

Chapter Two

Primary Health Care (PHC)

At the end of this chapter, you would be able to:

- Describe historical development of PHC
- Define the term Primary Health Care
- List and discuss principles of PHC
- Discuss strategy of PHC
- Explain components of PHC

PRIMARY HEALTH CARE (PHC)

The 1978 joint WHO-UNICEF conference in Alma-Ata Kazakhstan (former USSR) expressed a major statement regarding policies and strategies believed necessary to achieve Health for All by the year 2000, known as the Alma-Ata Declaration. The PHC approach outlined in that declaration called for a major shift in attitude towards the concept of health and understanding of the appropriate actions to be taken to improve the unacceptably low health status of many groups in society. Health was viewed in a more positive and holistic context and the importance of health promotion was recognized. The poverty of the non-industrialized nations was viewed as the direct result of the "development" of the industrial powers. This fundamental shift in thinking was reflected in concomitant

changes in the planning process of health sector.

Definition

The international conference on PHC held at ALMA-ATA defined as follows: PHC is defined as 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 the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.

When we look at the basic concepts in this definition:

- ✚ **Essential** -basic and indispensable
- ✚ **Scientifically sound:** scientifically explainable and acceptable
- ✚ **Socially acceptable methods and technology:** the methods and technology we use to implement PHC should be accepted by the community, and we need to consider the local value, culture and belief.
- ✚ **Universally Accessible:** because of the inequitable distribution of the available resources, the services are not reachable by all who need them. Only a few can afford or are within the reach to use them while the majorities are excluded from the services for various reasons. Thus the PHC approach is to bring health care

as close as possible to where people live and work in order to guarantee universal accessibility to the individual, family and the community.

✚ **Community Involvement:** individual and families assume greater responsibility for their own health. Community can achieve better health status through their own efforts and the health workers role is to help them identify their problems and to point out methods for dealing with the problems.

✚ **Self-Reliance and Self Determination:** being able to support yourself, being independent understanding your own needs and trying to minimize problems. Knowing when and for what purpose to turn to others for support and cooperation.

PHC Principles

The following principles underline the concept of PHC

1. Inter-sectorial collaboration
2. Community involvement
3. Appropriate technology
4. Equity
5. Focus on prevention and health promotion
6. Decentralization

1. Inter-sartorial collaboration

It means a joint concern and responsibility of sectors responsible for development in identifying problems, programs and undertaking tasks that have

an important bearing on human well-being. The causes of ill health are not limited to factors related to the health sector. Education for literacy, income supplementation, clean water, sanitation, improved housing, ecological sustainability, more effective marketing of products, construction of roads and water ways, enhanced roles of women, are changes that may have substantial impact on health.

Why is inter-sartorial collaboration important?

- To save resources (effective use of resources)
- To identify community needs together

2. Community involvement

Community involvement is the process by which individuals and families assume responsibility for the community and develop the capacity to contribute to their health and the community's development. It is a means by which communities can play a more influential role in health development, in which the emphasis is on strengthening the capacity of communities to determine their own needs and take appropriate action. Communities should not be passive recipients of services. Everybody should be involved according to his/her ability.

The communities should be actively involved in the assessment of the situation, problem identification, priority

setting and making decisions, and sharing responsibility in the planning, implementing, monitoring and evaluation.

Types of Participation

- **The cheap labor concept of participation:** here community is considered to have participated when it provides free, unskilled labor for construction and donates raw materials in the spirit of self-help.
- **The cost-sharing concept of participation:** At least there is some contribution by community members in cash or in kind so that there can be cost reduction and cost recovery.
- **"Contractual obligation" concept of participation:** Establishing at least a minimal local infrastructure to manage and maintain the system. The assumption is that this infrastructure will be able to generate and sustain local support.
- **The community decision making concept of participation:** is a process of involving a broad base of the community in decision making right from the start. Both men and women have to be involved.

Advantages of community participation

- Extend service/better coverage
- Programs are affordable and acceptable
- Promote self-reliance and confidence
- Create sense of responsibility

- Consider real needs and demands
- Build the community's capacity to deal with problems
- Help to choose appropriate strategy.

3. Appropriate technology

Take account of both the health care needs and the socio-economic context of a country.

Criteria for Appropriateness

- Effective
- Culturally acceptable and valuable
- Affordable, i.e. cost effective
- Locally Sustainable
- Environmentally accountable
- Measurable
- Politically responsible

4. Equity

In view of the magnitude of health problems, the inadequate, inequitable distribution of health resources between and within countries, and believing that health is a fundamental human right and world-wide social goal, the conference called for a new approach to health and health care. This is to close the gap between the "haves" and "have not's" which will help to achieve more equitable distribution of health resources, and attain a level of health for all the citizens of the world that will permit them to lead a socially and economically productive life.

5. Focus on Prevention and Promotive Health Services

Health promotion relates to the importance of adopting, where possible a promotive or preventive approach to health problems. Such an approach sees health as a positive attribute, rather than simply "the absence of disease". One of the important tasks of the planner is to redress the imbalance in allocation of resources to preventive and curative care, enhancing the role of resources available to prevention and promotion.

6. Decentralization

Decentralization away from the national or central level brings decision making closer to the communities served and to field level providers of services, making it more appropriate. There is also a greater potential for multi sectorial collaboration at the lower service-delivery level.

Decentralization may enhance the ability to tap new sources for financing health care. Finally, by breaking down the large, monolithic decision making structures, typical of many national ministries, decentralization may lead to greater efficiency in service provision. However decentralization may lead to geographical inequalities in resource availability and technical quality. If handled inappropriately decentralization may actually result in a shift away from the principles of PHC. Planners should, therefore, consider whether specific strategies and decisions will enhance or hinder the achievement of PHC.

The PHC Strategy

a. Changes in the Health Care System

- Total coverage with essential health care
- Integrated systems
- Involvement of communities
- Use and redistribution of existing resources
- Reorientation of health human resources
- Legislative changes
- Design, Planning & management of health system

b. Individual and Collective Responsibility for Health

- Decentralization of decision-making
- Personal responsibility for their own and their families' health.
- Informed and motivated public

c. Inter-sectorial Action for Health

Attention of overall economic development more consciously and directly towards the maximization of health sharpening awareness at the community, district, regional levels, etc.

Components/Elements of PHC

1. Health Education

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

- Education for promotion of health
- Education for prevention of disease
- Education for maintenance of health
- Education to deal with disease

2. Food Supply and Proper nutrition

Promotion of food supply and proper nutrition

- Improve food supply at family level
- Correction of faulty feeding practices
- Treatment and rehabilitation of malnourished children
- Treatment and prevention of nutritional diseases

3. Water and Sanitation

To prevent disease and improve quality of life, an adequate supply of safe water and basic sanitation is essential.

4. Maternal and Child Health

Main functions in this component were:

- Antenatal care
- Delivery care
- Postnatal care
- Child care
- Family planning

5. Immunization

- Tuberculosis
- Poliomyelitis
- Diphtheria
- Pertussis
- Tetanus
- Measles

- Hepatitis B
- Influenza

6. Provision of essential drugs

- Safe and effective drugs including vaccines
- Promoting the rational use of drugs
- National drug list -based on incidence and prevalence of diseases

7. Prevention & control of locally endemic diseases

Prevention and control of locally endemic disease is important and needs emphasis.

8. Treatment of common diseases & injuries

Appropriate treatment of disease included in the essential component of PHC, but in the early 1980s the enthusiasm for the development of rural primary level care led to a neglect of curative and hospital services.

Additional elements incorporated after Alma-Ata

- Mental Health
- Oral Health (Dental Health)
- Control of Acute Respiratory Tract Infection (ARI)
- Control of HIV/AIDS and other Sexually Transmitted Diseases (STDs)
- Occupational Health
- The use of traditional Medicine