

# Primary Health Care (PHC)

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2024



**PRIMARY HEALTH CARE**

USSR · ALMA · ATA 1978

World Health Organization · WHO · United Nations Children's Fund · UNICEF

# Lecture objectives:

Define and learn how PHC was developed.

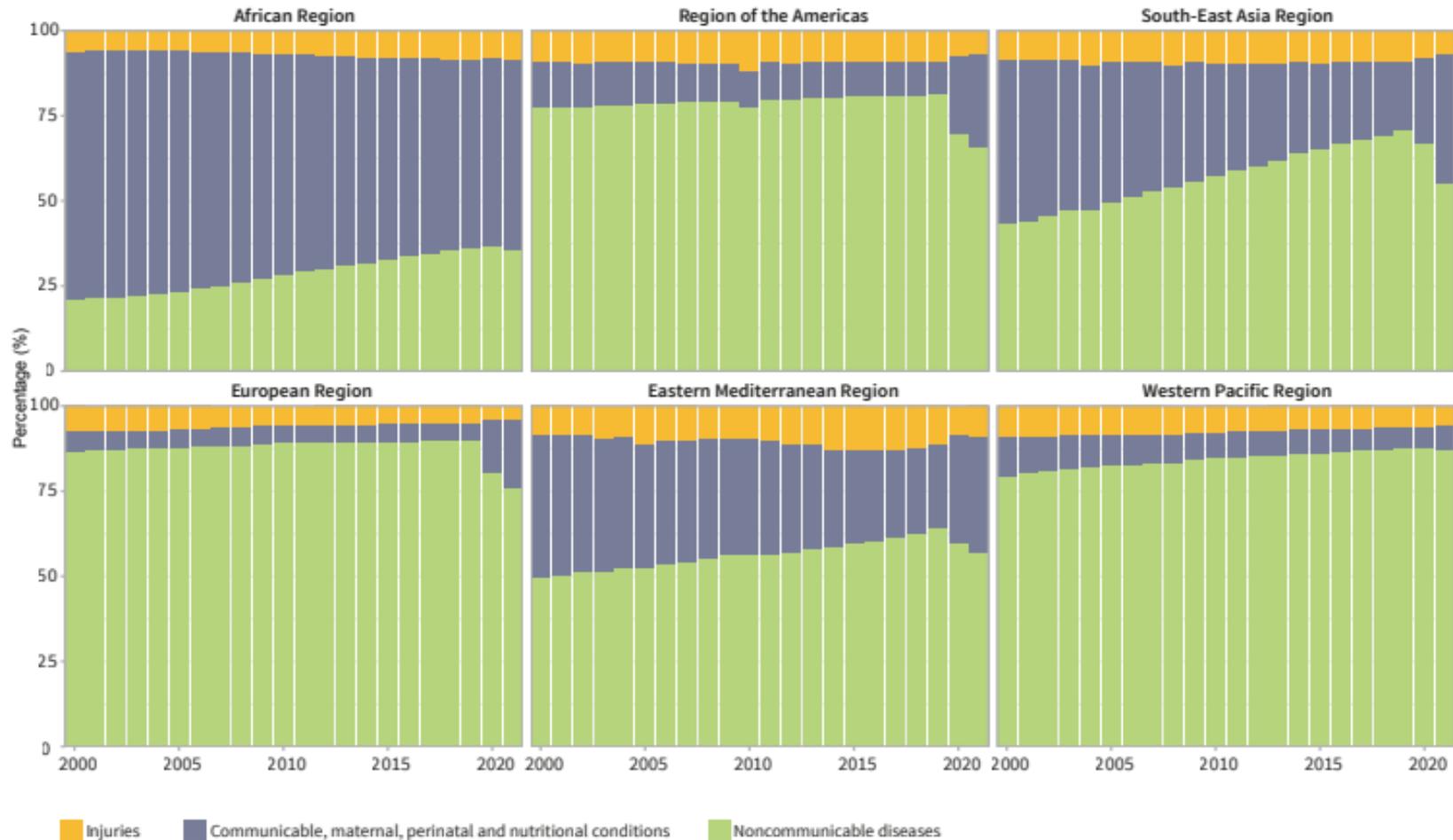
Understand principles, components and elements of Primary Health Care.

# Introduction to Primary Health Care (PHC)

PHC emerged from the need for a healthcare system that emphasizes health equity, community participation, and multi-sectoral collaboration.

***“What if I told you that healthcare isn’t just about doctors, hospitals, and medicine? What do you think healthcare might include beyond that?”***

**Figure 1.5** Composition of causes of death, by WHO region, 2000–2021



Source: <https://www.who.int/publications/i/item/9789240094703>

# Global Health Challenges and PHC's Role (2024)

## Global Disease Burden:

### Non-Communicable Diseases (NCDs):

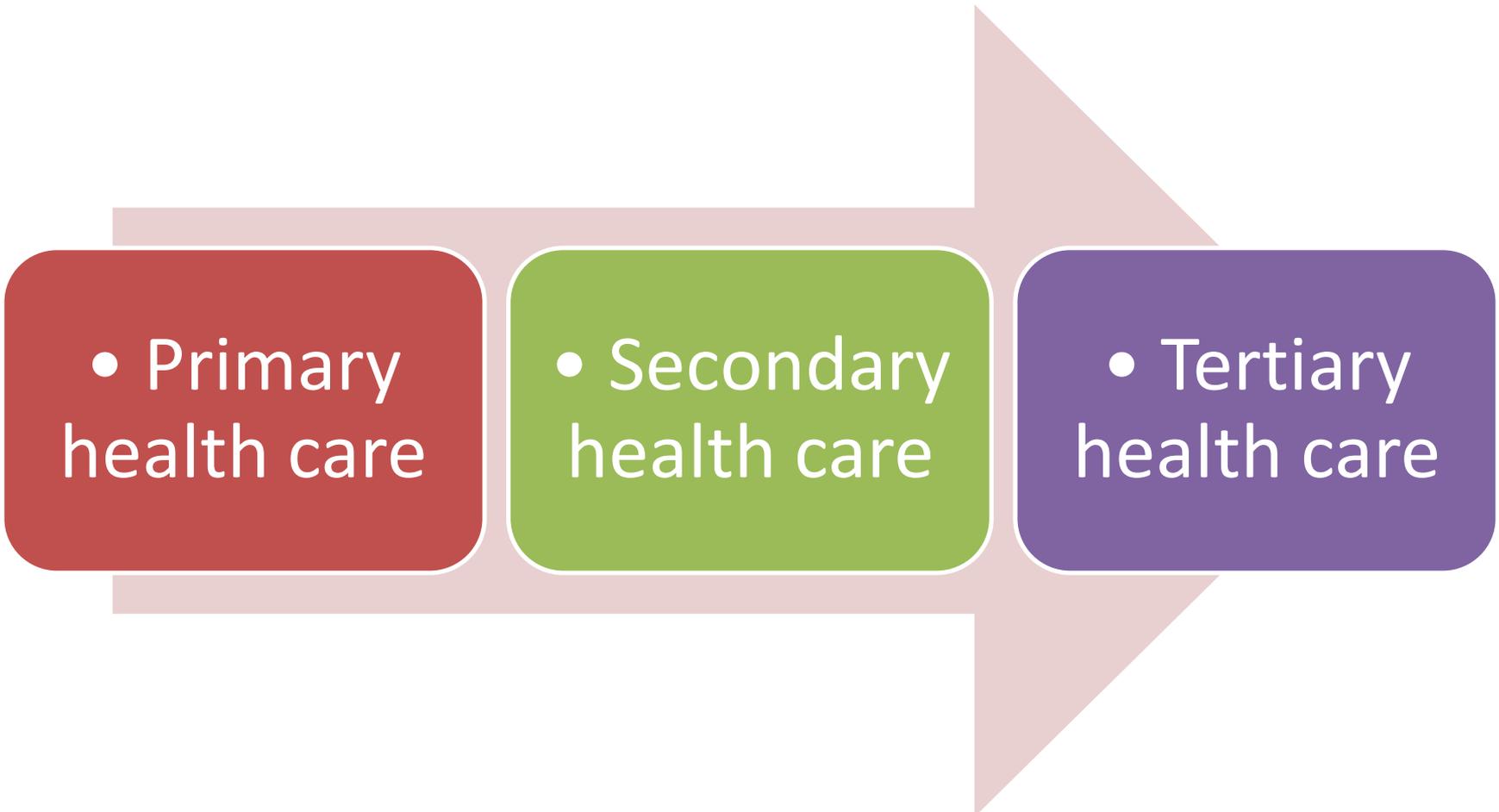
- Account for over 70% of all deaths globally.
- Leading causes: cardiovascular disease, diabetes, and mental health disorders.

### Communicable Diseases:

- High burden in low-income regions (Sub-Saharan Africa, South Asia).
- Includes diseases like tuberculosis, HIV, and malaria.
- lasting effects of COVID-19, continue to affect even strong PHC systems

PHC addresses these through prevention, early intervention, and health education.

# Levels of Care



- Primary health care

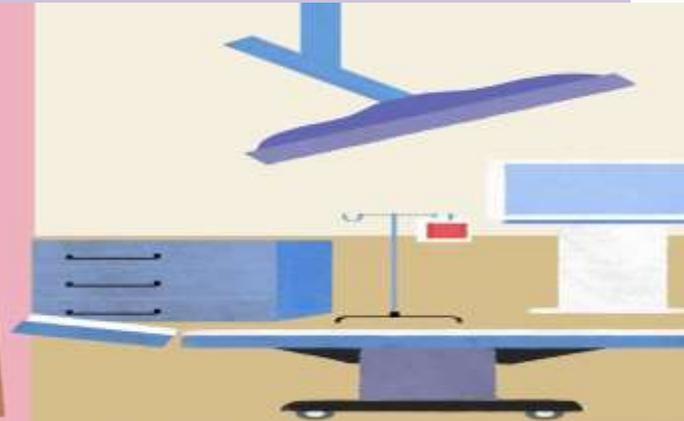
- Secondary health care

- 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 managed
- The closest to people
- Provided by the primary health centers

Healthcare Levels	Description	Examples of Services
Primary Health Care	For minor illnesses and injuries, general health services provided by local clinics or family doctors.	<ul style="list-style-type: none"> <li>• Routine check-ups</li> <li>• Vaccinations</li> <li>• Minor acute medical care</li> </ul>
Secondary Health Care	Manages more complex health issues that require specialist care, typically provided at district hospitals.	<ul style="list-style-type: none"> <li>• Specialist consultations</li> <li>• Advanced diagnostics</li> <li>• Surgical interventions</li> </ul>
Tertiary Health Care	Offers super-specialist services for severe and complex conditions, usually at major hospitals.	<ul style="list-style-type: none"> <li>• Intensive care</li> <li>• Specialized surgeries</li> <li>• Medical training and research programs</li> </ul>



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



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

# 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

# Health Before the Alma-Ata Declaration

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



Health was seen as the only responsibility of medical professionals, with little community involvement.

This approach led to worsening health in many developing countries.

Many preventable diseases caused high death rates, particularly among women and children.

Health services mainly benefited the wealthy, while millions of poor people were deprived of their right to basic healthcare.

- Universal healthcare **UHC** 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:

## General services:

Health education

Monitoring of environment

Health office services

Prevention & control of endemic diseases

## Care of vulnerable groups:

Maternal & child health

School health services

Geriatric health services

Occupational health services

## Can provide basic curative services:

Outpatient clinic (referral)

Laboratory services

Dispensary

First aid and emergency services

# 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.
- **Distribute the health services** into the remote rural areas and under-served urban ones.
- **Improve the transportation.**
- **Identify** the population within the PHC center's service area and **determine the vulnerable groups** that require health support. (These groups may include ethnic minorities, women, children, adolescents, the elderly, individuals with disabilities, and those living in rural areas).

## 2. Acceptability

- **Acceptability**: *refers to how suitable and appropriate a healthcare intervention is perceived to be by both those providing and receiving it. This perception is influenced by anticipated or actual cognitive and emotional responses.*
- 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 ease with which individuals can physically access healthcare facilities. Includes accessible buildings for people with disabilities (inclines, elevators, etc.), and availability of transportation options for those with mobility challenges.

Involves how healthcare services are organized (operating hours, appointment systems, and referral processes). Ensures services are available at convenient times and through efficient procedures.

## II. Economic accessibility, or affordability

- is a measure of people's ability to pay for services without facing financial difficulties. 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

Ensures that patients have the information they need to make informed healthcare decisions (Includes providing clear information on available services, eligibility criteria, and how to access care in simple and understandable language)

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

## 4. Community participation

means actively involving **individuals, families, and entire communities** in taking care of their own health and well-being. It's a key part 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



# UNICEF and WHO Collaborations:

- International organizations have partnered with Jordan's Ministry of Health to train community health workers, focusing on refugee populations and underserved communities.
- **For example**, during the Syrian refugee crisis, UNICEF helped train health workers in camps and host communities to provide basic medical care, mental health support, and disease prevention guidance



## 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

- refers to technology that is scientifically effective, fits local needs, and can be maintained by the community with the resources a 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.
- Solar-Powered Refrigerators: Used to store vaccines and medicines in areas without reliable electricity. This helps keep essential medical supplies safe and effective.
- 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. Portable Water Purification Systems.
  - 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.
- And recently: **Telemedicine Platforms**: Simple, smartphone-based telemedicine apps that connect rural patients with urban doctors for consultations, improving access to medical advice.

## 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**

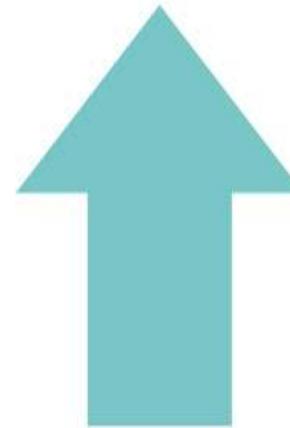
Adequate provision of curative services for common illnesses and injuries should be available to the community.

## **8. Essential drugs**

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

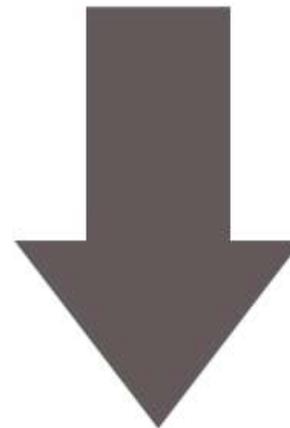
# Significant health gains achieved since the introduction of PHC.

- 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

# WHO Initiatives and PHC Innovations (2024)

## WHO Initiatives:

**Universal Health Coverage (UHC):** Ensuring affordable and equitable healthcare access.

**Telemedicine:** Remote consultations improve reach to underserved regions.

**Community Health Workers:** Strengthening local healthcare systems by training and deploying health workers.

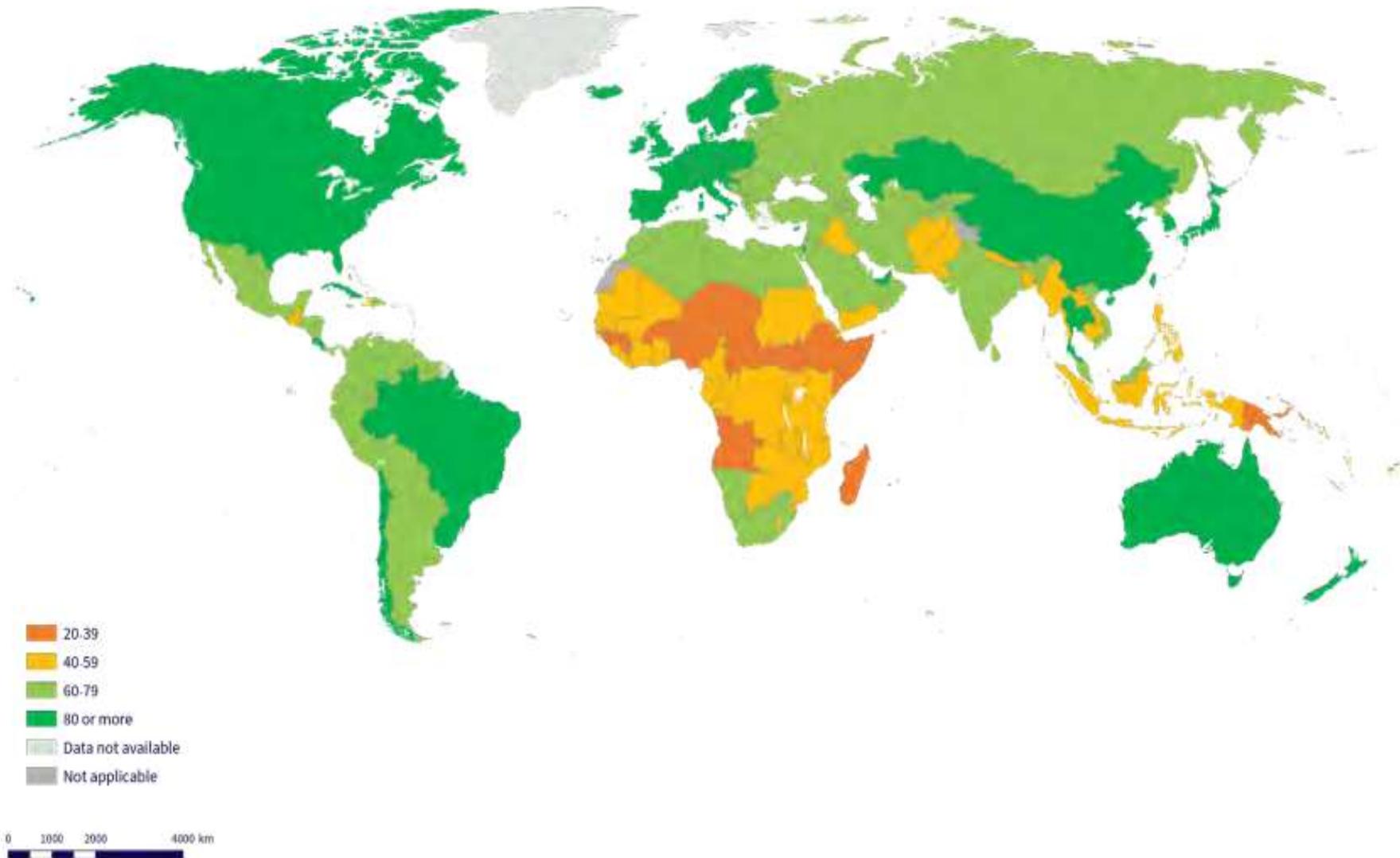
# Emerging Innovations in PHC

- **Mobile Health Apps:** Provide health info, reminders, and virtual consultations; increase accessibility, especially in remote areas.
- **AI for Diagnostics:** Analyzes medical images and predicts diseases; speeds up diagnosis and enhances accuracy.
- **Wearable Tech:** Tracks vitals and activity in real-time; empowers individuals with continuous health monitoring.
- **Remote Monitoring:** Enables at-home tracking for chronic conditions; reduces need for frequent in-person visits.
- **Telemedicine:** Facilitates virtual consultations; improves access and supports continuity of care.

# Scaling Up Essential Health Services for UHC

- Increasing coverage of effective essential health services, with a focus on PHC, is crucial for achieving Universal Health Coverage (UHC).
- **UHC Service Coverage Index (SDG 3.8.1):**
  - Measures average coverage across four domains:
    - **Reproductive, Maternal, Newborn, and Child Health (RMNCH)**
    - **Infectious Diseases**
    - **Non-Communicable Diseases (NCDs)**
    - **Service Capacity and Access**
  - Global index score improved from 45 (2000) to 68 (2021), but progress slowed due to COVID-19.
  - Highest scores: Europe, Americas, and Western Pacific (~80); lowest in Africa (44).

Fig 1.5. UHC SCI by country, 2021



Source:  
<https://iris.who.int/bitstream/handle/10665/374059/9789240080379-eng.pdf?sequence=1&isAllowed=y>

# For more information:

- <https://www.youtube.com/watch?v=QX7Q0a8GxaA>
- **In Arabic:** <https://www.youtube.com/watch?v=3MPUs5rMmrc>
- <https://www.who.int/publications/i/item/9789240094703>

**Health for All**



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

**THANK YOU**