DMU Department of PH

Presentation on PHC

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Objectives

- To describe the historical development of PHC
- To describe the situation of PHC in Ethiopian context
- To discuss on components, strategies and approaches of PHC
- Adopt PHC for the year 2000 and beyond
- Identify the global indicators for monitoring and evaluation of PHC
- To identify possible problems in implementing PHC

Introduction

Defn:

- PHC (Primary Health Care) is an essential health care based on practical, scientifically sound and socially acceptable methods and technologically 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 development.

Important terms in the definition

- Primary: First in order of its importance
- Essential: Health care provided through PHC is basic and indispensable and vital.
- Practical: Applicable
- Scientifically sound: The strategy we use in implementing PHC should be scientifically explainable and understood.

Cont...

- Socially acceptable methods : Should be accepted by the local community.

- Universally accessible: To bring health care as close as possible to where people live and work

Historical Development of PHC

- The World Health organisation (WHO), which was established in 1948, has always had as a major objective the attainment by all people of the highest possible level of health." WHO definition”

- However due to political and socio-economic factors the various health care approaches implemented in different countries between 1948 and 1978 did not enable WHO to meet the stated objective.

Cont...

- In the 1950s the vertical health service strategy was implemented which included
  - mass campaigns and
  - specialised disease control programmes for selected communicable diseases :like control of malaria, tuberculosis and venereal diseases.

- However these approaches were found to be
  - expensive and
  - unsuccessful.

- Later in the mid 1950s the concept/strategy of Basic health Service came into practice.

- This approach gave more attention to rural areas through construction of health centres and health station providing both preventive and curative care.

Cont...

- In the early 1970s integration of the specialised disease control programmes with the basic health services was emphasised.

- All these approaches were disease oriented based on high cost ,health institutions requiring advanced technology to solve the health needs of the people, and ***thus ultimately failed to reach the desired goal.***

- Specially in developing countries where their health problems required emphasising health promotion and preventive care, the strategies applied did not make much impact on the health status of the population.

Out comes of 1950s to 1970s

- The net effect of the health services and programmes organised by various countries during the 1950s and 1970s can be summarised as follow:-

- Despite health being a fundamental human right and world side social goal, the health status of hundreds of millions of people in the world then and even today is unacceptable.

Cont...

- In spite of tremendous strides in medicine and technology, the health status of the majority of people in disadvantaged areas of most countries of the world remained low.

- The organised limited health institutions failed to meet the demands of those most in need of health services.

- The health services often created in isolation neglecting other sectors such as education, agriculture, water, communication etc., which are relevant for improvement and development of health.

Cont...

- Health institutions stressed curative services with lacking priority to preventive, promotive and rehabilitative care.

- The community have rarely been given the opportunity to play an active role in deciding the types of activities they want and have not participated in the actual service they receive.

Cont...

- These situations called for WHO and UNICEF in the early 70s to seriously and critically re-evaluate and re-examine existing policies, approaches and options in health.

- This led to the assimilation of innovative experiences, especially from those countries which have succeeded in providing health care to the majority of their people as well as from some localised health care project.

- Both these innovative approaches recognised the importance of broader socio-economic development effort for community health.

Cont...

- **Thus -the magnitude of health problems and inadequate distribution of health resources called for a new approach and the concept of PHC was born.**

- In 1977 the WHO set a goal of providing "Health for All by the year 2000" which aims at achieving a level of health that enables every citizen of the world to lead a socially and economically productive life.

Cont...

- The strategy to meet this goal was later defined in the 1978 WHO/UNICEF joint meeting at Alma-Ata USSR.

- In this meeting it was declared that the primary health care strategy (PHC) is the key to meet the goal of "health for all by the year 2000".

PHC in Ethiopia

- The health policy which was established in 1976 by the ministry of health includes

    - Emphasis on disease prevention
    - Priority to rural health service
    - Promotion of self reliance and community involvement
    - The health policy has been further consolidated by the adoption of PHC as a strategy.

Cont...

- From the 150 member countries during the establishment of PHC in ALMA-ATA, Ethiopia was the one.
- PHC activities in Ethiopia, which formally began in 1980s, include the following

  - Education on the prevailing health problems and methods of preventing and controlling them.
  - Locally endemic diseases prevention and control.
  - Expanded program on Immunization
  - Maternal and child health including family planning
  - Essential drugs provision
  - Nutrition promotion of food supply
  - Treatment of common diseases and injuries
  - Sanitation and safe water supply

Cont...

- Since 1980 PHC has been the main strategy on which the health policy has been based.

- The 1985 review of PHC implementation in Ethiopia revealed the following achievements:

  - Expansion of health services to the broad masses
  - Expansion of Immunization programmes
  - Increasing number of medical and paramedical personnel.
  - Increased health propaganda attempts to improve health consciousness of the population.
  - Established PHC committees at the lowest local administrative level.

Cont...

- Failures to implement these policies can be traced to several factors of which low government attention and support to the health sector is not the least.

- The transitional government of Ethiopia also further strengthened PHC strategy for delivery of health services by giving due emphasis to the development of preventive and promotive component of health care and by strengthening inter-sectoral activities.

Cont...

- Emphasis for development of an equitable and acceptable standard of health service system was further stressed.

- The Health Policy further emphasized the decentralization of services and initiating the participation of people in health issues.

The PHC philosophy

THE PHC PHILOSOPHY

- **Equity and Justice:**

  Equitable distribution of services, resources and health care.

  Effective PHC makes an important contribution to greater social justice and equity by reducing the gap between the "have's and the "have not's".

  It tries to achieve more equitable distribution of resources and attain a level of health for all life.

Cont...

- If all cannot be served those most in need should have priority.
- Equity must be ensured through the development of a sound PHC infrastructure.
- Equity must be ensured in the allocation of funds, materials, and human power.

Cont...

- For better equity in the distribution of health human power, an incentive system must be developed to encourage health personnel to work in rural areas.

- There should be equity in training opportunities for health workers.

- Health services should be accessible and affordable.

Cont...

- Individual and community self-reliance

personal responsibility for their own and their families health.

- Inter-relationship of health and development.

- Role of Health in Development
  - Health makes a fundamental contribution to a country's economy
  - Better health among adults means a bigger and better work force
  - As health improves productivity increases

PHC - THE LEVEL OF CARE

The term PHC-

- ❖historically means most peripheral level of organized health care

- ❖the point of contact between community & the health services.

- •The ALMA-ATA declaration states that this level is an" Integral part of the national health care system of which it is the central function and main focus."

Cont...

- The level of care at various levels of health delivery system provides intact two ways referral system addressing all health care programme elements.

- The level of care also needs to consider involvement of communities and other sectors within the functional infrastructure.

PHC as a Level of Health Care

Level	Administrative area	Health Facilities	Types of Care	Levels of Prevention
Local	Kebele + Woreda	PHCU + 5CHP District Hospital	Primary Care	Primary Prevention + Secondary and Tertiary Prevention
Intermediate	Zonal/Region	Zonal Hospital Regional Hospital	Secondary Care	Primary Prevention + Secondary and Tertiary Prevention
Central	National	Central Referral & teaching Hospital	Tertiary care	Tertiary Prevention

Principles of PHC

Principles of primary health care

- Equity
- Inter-sectoral collaboration
- Community involvement
- Appropriate technology
- Emphasis to promotion and prevention
- Decentralization

I.Equity

- Providing equal health care to all groups of people according to their needs.
- giving highest priority to those with greatest health needs
- Services should be physically, socially, and financially accessible to everyone

II.Intersectioral collaboration

- It means a joint concern and responsibility of sectors
- Which sector must be collaborated?
- What hinders intersectional collaboration?

Cont...

- **Important to:-**
  - Save resources (effective use of resources)
  - Identify community needs together

- **It can be promoted through**

- Forming bodies from relevant agencies and elders at different levels, starting from the community

III.Community involvement

- **The communities should be actively involved in:**
  - The assessment of the situation
  - Definition of the problems
  - Setting of priorities
  - Planning, implementation, monitoring and evaluation and management of development programs

Community participation can be

- The **"Cheap labor"** concept
- The "**Cost-sharing**" concept
    1. Peoples contribute money
    2. Peoples establish local organizing committee to sustain support and concern
- **"Contractual obligation"** local support
- The " **community-decision making**" concept

Advantages of community involvement

- Extended service (coverage)
- Programs are affordable and acceptable
- Promote self-reliance and confidence
- Success has a multiplying effect
- Create sense of responsibility
- Consideration of real needs
- Promote local community's initiatives and technologies
- Reduce dependency on technical personnel
- Builds the community's capacity to deal with problems.
- Helps to choose correct strategy

Skills For Enhancing Community Participation /Involvement

- Belief in community's potential
- Skills in participatory approach
- Ability to motivate
- Awareness creation
- Understanding community culture
- Identify or create structure

IV. Appropriate Technology

- Methods- procedures - techniques, equipment's are
  - Scientifically valid
  - Adapted to local needs
  - Acceptable by the professional
  - Acceptable by the community

Criteria of Appropriateness

- **Effective:-**must work and fulfill its purpose
- **Culturally acceptable and valuable:-** must fit into the hands, minds and lives of its users
- **Affordable:-**affordable cost by the whole community
- **Sustainable Locally:-**Should not be over dependent on imported skills or supplies

Cont...

- **Evolutionary capacity :-**its introduction and acceptance can lead to further benefits.
- **Environmentally Accountable:-** should be environmentally harmless
- **Measurable:-**needs proper and continuing evaluation if it is to be widely recommended.
- **Politically Responsible:-**unwise to alter an existing balance in a way that might be counter-productive.

V. Emphasis on health promotion and prevention

- **Promotive:** addresses basic causes of ill health at the level of society.
- **Preventive:** reduces the incidence of disease by addressing the immediate and underlying causes at the individual level.
- **Curative:** reduces the prevalence of disease by stopping the progression of disease among the sick.
- **Rehabilitative:** reduces the long-term effects or complications of a health problem.

VI. Decentralization

- Bringing decision making away from the national or central level closer to the communities served and to field level providers of services.

Cont...

- Decentralization reflects the two key principles of
  - Community participation
  - And mulitisectoralism
- Decentralization may lead to geographical inequalities in resource availability and technical quality.

Components of PHC

THE COMPONENTS OF PHC AT ALMA-ATA DECLARATION

- Health education
- Promotion of food supply and proper nutrition
- Adequate supply of safe water and basic sanitation
- Maternal and child health care, including family planning
- Immunization
- Prevention and control of locally endemic diseases
- Treatment of common diseases and injuries
- Provision of essential drugs

Components added after Alma Ata Declaration

- Mental health
- Dental health (oral health)
- Control of ARI (Acute respiratory tract infections)
- Control of HIV/AIDS and other STDS
- Occupational health
- The use of traditional medicine

The PHC strategy

1. Changes in the Health Care System
    - Integrated system
    - Community involvement
    - Use and control of resources
    - Legislative changes
    - Design Planning and management of health system

Cont...

2. Individual and Collective Responsibility for Health

- ❖ Decentralization of decision making
- ❖ Self realization
- ❖ Informed and motivated public

Cont...

3. Inter-sectoral Action for Health

- ❖ Attention of over all economic development towards maximization of health
- ❖ Sharpening awareness

Approaches to PHC

- The two main approaches are:
  - Comprehensive PHC (cPHC)
  - Selective PHC (sPHC)

sPHC

- IS the low cost strategy to treat and prevent few selected diseases which have great impact to mortality

Advantage of sPHC approach

- Easy to plan and implement
- Decision making is easier
- Results are achieved faster
- It gives more satisfaction
- Requires limited resources

Disadvantages of sPHC

- Limited scope of activities
- The approach is disease oriented.
- The approach doesn't address the general health problems of the community
- It doesn't address priorities of the community
- Top to down decision making .
- It doesn't recognize contribution and co-operation by other sectors.

Comprehensive PHC approach

- Health is defined in the holistic sense
- Health is concerned with equity
- Multi-sectoral approaches are key to obtaining good health
- Community involvement is critical

Advantage of the cPHC approach

- ❑It looks at health holistically
- •Oriented to Development
- • It
  - •**Involves people and leads to empowerment**
  - •Promotes equity
  - •Advocates multi- sectoral collaborations
  - •Deals with priorities of the community
  - •Covers all elements of PHC

Disadvantages of the cPHC approach

- It is expensive initially to set up an infrastructure
- Requires conscious planning
- Results are gradual
- It is a long process
- It is a complex process

Global indicators for monitoring & evaluation of PHC

Global Indicators

❖Health Status Indicators

- **IMR <50/1000LB/year**
- **90% of newborns Birth Wt >2.5 kg**
- **Life Expectancy >60 Years**

Cont...

❖ Availability of PH- Services

- Safe & Accessible water supply(15 min walking Distance).
- Immunization Service against the 6/10 target diseases
- Sanitary facility at home or with in immediate vicinity
- Health institution Access with in 1hr walking distance having a list of 20 essential drugs

Cont...

❖ Political Commitment

- Raising Human Resource by training & incentives - Fair management
- Allocating 5% of the total GNP for health
- Equitable Budget Distribution

❖ Socio- economic Development

- Adult Literacy Rate >70%
- GNP per head (PCI) >500 USD

ADAPTING PHC FOR THE YEAR 2000 AND BEYOND

- In 1988 ten years after Alma-Ata WHO, UNICEF and other parties decided that it was an appropriate time to review what has happened since Alma-Ata and what the prospects appear to be per the year 2000 and beyond.

- The meeting was held in Riga, capital of the Lativa Republic of the former USSR in March 1988.

Cont...

- The assessment revealed that:-
  - most countries have made considerable gains in increasing the equity and effectiveness of health services and
  - improvements in coverage, and quality of programmes.
  - Decrease infant, under 5,and MMR are evidence of remarkable progresses in many countries

Cont...

- However it is evident that the improvements haven't been uniform either between countries or within them moreover a number of least developing countries have made only very limited progress; most indicators (morbidity's and moralities) remain unacceptably high.

Cont...

- Therefore, the mission for HFA will not end in the year 2000.
- No country can solve all of its health problems, and new problems continue to emerge in every country.
- Health for all remains a permanent goal of all nations up to and beyond the year 2000.

Common problems and important future issues in PHC

- The weaknesses in PHC in 2003 look very similar to those in the late 1980s:

  - weaknesses of national health systems, with respect to policy analysis and formulation, coordination and regulation
  - weak managerial capabilities
  - Inequitable and insufficient resource allocation.
  - poor organization and management of health services and ineffective referral systems
  - Inappropriate human resources policies and planning .

Cont...

- Inequitable distribution of health professionals .
- unsatisfactory working conditions of health workers: low salaries, poor living conditions and inadequate career structures.
- Inappropriate use of medical technology
- limited intersectoral cooperation for health development
- weakness of health information systems to measure performance and make decisions

Cont...

- Some other frequently identified problem areas in PHC practice include:
  - ✓ setting objectives and measuring achievement
  - ✓ vagueness of roles
  - ✓ preventive care and health promotion
  - ✓ organizational and managerial skills
  - ✓ integration of various activities, teamwork skills and attitudes towards teamwork
  - ✓ quality of care and the assessment of one's performance
  - ✓ research and development, social participation and coordination between PHC and specialized hospital care .

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ThankYou!!