

# Primary Health Care

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# 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.
- Essential health care (PHC) is provided.
- A majority of prevailing health problems can be satisfactorily managed.
- The closest to the people.
- Provided by the primary health centers.



## Secondary health care

- **More complex problems are dealt with.**
- **Comprises curative services**
- **Provided by the district hospitals**
- **The 1<sup>st</sup> referral level**

## Tertiary health care

- **Offers super-specialist care**
- **Provided by regional/central level institution.**
- **Provide training programs**



- Primary health care (PHC) became a core policy for the World Health Organization with the Alma-Ata Declaration in 1978 and the 'Health-for-All by the Year 2000' Program.
- The commitment to global improvements in health, especially for the most disadvantaged populations, was renewed in 1998 by the World Health Assembly. This led to the 'Health-for-All for the twenty-first Century' policy and program, within which the commitment to PHC development is restated.



# What is Primary Health Care?

PHC is essential health care that is a socially appropriate, universally accessible, scientifically sound first level care provided by a suitably trained workforce supported by integrated referral systems and in a way that gives priority to those most in need, maximises community and individual self-reliance and participation and involves collaboration with other sectors. It includes the following:

- health promotion
- illness prevention
- care of the sick
- advocacy
- community development



# Primary Health Care (PHC)

- *PHC 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 community and the country can afford ... (Alma-Ata, 1978)*



# Principles for PHC


- PHC based on the following principles :
  - Social equity
  - Nation-wide coverage
  - Self-reliance
  - Inter-sectoral coordination
  - People's involvement in the planning and implementation of health programs





# Principles of PHC

The 1978 Declaration of Alma-Ata proposed a set of PRINCIPLES for primary health care. PHC should:

1. “Reflect and evolve from the economic conditions and socio-cultural and political characteristics of the country and its communities, and be based on the application of the relevant results of social, biomedical and health services research and public health experience”
  2. “Address the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly”
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- ۳. “Involve, 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,
- ۴. “Promote 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 develop through appropriate education the ability of communities to participate”



- . “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”
  
- ٦. “Rely, 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.”



# Core Activities for PHC

There is a set of CORE ACTIVITIES, which were normally defined nationally or locally. According to the 1978 Declaration of Alma-Ata proposed that these activities should include:



1. Education concerning prevailing health problems and the methods of preventing and controlling them



## ۲. Promotion of food supply and proper nutrition



۳. An adequate supply of safe water and basic sanitation



ξ. Maternal and child health care, including family planning





◦. Immunization against the major infectious diseases



# ٦. Prevention and control of locally endemic diseases



✓. Appropriate treatment of common diseases and injuries



^ Basic laboratory services and provision of essential drugs.



9. Training of health guides, health workers and health assistants.



## 10. Referral services



- Mental health
- Physical handicaps
- Health and social care of the elderly



# WHO Strategies of PHC

1. Reducing excess mortality of poor marginalized populations:  
PHC must ensure access to health services for the most disadvantaged populations, and focus on interventions which will directly impact on the major causes of mortality, morbidity and disability for those populations.
2. Reducing the leading risk factors to human health:  
PHC, through its preventative and health promotion roles, must address those known risk factors, which are the major determinants of health outcomes for local populations.





## ϣ. Developing Sustainable Health Systems:

PHC as a component of health systems must develop in ways, which are financially sustainable, supported by political leaders, and supported by the populations served.

## ξ, Developing an enabling policy and institutional environment:

PHC policy must be integrated with other policy domains, and play its part in the pursuit of wider social, economic, environmental and development policy.



# The Basic Requirements for Sound PHC (the ^ A's and the ~ C's)

- Appropriateness
- Availability
- Adequacy
- Accessibility
- Acceptability
- Affordability
- Assessability
- Accountability
- Completeness
- Comprehensiveness
- Continuity



# Appropriateness

- **Whether the service is needed at all in relation to essential human needs, priorities and policies.**
- **The service has to be properly selected and carried out by trained personnel in the proper way.**



# Adequacy

- **The service proportionate to requirement.**
- Sufficient volume of care to meet the need and demand of a community



# Affordability

- **The cost should be within the means and resources of the individual and the country.**



# Accessibility

- **Reachable, convenient services**
- **Geographic, economic, cultural accessibility**



# 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.



# Availability

- Availability of medical care means that care can be obtained whenever people need it.





# Assessability

- Assessability means that medical care can be readily evaluated.



# Accountability

- Accountability implies the feasibility of regular review of financial records by certified public accountants.



# Completeness

- Completeness of care requires adequate attention to all aspects of a medical problem, including prevention, early detection, diagnosis, treatment, follow up measures, and rehabilitation.



# Comprehensiveness

- Comprehensiveness of care means that care is provided for all types of health problems.



# Continuity

- Continuity of care requires that the management of a patient's care over time be coordinated among providers.



# To Summarize

Primary care is an approach that:

- Focuses on the person not the disease, considers all determinants of health
- Integrates care when there is more than one problem
- Uses resources to narrow differences



- Forms the basis for other levels of health systems
- Addresses most important problems in the community by providing preventive, curative, and rehabilitative services
- Organizes deployment of resources aiming at promoting and maintaining health.



# Definition

- PHC is an essential health care that is a socially appropriate, universally accessible, scientifically sound first level care provided by a suitably trained workforce supported by integrated referral systems and in a way that gives priority to those most in need, maximises community and individual self-reliance and participation and involves collaboration with other sectors.



# Elements of PHC

- Education concerning prevailing health problems and the methods of preventing and controlling them
- Promotion of food supply and proper nutrition
- Monitoring an adequate supply of safe water and basic sanitation
- Maternal and child health care, including family planning
- Immunization against the major infectious diseases

# Elements of PHC (cont.)

- Prevention and control of locally endemic diseases
- Appropriate treatment of common diseases and injuries
- Basic laboratory services and provision of essential drugs.
- Training of health guides, health workers and health assistants.
- Referral services



# Elements of PHC (cont.)

- Mental health
- Physical handicaps
- Health and social care of the elderly



# Primary Health Care

## Preventive services

### General services

- Health education
- Monitoring of environment
- Prev.&control of endemic diseases
- Health office services

### Care of vulnerable groups

- Maternal & child health services
- School health services
- Geriatric health services
- Occupational health services

## Curative services

- Outpatient clinic (referral)
- Laboratory services
- Dispensary
- First aid and emergency services

# Maternal and Child Health

- Mothers and children are both vulnerable groups of the community. Women in the childbearing period (15-49 years) constitute about 20% of the population. Children on the other hand constitute about 10% to 15% of the population in developing countries. This group is characterized by relative high mortality and morbidity rates.



# Maternal Health

- According to 2000 WHO estimations it was concluded that:
  - From every 210 pregnant women who annually get pregnant, 1 suffer from life threatening complications.
  - More than half a million (529,000) women died during pregnancy
  - MMR globally was 0.0/100,000 LB, ranging from 2.4 in Scandinavia and Switzerland to 1200 in Yemen
  - 50,000,000 women are left with chronic debilitating diseases annually.

# Maternal Mortality

- Nearly 2/3rds of maternal deaths worldwide results from five causes:
  - Hemorrhage (24%)
  - Obstructed labor (8%)
  - Eclampsia (pregnancy induced hypertension) (12%)
  - Sepsis (10%)
  - Unsafe abortion (13%)

- The other 1/3rd of maternal deaths worldwide results from indirect causes or an existing medical condition made worse by pregnancy or delivery:
  - Malaria
  - Anemia
  - Hepatitis
  - AIDS
  - Tuberculosis
  - Malnutrition

# Some Factors that Contribute to Maternal Mortality and Morbidity

- The “too”s of pregnancy:
  - Too young
  - Too old
  - Too many
  - Too soon
- In other words: young or old age of pregnancy, short intervals between pregnancies, and high parity. Other factors include low socio-economic status and inadequate maternal care.



# MDGs

- In the 8 Millennium Development Goals, 3 of them are directed to MCH:
  - Improve maternal health
  - Reduce infant and child mortality
  - Combat HIV, malaria, TB and other conditions.

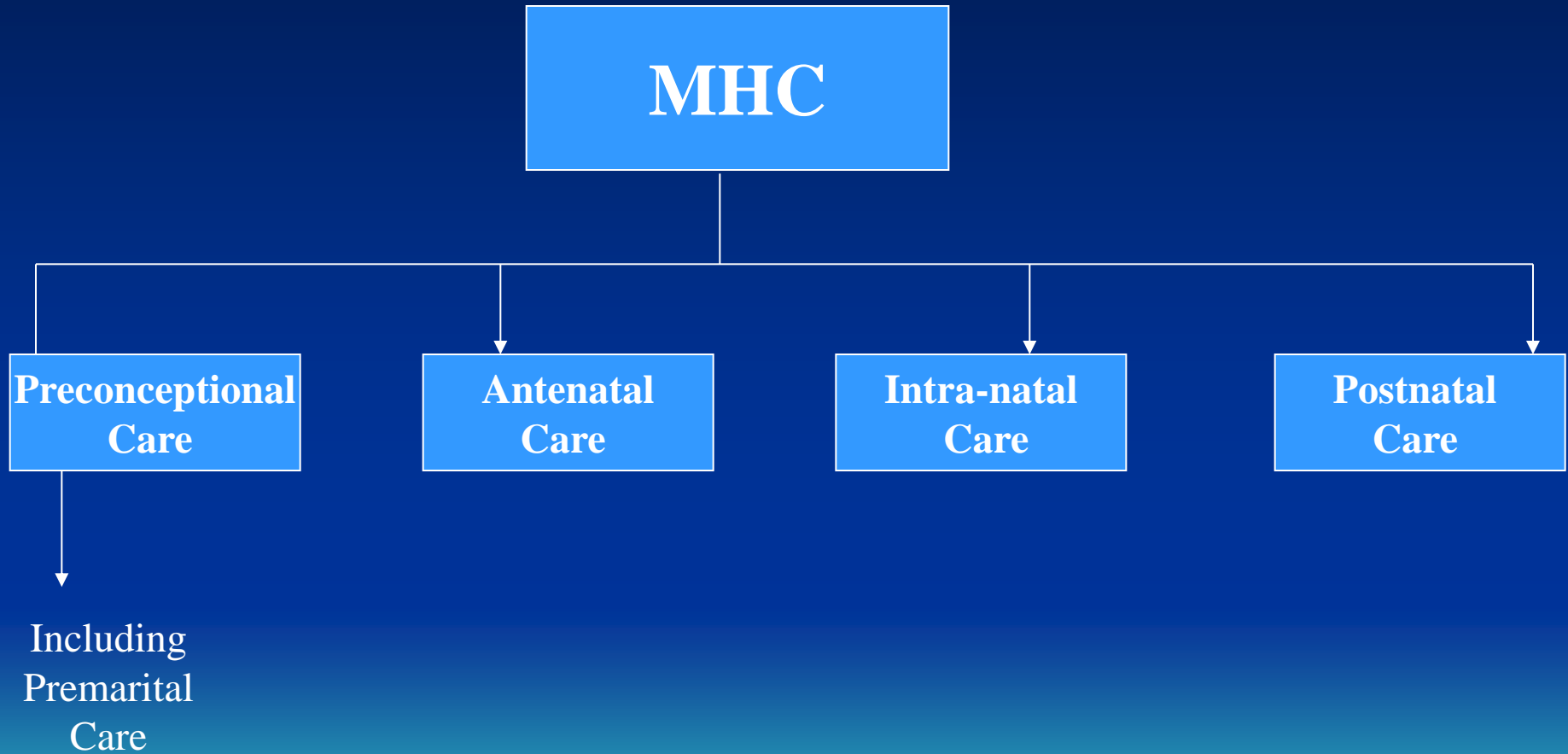


# Objective of MCH

- To improve the health status of the largest and most vulnerable sector of the population by providing the best health care available.



# Maternal Health Care




# Preconceptional Care

- It is a care of female before conception.
- It is continued care from birth, through stages of growth and development, and until the time of conception and pregnancy, so as to prepare the female for normal child bearing and delivery in the future.



# Components of Preconceptional Care:

- Health promotion and prevention of health hazards specially those of particular risk to pregnancy.
  - Regular health appraisal for early case detection and management, and prevention of sequelae or complications.
  - Health education of young girls e.g. determinants and requirement of health, family health, family planning.....
  - Premarital care (for both partners).
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# Premarital Care

It includes:

- Premarital counseling
- Premarital immunization
- Premarital examination:
  - History taking
  - Genetic counseling
  - Systemic medical examination
  - Investigations



# Antenatal (Prenatal) Care

- General objective:  
“ The general objective of antenatal (prenatal) care is to prepare the mother both physically and psychologically to give birth to a healthy newborn (favorable outcome of pregnancy) and to be able to care for it.”



# Components Antenatal (Prenatal) Care

- Registration: During the booking visit, and record keeping
- Medical examination and investigations; for both the booking visit and continuing visits.
- Health education
- Immunization
- Supplementations
- Clinical services
- Social services (outreach services).





# Intra-natal Care

“Normal delivery is defined as a process of delivery of a single fetus and other products of conception within 24 hours, through the normal birth canal and without complications.”

- Objectives of intra-natal care: safety of mother and fetus, by helping the pregnant to have a normal delivery, and providing emergency services when needed.
- Determination of place of birth, with a well-organized back up system.



# High Risk Deliveries

Mother	Delivery	Fetus
Toxemia of pregnancy	Prolonged labor	Prematurity
Diabetes mellitus	Breech presentation	LBW
Age < 20 yrs	Cord prolapse	Fetal distress
Age > 30 yrs	Multiple pregnancy	Meconium stained liquor amnii
Parity 0 +	Premature rupture of membranes	

# Postnatal Care

- Care of mother after delivery.
- Its components are:
  - Postpartum examination
  - Medical care
  - Follow up
  - Health education
  - Family planning services
  - Psychological and social support



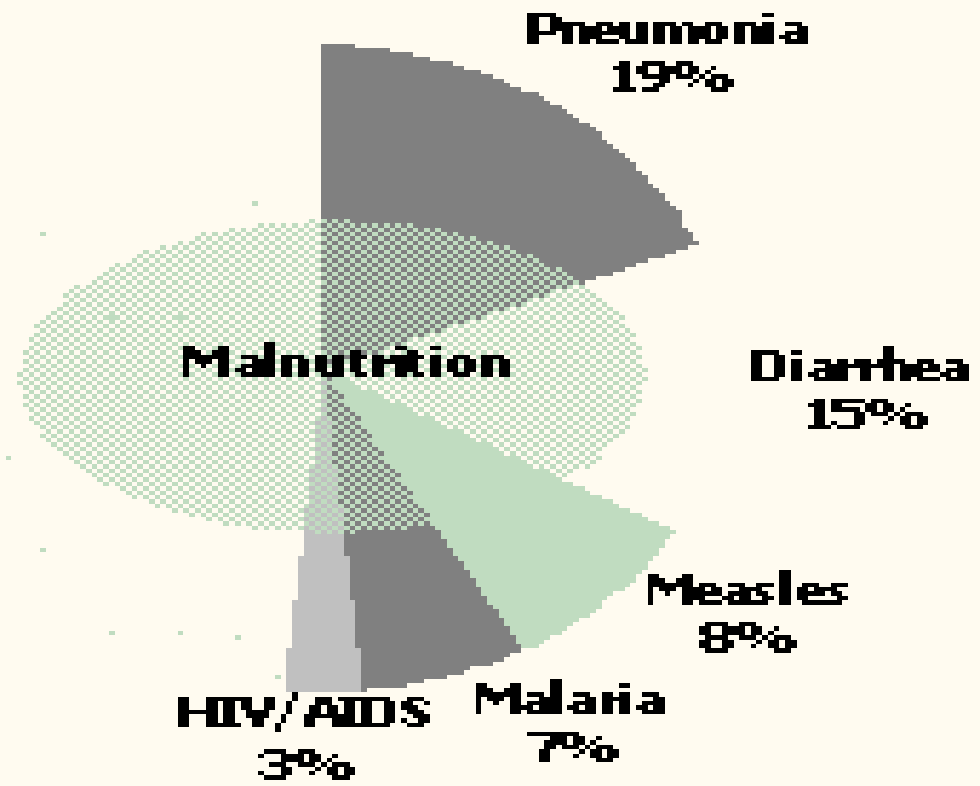
# CHILD HEALTH

## Why tackle child health?

- The global equity gap in health is largest among children, and is concentrated in communicable diseases.
- Children under five years of age account for more than 50% of the global gap in mortality between the poorest and richest quintiles of the world's population.
- Children under five bear 30% of the total burden of disease in poor countries.
- Almost all (99%) of the 10.9 million children under five who died in 2000 were from developing countries. Of these children, 36% died in Asia, 33% in Africa

## Causes of 10.5 million deaths among children < 5 in developing countries, 1999

*More than one half of all child deaths in developing countries are due to just five communicable diseases and malnutrition*



Source: EPI/MAD

Perinatal mortality accounted for more than 20% of deaths in children under five years of age, in 2000 and includes birth asphyxia, trauma, and low birth weight.

# Infant and child priorities (UNICEF)

١. Reduction of infant and under ٥ mortality rate
٢. Reduction of moderate and severe malnutrition
٣. Universal access to safe drinking water
٤. Access to all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many.



# Infant and child priorities (UNICEF) cont.

٦. Reduction of low birth weight babies
٧. Elimination of iodine deficiency
٨. Elimination of vitamin A deficiency
٩. Encouragement of women to breast feed their children exclusively
١٠. Growth promotion and monitoring
١١. Eradication of poliomyelitis
١٢. Elimination of neonatal tetanus
١٣. Reduction of measles death



# Infant and child priorities (UNICEF) cont.

- 14. Maintenance of a high level of immunization coverage.
- 15. Reduction of deaths due to diarrheal diseases
- 16. Reduction of deaths due to ARIs
- 17. Increased acquisition of knowledge, skills and values required for better living by all families.





**What can be done to  
improve child health?**



# Child Health Service (Program)

The MCH center provides child care that starts before birth and continues through out childhood.

Functions of MCH centers for child care:

- Maternal care (prenatal and natal)
- Neonatal care
- Adequate nutrition of infants and children
- Health appraisal (assessment)
- Prevention and control of communicable diseases including immunization.
- Clinical (curative services)
- Social services.

# The Integrated Management of Childhood Illness (IMCI)

- IMCI is a broad strategy to improve child health outcomes developed by WHO and UNICEF. IMCI encompasses interventions at home, in the community and in the health system. The aims are to reduce childhood deaths, illnesses, and disability and to improve children's growth and development, with a particular focus on the poorest and most disadvantaged children. IMCI has three main components:
  - *Improve family and community practices related to child health and nutrition;*
  - *Improve the health system for effective management of childhood illness;*
  - *Improve health workers' skills*

*Improve family and community practices related to child health and nutrition;*

- **Counseling on child feeding** including
  - exclusive breast feeding
  - Adequate amount of micronutrient or supplementation
- **Complete full course of immunization for children**
- Promote safe disposal of waste and hand washing before preparing meals and feeding children
- **Provide adequate care to sick children**
- Promote mental and social development by responding to children's needs for care,
- Provide adequate prenatal care to every pregnant

*Improve the health system for effective management of childhood illness;*

- Ensure **drugs and supplies** for treating major childhood illnesses are available in health facilities
- **Improve quality of care** provided at health facilities and organization of work
- Improve referral pathways
- Identify and develop methods for sustainable financing and equity of access



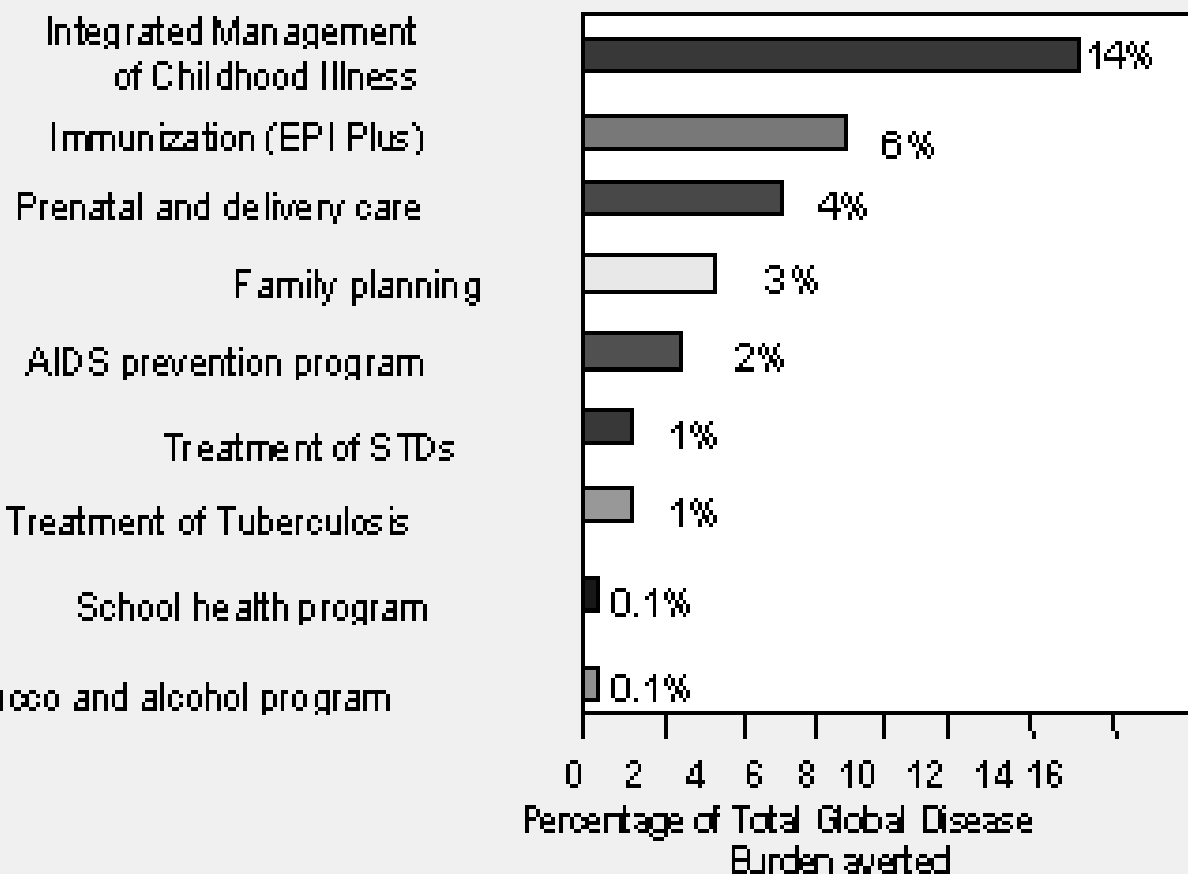
## *Improve health workers' skills.*

- **Develop and adapt case management guidelines** and standards for major childhood illnesses in the country
- **Train health providers** at first level health facilities and referral level in standard case management
- Improve and maintain health workers' performance through **follow-up after training and periodic supervision**



- A combination of integrated curative and preventive interventions is required to address the immediate and underlying determinants of child health. Maternal determinants and risk factors associated with pregnancy and childbirth are especially important.
- Simple, cost-effective interventions delivered at the community level can save most newborn and children lives in developing countries.

# Cost-Effective and Affordable Public Health and Clinical Services



Indicative Cost in US\$

40.00	1.60
14.50	0.50
40.00	3.80
25.00	0.90
4.00	1.70
2.00	0.20
4.00	0.60
22.50	0.30
42.50	0.30
Cost per DALY	Annual cost per capita



# To summarize

Optimum child health is achieved through:

- Adequate maternal care
- Periodic follow up of the “healthy child”
- Breast feeding and proper child nutrition
- Immunization
- Early detection and proper management
- A sanitary and safe environment
- Health education of parents.



Thank You

