Primary Health Care (PHC)

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📊 Lecture Objectives:

By the end of this lecture, students should be able to:

Define Primary Health Care (PHC).

Explain the core principles of the Alma-Ata Declaration (1978).

Identify the main principles and elements of PHC.

Describe the levels of health care and the referral system.

Recognize the application of PHC in Jordan.

PRIMARY HEALTH CARE

USSR·ALMA·ATA 1978

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

Introduction to Primary Health Care (PHC)

Health Before the Alma-Ata Declaration!

- **Health systems mainly focused on hospitals and curative medicine.**

- **Little community involvement — health was seen as doctors' responsibility only.**

- **Many preventable diseases caused high death rates, especially among women and children.**

- **Services were for the rich, while Poor populations did not have access to basic services.**

- **The world needed a new approach → Primary Health Care (PHC).**

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

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
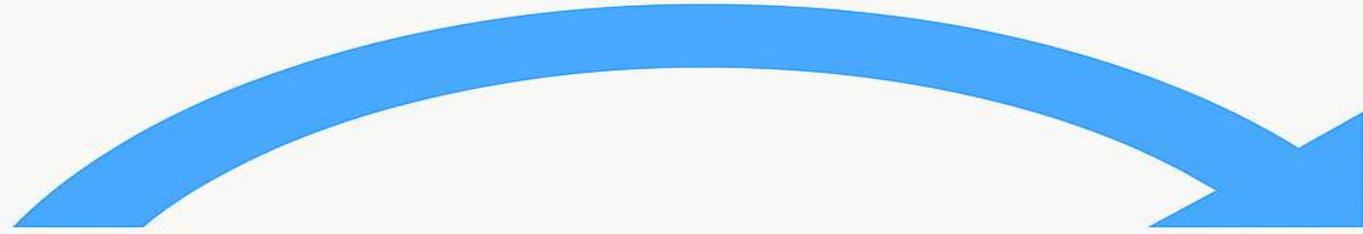- Dispensary
- First aid and emergency services

PHC is 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**).

Principles of PHC

Equity

Acceptability

Accessibility

Community participation

Appropriate technology

Multi-sectorial approach

1. Equity

- *Equity*: **is the** *absence of unfair and avoidable differences* **between people or groups.**

- **Everyone,** regardless of gender, income, or location, deserves the to reach their best possible level of health.

- **PHC aims to reduce** inequities between population groups.

- Services should be distributed based on **need, not ability to pay.**

- Priority is given to **vulnerable and marginalized populations** (women, children, the elderly, people in underserved areas, ethnic minorities, individuals with disabilities).

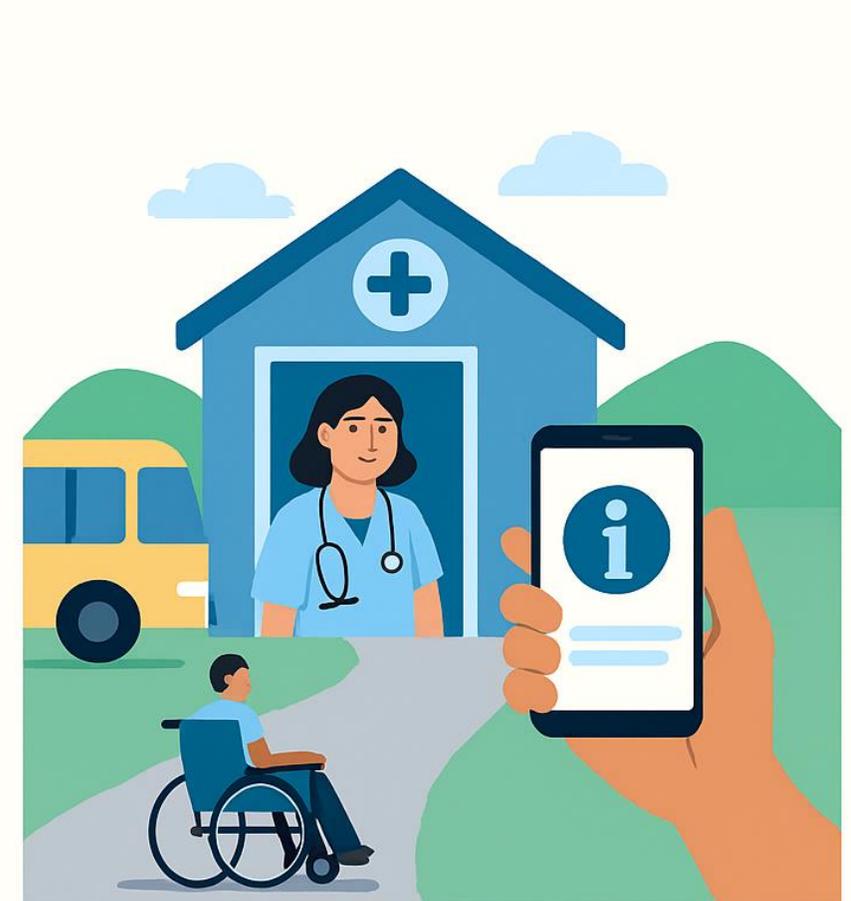*Example:* Expanding vaccination and maternal health programs to reach low-income and rural communities.

2. Accessibility

- **Accessibility** means that people should be able to **reach and use health services easily** when they need them.

- **It has three main dimensions:**

- Physical Accessibility

- Financial Accessibility

- Information Accessibility

2. Accessibility

- **Physical accessibility**: ease of reaching and using health facililities. Includes distance, transportation, building design (ramps, elevators), nd service organization (working hours, appointments, referrals),

- **Financial accessibility**: abiliity to pay for health services without financial hardship. Includes direct costs (fees) and indirect costs (transportation, time off work).

- **Informational accessibility**: awareness about available services, their locations, and how to use them.
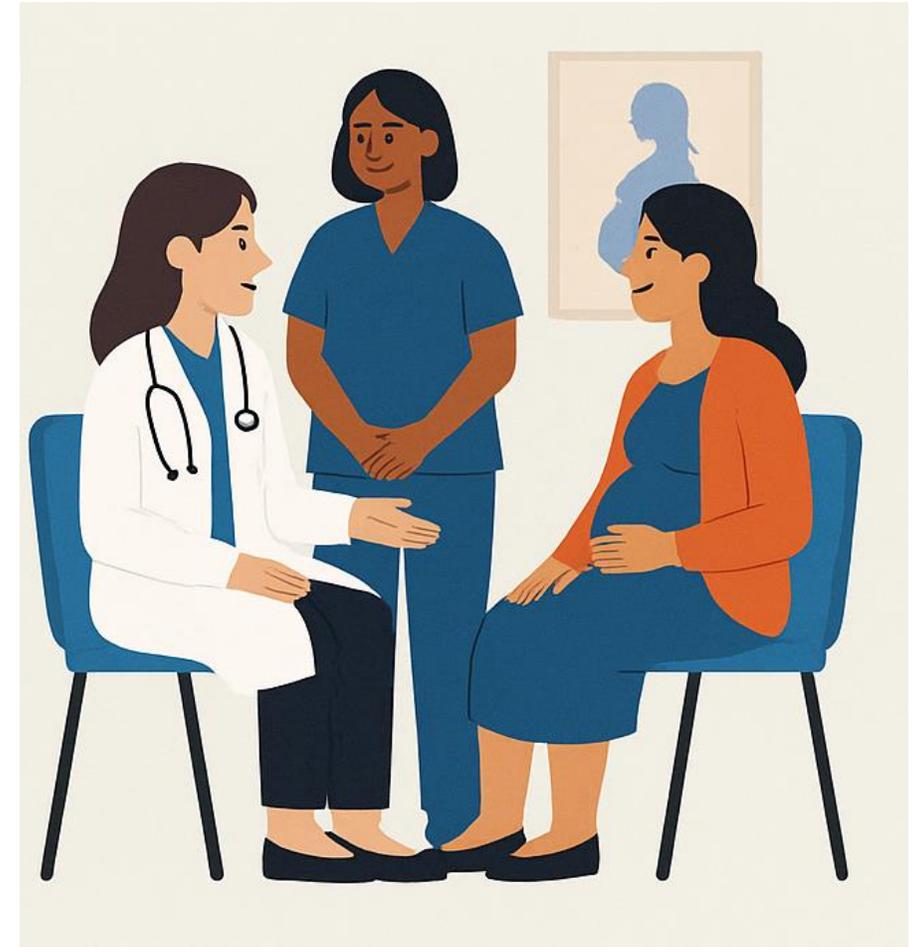
Example:

Mobile clinics and flexible working hours in rural areas to reach families who cannot attend regular services.

3. Acceptability

- Acceptability means that health services are appropriate and satisfactory for both the people receiving and providing care.

- _Services should respect beliefs, traditions, and privacy._

- Health workers must provide care that is ethical, respectful, and culturally sensitive.

- Acceptability increases trust, satisfaction, and service use in communities.

Can you give examples?

Example: Having female doctors and nurses in maternal clinics helps make the services more culturally acceptable and encourages women to use them

4. Community participation

- Means <u>actively involving individuals, families, and communities in improving their own health and well-being.</u>

- It ensures services are planned, carried out, and maintained based on community needs.

- Builds shared responsibility between the health system and the community.

Example: Community volunteers assisting PHC staff during vaccination days or health education sessions.

4. Community participation: How communities participate?

- **Financial contribution:** supporting PHC activities such as equipment, supplies, or small maintenance projects.

- **Behavioral participation:** adopting healthy behaviors to prevent communicable and non-communicable diseases.

- **Volunteering:** helping with awareness campaigns, blood donation initiatives, or local health events.

- **Appropriate utilization:** using services correctly, Maintaining health facilities, reporting of births and deaths and encouraging others to look for suitable care (maternity, immunization, etc.).

4. Community participation: Benefits

- Increases acceptance of preventive care and improves health awareness.

- Ensures that health programs meet the real needs of the people.

- It ensures social responsibility among the community.

- Reduces burden on the government and supports health workers.

- It is considered a great support to health care workers.

"barefoot doctors" China 1957

UNICEF and WHO Collaborations:

- **D**uring 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
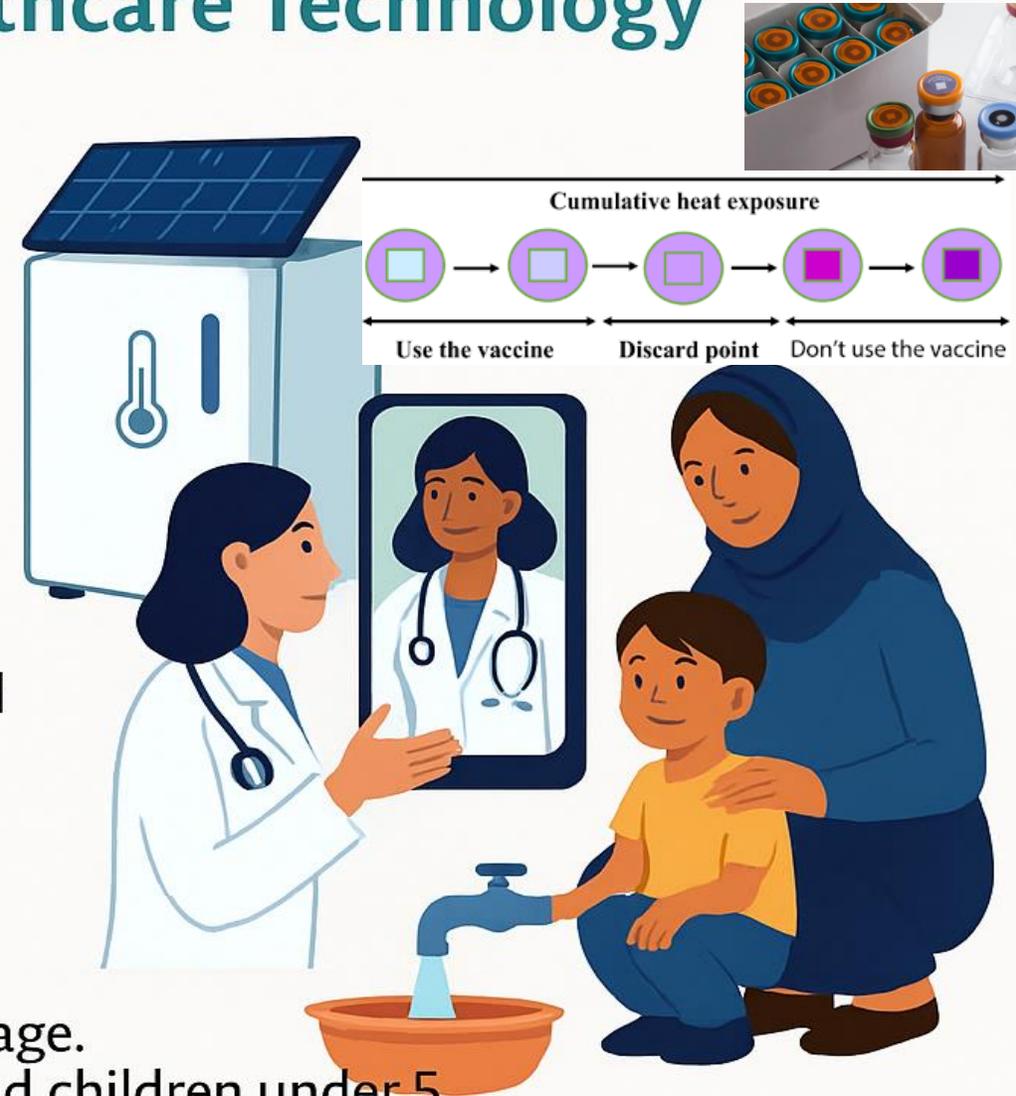
5. Appropriate Healthcare Technology

- Refers to the use of **scientifically sound, effective, and affordable technologies** that fit local needs and can be maintained using available community resources.

- Should be simple, safe, and cost-effective.

- Must match the socioeconomic and cultural conditions of the community.

- Especially important in low-resource settings to ensure sustainability.
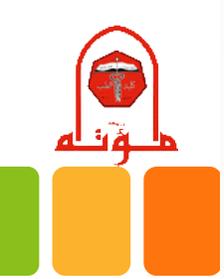
Examples of Appropriate Healthcare Technology

- Oral Rehydration Solution (ORS): replaces IV fluids for mild and moderate dehydration.

- Breastfeeding and birth spacing: natural, safe, and cost-free health measures.

- Growth charts: simple tools that can be maintained by community health workers.

- Vaccine Vial Monitor (VVM): shows if vaccines were exposed to excessive heat.

- Solar-powered refrigerators: store vaccines and medicines in areas without reliable electricity.

- First-aid kits: prepared using locally available and low-cost materials.

- Safe water measures:
  - Chlorination tabletsfor household water storage.
  - Teaching mothers to boil water for infants and children under 5.

Cumulative heat exposure

Use the vaccine — Discard point — Don't use the vaccine

Appropriate technology combines scientific effectiveness, affordability, and practicality, ensuring health for all communities.

6. Multi-sectorial collaboration

- Health cannot be improved by the health sector alone.

- Health is a shared responsibility across all sectors— such as education, agriculture, water, housing, transportation, and communication.

- Each sector contributes to improving living conditions and health outcomes.

- Example: *In Jordan, coordination between the Ministry of Health and the Ministry of Education supports school health programs and vaccination campaigns.*

Team Approach — Who Provides PHC?

- **The team is** a group of persons <u>with different levels of knowledge, experience and skills who work together</u> to provide comprehensive services to the individuals, families and community.

- PHC depends on teamwork between people with medical, paramedical, and community roles.

- Medical staff: doctors, dentists.

- Paramedical staff: nurses, midwives, health visitors, lab and X-ray technicians.

- Health-related staff: school health officers, social workers, sanitation and food inspectors.

- Community members: teachers, religious leaders, and volunteers who help promote healthy behaviors.

Elements of PHC

Water & Sanitation

Education

Nutrition

MCH

Immunization

Endemic Diseases

Treatment

Essential drugs

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. 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.

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.

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.
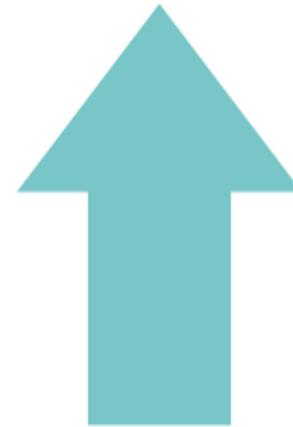
Improves:

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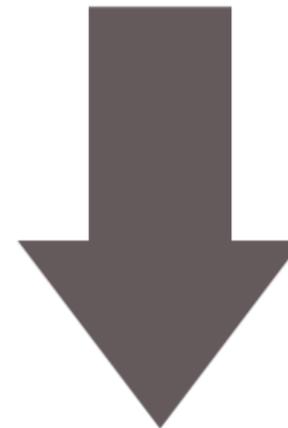
Reduces:

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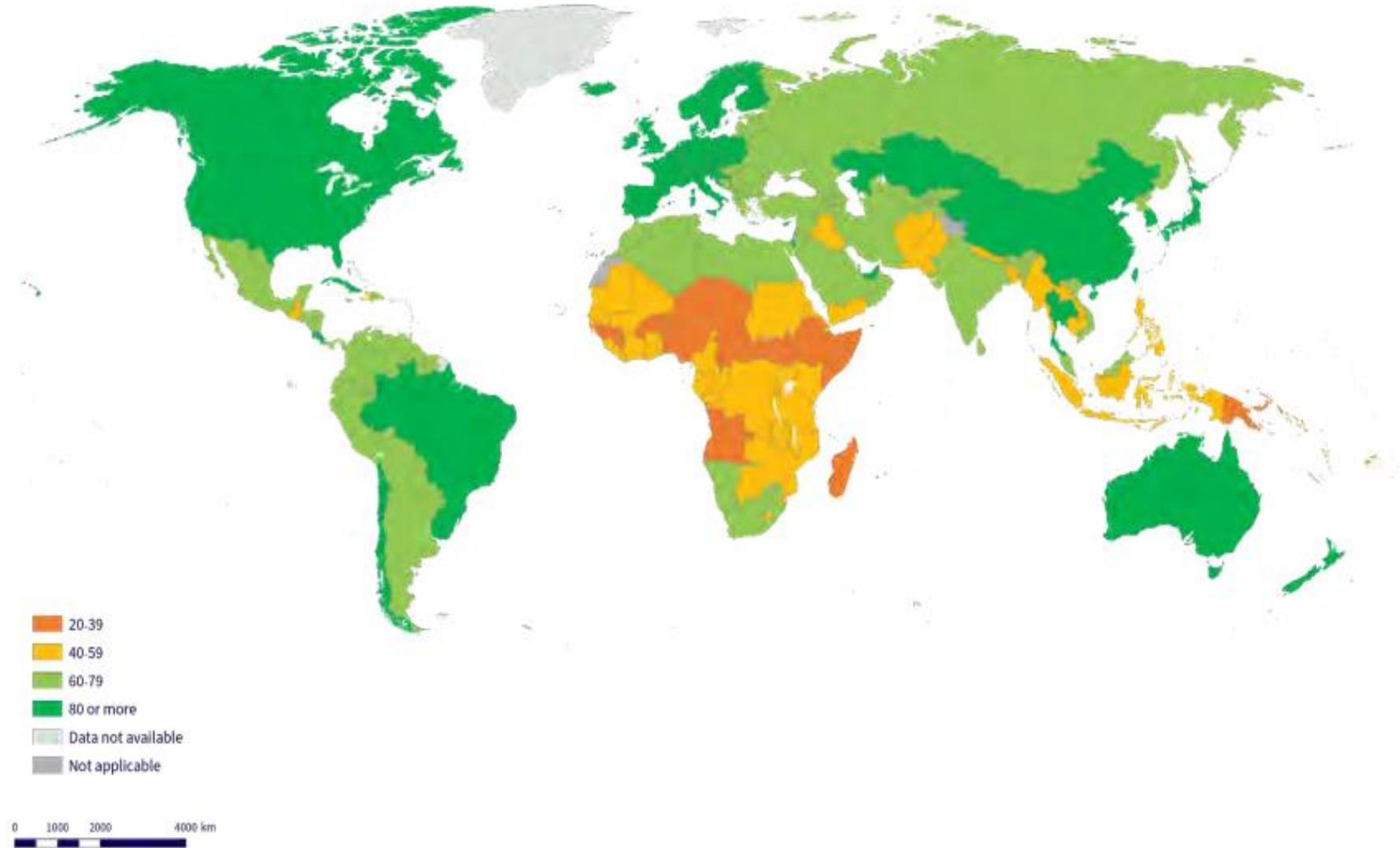- Negative effects of social inequality

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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

20-39
40-59
60-79
80 or more
Data not available
Not applicable

0   1000   2000   4000 km

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=C

- **In Arabic:** https://www.youtube.com

- https://www.who.int/publications/i/ite

Health for All

Adding life to years and years to life

THANK YOU