

# Primary Health Care (PHC)

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**PRIMARY HEALTH CARE**

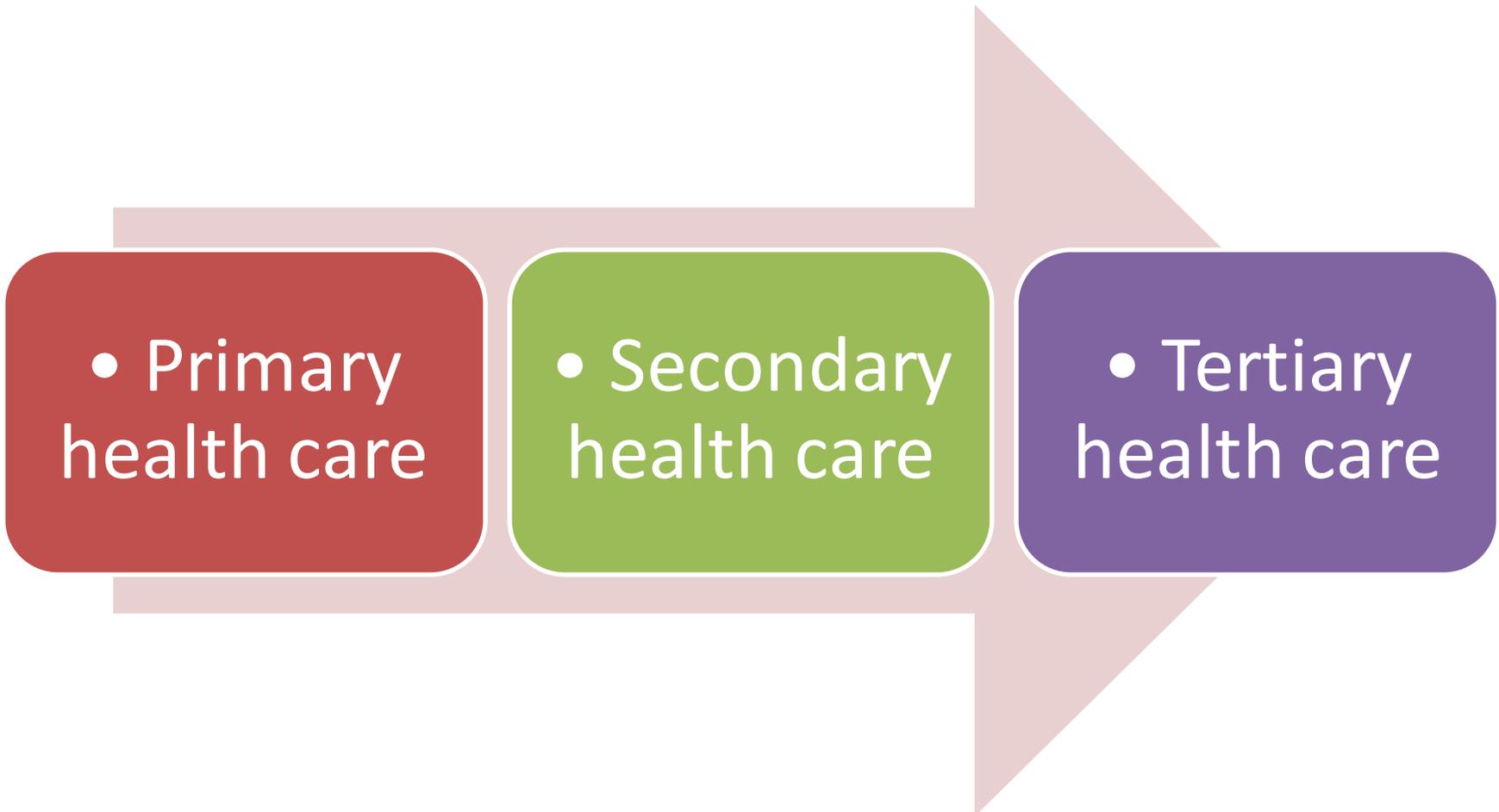
USSR · ALMA · ATA 1978

# Lecture objectives:

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- Define and learn how PHC was developed.
- Describe principles, components and elements of Primary Health Care.

# Levels of Care



- Primary health care

- Secondary health care

- Tertiary health care

# Primary health care

- The “first” level of contact between the individual and the health system when they have a health problem.
- Essential health care (PHR) is provided
- A majority of prevailing health problems can be satisfactorily managed
- The closest to people
- Provided by the primary health centers

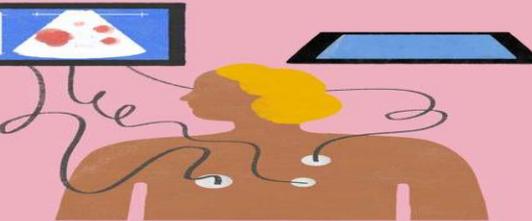
# Differences Between Primary, Secondary, and Tertiary Care

## Primary

For illness, injury, acute medical problems, and referrals



## Secondary



Requires specialists with specific expertise in health issue

## Tertiary

Requires highly specialized equipment and expertise



## Secondary health care

More complex problems are dealt with

Comprises curative services

Provided by the district hospitals

The 1st referral level

## Tertiary health care

Offers super-specialist care

Provided by regional/central level institution

Provide training programs

# World Health Organization (WHO) and UNICEF → the International Conference on Primary Health Care in 1978 in Alma-Ata, (Kazakhstan).

Representatives from 134 states

## • “Declaration of Alma-Ata”:

- Health For All by the year 2000.
- Recognition of centrality of PHC
- Government responsibility for it
- Acknowledgement of unacceptability of inequality
- Right and duty of citizens to participate
- Intersectoral collaboration



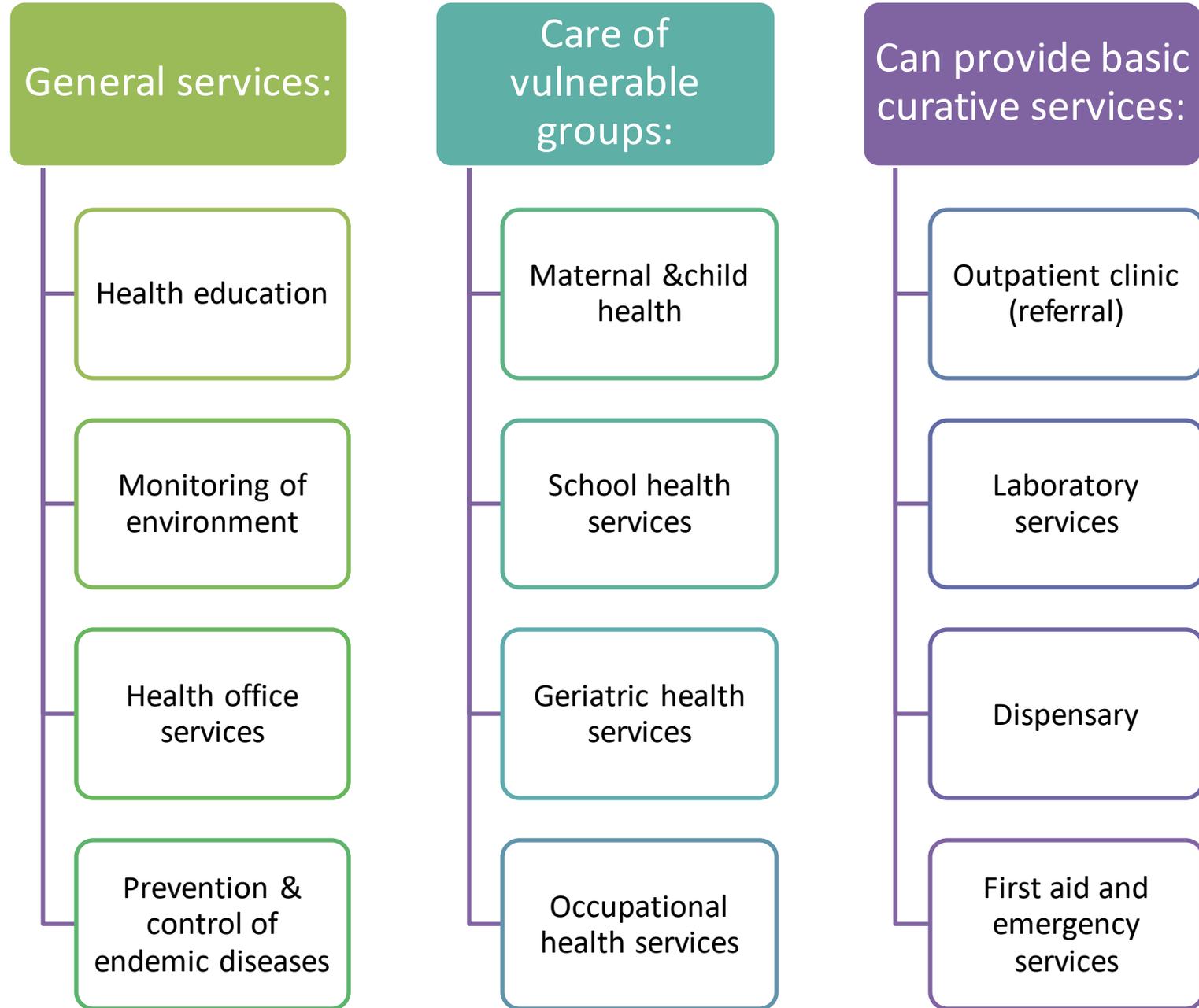
PAHO/WHO  
The International Conference on Primary Health Care at the Lenin Convention Center in Alma-Ata in September 1978.

**Primary health care is a critical foundation for universal health coverage.**



- Before this time health was perceived as a responsibility of medical professionals
  - communities were not involved on decisions and responsibilities related to health.
  - This led to deterioration of health among populations especially in the developing countries of the world.
  - Most of the health problems that people suffered from were preventable and led to high mortalities especially of women and children.
  - health services favored the privileged while fundamental right to health denied to millions of poor people
- Universal healthcare is a health care system in which all residents of a particular country or region are assured access to health care.

# Type of services covered by PHC:



# Concept

- “Essential health care based on scientifically sound and socially acceptable methods, universally accessible to individuals and families with their full participation at a cost that the community and country can afford in a spirit of self-reliance and self-determination”.

WHO 1978

The Alma-Ata declaration

HEALTH FOR ALL

# Essential:

- It meets the **actual** health needs of the community (Focus on priorities). Every community is different!
- It is **comprehensive**: includes **promotion, preventive, basic curative** care.
- It forms **continuous** care of the population starting from the intra-uterine life to the end of life (**from womb to tomb**).



# Health is a human right for everyone, at every age.



# Principles of PHC

- Equity
- Acceptability
- Accessibility
- Community participation
- Appropriate technology
- Multi-sectorial approach

# 1. Equity

- *Equity* is the absence of avoidable (unfair) differences among groups of people, (i.e. socially, economically, demographically, or geographically etc.).
- Equitable distribution of healthcare means *'universal access to health services irrespective of differences'*.

It also means investing more resources in areas where it is needed more. Higher priority needs to be given to high risk groups (e.g. under-privileged segments and under served areas)



Equitable distribution is the key to attain health for all

# Examples to ensure equity

- **Increase the number** of health centers to cover all the population of the community.
- **Disperse the health services** into the remote rural areas and under-served urban ones.
- **Improve** the means of **transportation**.
- **Determine** the population to be served in the catchment area of the PHC centers and **identify the vulnerable groups** to be reached through organized out-reach services (such as ethnic minorities , women, children, adolescents, older persons, persons with disabilities ,and populations in rural areas).

## 2. Acceptability

- **Acceptability**: *the extent to which people delivering or receiving a healthcare intervention consider it to be appropriate, based on anticipated or experienced cognitive and emotional responses to the intervention.*
- Political, economical and social(culture-sensitive) acceptability.
- **Acceptability of care depends on a variety of factors**, including satisfactory communication between health care providers and the patients, whether the patients trust this care, and whether the patients believe in the confidentiality and privacy of information shared with the providers.

Can you give examples?

# 3. Accessibility



## I. Physical accessibility

- “the availability of good health services within reasonable reach of those who need them and of opening hours, appointment systems and other aspects of service organization and delivery that allow people to obtain the services when they need them”.

## II. Economic accessibility, or affordability

- “is a measure of people’s ability to pay for services without financial hardship. It takes into account not only the price of the health services but also indirect and opportunity costs (e.g. the costs of transportation to and from facilities and of taking time away from work).”
- Affordability is influenced by the country’s health financing system and by household income.

## III. Information accessibility

Includes the right to seek, receive and report information and ideas concerning health issues.

This access to information, however, “should not impair the right to have personal health data treated with confidentiality”.

## 4. Community participation

The involvement of **individuals, families, and communities** in promotion of their own health and welfare is an essential ingredient of primary health care.

PHC coverage cannot be achieved without the involvement of community in planning, implementation and maintenance of health services.

## 4. Community participation

- **Financial supply** to cover the cost of some activities of the PHC (equipment, drugs, audiovisual aids, furniture, etc)
- Through adopting healthful behaviours, people can participate in **prevention of communicable diseases and in management of non-communicable disease**. Examples?
- Volunteering..examples?

# “barefoot doctors” China 1957



## 4. Community participation

- **Appropriate utilization** of health services especially maternity care, child care, reporting of births and deaths, curative services at appropriate time, (Maintaining health facilities), etc.

## Benefits of community participation

- People are more likely to accept preventive health care.
- It addresses the felt health needs of the people.
- It ensures social responsibility among the community.
- Increase health awareness of the population.
- Community participation is an additional resource to those provided by government so decreases the burden on the government.
- It is considered a great support to health care workers.

## 5. Appropriate Healthcare Technology

- Technology that is scientifically sound, adaptable to the local needs, and acceptable to those who apply it and those for whom it is used and can be maintained by the people themselves with the resources of the community and country can **afford**.
- Particularly important for the resource-poor countries

# Examples of appropriate technology

- ORS instead of expensive intravenous replacement of fluids in mild and moderate dehydration.
- Breast feeding in spacing between pregnancies.
- Growth charts: these can be maintained by health workers
- Vaccine Vial Monitor (VVM) instead of lab testing of potency of vaccine due to possible exposure to heat.
- A first-aid kit needs to be devised using appropriate materials easily available locally
- Simple safe water measures:
  - o Chlorination with tablets in individual houses in water containers. These are very cheap and available.
  - o Educating the mothers to boil water- at least, the water that is to be used for the babies and children under 5 years of age.

## 6. Multi-sectorial collaboration

- In addition to the health sector, all related sectors and aspects of national and community development, in particular **education, agriculture, food, industry, education, housing, public works and communication, social development.** To achieve cooperation, planning at country level is required to involve **all sectors.**

# Team approach

- PHC needs a variety of personnel mainly medical, paramedical and non medical
- **The team is** a group of persons with different levels of knowledge, experience and skills who work together to provide comprehensive services to the individuals, families and community.

# Who provides PHC?

- 1. Medical personnel: one or more physician(s) for each center or unit, and a dentist in some centers.
- 2. Paramedical personnel: nurses, nurse midwives, health visitors, and technicians.
- 3. Health related personnel: **Persons from health related sectors** available in the catchment area of the PHC center (agriculture, municipality, school...etc), social workers, sanitarians, food inspectors.
- 4. **Community members** including religious leaders, school teachers and social workers..

# *Elements of PHC*

## **1. Water and sanitation**

A safe water supply and the clean disposal of wastes are vital for health.

## **2. Education**

The community should be informed of health problem and methods of prevention and control.

## **3. Food and Nutrition**

The family's food should be adequate, affordable and balanced in nutrients.

## **4. Maternal and child care**

Pregnant women and women of child bearing age (15-49 years) are the target group for special care. Children under 5yrs of age are also vulnerable to childhood killer disease.

# *Elements of PHC*

## **5. Immunization**

An increasing number of infectious diseases can be prevented by vaccinations example-measles, Meningitis, Pertusis, tuberculosis, yellow fever etc

## **6. Prevention & control of locally endemic diseases.**

Endemic infection diseases can be regulated through the control or eradication of vectors and animal reservoir

## **7. Appropriate treatment of common diseases & injuries**

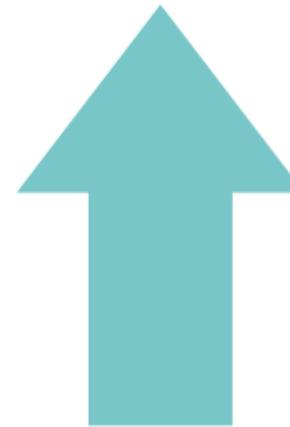
Adequate provision of curative services for common illnesses and injuries should be available to the community.

## **8. Essential drugs**

The most vital drugs should be available and affordable at all levels.

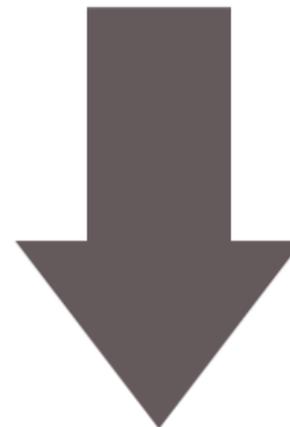
# Significant health gains achieved since the introduction of PHC.

- Decrease both infant and under five mortality.
- Increase life expectancy for males and females.
- Increase vaccination coverage.
- Slight improvement in the environmental conditions.



## Improves:

- Outcomes, such as
  - Life expectancy
  - Mortality rates, incl. infant and under-5, cardio-vascular mortality etc.
  - Low birth weight
  - Cancer detection etc.
- Equity



## Reduces:

- Relative cost
- Adverse events
- Negative effects of social inequality

# Watch

- <https://www.youtube.com/watch?v=QX7Q0a8GxaA>
- **In Arabic:** <https://www.youtube.com/watch?v=3MPUs5rMmrc>

**Health for All**



**Adding life to years and years to life**

**THANK YOU**

