of common concern to all countries.

III

Economic and social development, based on a New International Economic Order, is of basic importance to the fullest attainment of health for all and to the reduction of the gap between the health status of the developing and developed countries. The promotion and protection of the health of the people is essential to sustained economic and social development and contributes to a better quality of life and to world peace. **IV** The people have the right and duty to participate individually and collectively in the planning and implementation of their health care.

V

Governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures. A main social target of governments, international organizations and the whole world community in the coming decades should be the attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life. Primary health care is the key to attaining this target as part of development in the spirit of social justice.

VI

Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals

and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

VII

Primary health care:

1. reflects and evolves from the economic conditions and sociocultural and political characteristics of the country and its communities and is based on the application of the relevant results of social, biomedical and health services research and public health experience;
2. addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly;
3. includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs;
4. involves, in addition to the health sector, all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors; and demands the coordinated efforts of all those sectors;
5. requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care, making fullest use of local, national and other available resources; and to this end develops through appropriate education the ability of communities to participate;
6. should be sustained by integrated, functional and mutually supportive referral systems, leading to the progressive improvement of comprehensive health care for all, and giving priority to those most in need;
7. relies, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional

practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community.

VIII

All governments should formulate national policies, strategies and plans of action to launch and sustain primary health care as part of a comprehensive national health system and in coordination with other sectors. To this end, it will be necessary to exercise political will, to mobilize the country's resources and to use available external resources rationally.

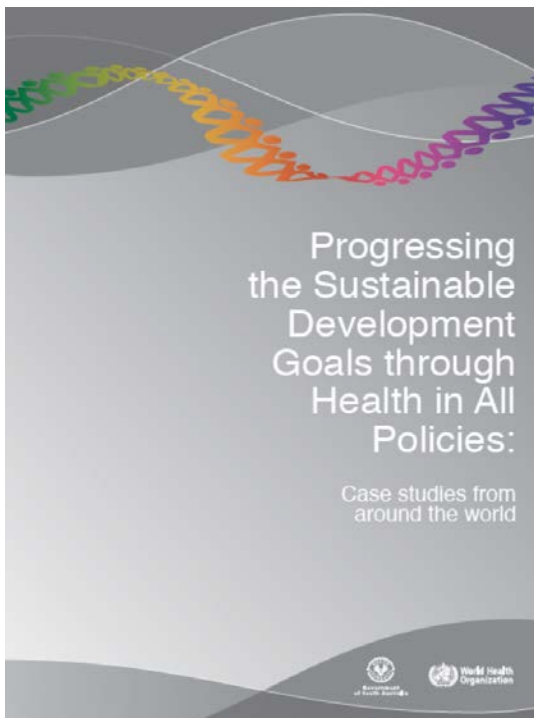
IX

All countries should cooperate in a spirit of partnership and service to ensure primary health care for all people since the attainment of health by people in any one country directly concerns and benefits every other country. In this context the joint WHO/UNICEF report on primary health care constitutes a solid basis for the further development and operation of primary health care throughout the world.

X

An acceptable level of health for all the people of the world by the year 2000 can be attained through a fuller and better use of the world's resources, a considerable part of which is now spent on armaments and military conflicts. A genuine policy of independence, peace, détente and disarmament could and should release additional resources that could well be devoted to peaceful aims and in particular to the acceleration of social and economic development of which primary health care, as an essential part, should be allotted its proper share.

The International Conference on Primary Health Care calls for urgent and effective national and international action to develop and implement primary health care throughout the world and particularly in developing countries in a spirit of technical cooperation and in keeping with a New International Economic Order. It urges governments, WHO and UNICEF, and other international organizations, as well as multilateral and bilateral agencies, nongovernmental organizations, funding agencies, all health workers and the whole world community to support national and international commitment to primary health care and to channel increased technical and financial support to it, particularly in developing countries. The Conference calls on all the aforementioned to collaborate in introducing, developing and maintaining primary health care in accordance with the spirit and content of this Declaration.



KEY MESSAGES

- Attention to HiAP has never been more timely or relevant.
- The SDGs challenge us to move towards whole-of-government and whole-of-society approaches that leave no one behind. HiAP is core to this agenda.
- Achieving Health in the SDGs, so that no one is left behind, requires new ways of working bringing together various sectors; government, civil society, academia and community
- Health in All Policies aligns interests across sectors to serve people's basic needs to live healthy, productive lives, regardless of who they are or where they live.
- Health in All Policies corresponds to 'Health beyond the health sector', one of the flagship initiatives of the WHO Director-General that envisages a transformation of the population's health through actions on its determinants.
- Despite challenges, there are several examples of HiAP globally. More countries and regions are looking at embarking on this path, especially in view of the Sustainable Development Agenda.
- WHO provides a set of aligned international health frameworks for anchoring national HiAP work including: [the Social Determinants of Health Action Framework \(2016\)](#); [the Shanghai Declaration on Promoting Health \(2016\)](#) and [Shanghai Mayors' Consensus \(2016\)](#); [the Universal Health Coverage 2030 Vision \(2017\)](#), [the Health and Climate Action Agenda \(2016\)](#). More information on HiAP can be found in [Adelaide I](#) and [Adelaide II](#) statements on Health in All Policies and in the [Helsinki Declaration](#).
- While there is no single or simple model for HiAP, there is a growing evidence base of facilitating factors for HiAP.
- Cases in the book come from 13 regions and levels of government, from all parts of the world, covering all regions of WHO.
- The cases in this book highlight the diversity of applications of HiAP, its processes, governance arrangements and outcomes
- The Case Study book aims to improve understanding of how to initiate, implement and progress HiAP which is needed for achieving the Sustainable Development Goal, [Enhancing policy coherence for sustainable development \(SDG target 17.14\)](#).