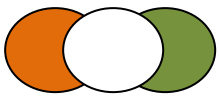
Post Graduate Certificate Course in Health System and Management - 2013



Module 1: Chapter 6

Concept of Primary Health Care

Indian Association of Preventive and Social Medicine

Gujarat Chapter

CONCEPT OF HEALTH FOR ALL AND PRIMARY HEALTH CARE

In 1977, the Director General of WHO called for a new strategy, acknowledging that although the health care strategies of the industrialized world-that of big hospitals, drugs and curative medicine-had been exported to developing countries for thirty years, the health of the world had not improved. The International Conference on Primary Health Care was convened in Alma-Ata, Kazakhstan, in 1978 and was attended by virtually all the member nations of the World Health Organization (WHO) and UNICEF. 134 governments ratified the WHO Declaration of Alma-Ata, asserting that:

(a) Health for all could be achieved by 2000.

(b) Governments have a responsibility for the health of their people that can be fulfilled only by the provision of adequate health and social measures.

(c) Primary health care is the key to attaining a level of health that will permit their citizens to lead a socially and economically productive life.

The Alma-Ata Declaration of 1978 emerged as a major milestone of the twentieth century in the field of public health and it identified Primary Health Care (PHC) as the key to the attainment of the goal of Health for All (HFA).

Definition of "Health for All (HFA)"

HFA is defined as "the attainment by all peoples of the world by a particular date (kept at that time as the year 2000), of a level of health that will permit them to lead a socially and economically productive life". It does not imply that by that date, everybody in the world will have the most state of the art health care but that by that date, everybody in the world will attain a level of health so as to enable him or her to lead a physically, mentally, socially and economically fulfilling life and contribute fully, depending on his / her capabilities, towards the socio-economic development of the community and nation. The Global Strategy for Health for All by the Year 2000 (HFA2000) set the following guiding targets to be achieved by year 2000:

1. Life expectancy at birth above 60 years
2. Infant mortality rate below 50 per 1000 live births
3. Under-5 mortality rate below 70 per 1000 live births.

Health for All in the 21st Century

In May 1998, the World Health Organisation adopted a resolution in support of the new global Health for All policy. The new policy, Health for All in the 21st Century, succeeds the Health for All by the Year 2000 strategy launched in 1977. In the new policy, the worldwide call for social justice is elaborated in key values, goals, objectives and targets. The 10 global health targets are the most concrete end points to be pursued. They can be divided into three subgroups, viz. Health outcome targets (total four targets), targets

on determinants of health (two) and targets on health policies and sustainable health systems (four targets).

Global Health Targets

Health Outcome

1. Health equity: Childhood stunting—By 2005, health equity indices will be used within and between countries as a basis for promoting and monitoring equity in health. Initially, equity will be assessed on the basis of a measure of child growth.

2. Survival : Maternal mortality rates, child mortality rates, life expectancy—By 2020, the targets agreed at world conferences for maternal mortality rates (<100/100,000 live births), under 5 years or child mortality rates (<45/1000 live births) and life expectancy (>70 years) will be met.

3. Reverse global trends of five major pandemics: By 2020, the worldwide burden of disease will be reduced substantially. This will be achieved by implementing sound disease control programmes aimed at reversing the current trends of increasing incidence and disability caused by tuberculosis, HIV/AIDS, malaria, diseases related to tobacco and violence or trauma.

4. Eradicate and eliminate certain diseases: Measles will be eradicated by 2020. Lymphatic filariasis will be eliminated by the year 2020. The transmission of Chagas' disease will be interrupted by 2010. Leprosy will be eliminated by 2010 and trachoma will be eliminated by 2020. In addition, vitamin A and iodine deficiencies will be eliminated before 2020.

Determinants of Health

5. Improve access to water, sanitation, food and shelter: By 2020, all countries, through intersectoral action, will have made major progress in making available safe drinking water, adequate sanitation and food and shelter in sufficient quantity and quality and in managing risks to health from major environmental determinants, including chemical, biological and physical agents.

6. Measures to promote help: By 2020, all countries will have introduced and be actively managing and monitoring, strategies those strengthen health enhancing lifestyles and weaken health damaging ones through a combination of regulatory, economic, educational, organisational and community based programmes.

Health Policies and Sustainable Health Systems

7. Develop, implement and monitor national Health for All policies: By 2005, all member states will have operational mechanisms for developing, implementing and monitoring policies that are consistent with this Health for All policy.

8. Improve access to comprehensive essential health care: By 2010, all people will have access throughout their lives to comprehensive, essential, quality health care, supported by essential public health functions.

9. Implement global and national health information and surveillance systems: By 2010, appropriate global and national health information, surveillance and alert systems will be established.

10. Support research for health: By 2010, research policies and institutional mechanisms will be operational at global, regional and country levels.
The Member States of WHO have to translate the Regional Health Policy into realistic national policies backed up by appropriate implementation plans. WHO, on its part, will provide support to the Member States based on countries' realities and needs, especially community health problems, the strengthening of health systems and services and the mobilization of countries and the international community for concerted action in the harmonization of national policies with regional and global policies.

Primary Health Care

Primary health care 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".

It forms an integral part both of the country's health system, of which it is the central function and main focus and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work and constitutes the first elements of a continuing health care process.

Primary Health Care was identified as the key measure through which HFA was envisaged to be achieved.

In India the first National Health Policy in 1983 aimed to achieve the goal of 'Health for All' by 2000 AD, through the provision of comprehensive primary healthcare services. It

stressed the creation of an infrastructure for primary healthcare; close co-ordination with health related services and activities (like nutrition, drinking water supply and sanitation); active involvement and participation of voluntary organisations; provision of essential drugs and vaccines; qualitative improvement in health and family planning services; provision of adequate training; and medical research aimed at the common health problems of the people.

The "Graded (3-Tier)" System of Health Care

In the curative domain there are various forms of medical practice. They may be thought of generally as forming a pyramidal structure, with three tiers representing increasing degrees of specialization and technical sophistication but catering to diminishing numbers of patients as they are filtered out of the system at a lower level. Only those patients who require special attention either for diagnosis or treatment should reach the second (advisory) or third (specialized treatment) tiers where the cost per item of service becomes increasingly higher. The first level represents primary health care, or first contact care, at which patients have their initial contact with the health-care system.

Primary health care: It is an integral part of a country's health maintenance system, of which it forms the largest and most important part. It deals with the entire gamut of the community at the grass-root level. Primary health care is a comprehensive team-work between medically qualified physician as well as a wide range of nursing and paramedical personnel. Quite often, primary health care systems are further subdivided into three levels - the most peripheral level which is in direct contact with the community and is usually managed by one or more members from within the community who are trained and equipped in preventive and Promotive health care as well as in the most basic clinical and emergency care. The next higher level is managed by one or more nursing / paramedical workers, while the highest level within primary health acre is managed by a medical person along with his team of nursing and paramedical persons. In our country, these 3 levels correspond to the ASHA / VHG, MPWs at subentries and the Primary Health centre, respectively.

Secondary health care: The vast majority of patients can be fully dealt with at the primary level. Those who cannot are referred to the second tier for the opinion of a specialist. Secondary health care often requires the technology offered by a local or regional hospital.

Tertiary health care: The third tier of health care, employing super specialist services, is offered by institutions such as teaching hospitals and units devoted to the care of particular groups. The dramatic differences in the cost of treatment at the various levels is a matter of particular importance in developing countries, where the cost of treatment for patients at the primary level is usually only a small fraction of that at the third level.

Characteristics of Primary Health Care

(a) Stresses prevention rather than cure.
(b) Relies on home self-help, community participation and technology that the people find acceptable, appropriate and affordable.
(c) Combines modern, scientific knowledge and feasible health technology with acceptable, effective traditional healing practices.
(d) Should be shaped around the life patterns of the population.
(e) Should both meet the needs of the local community and be an integral part of the national health care system.
(f) Should be formulated and implemented with involvement of the local population.

Components of Primary Health Care

There are eight essential components:
(a) Education about common health problems and what can be done to prevent and control them;
(b) Maternal and child health care, including family planning;
(c) Promotion of proper nutrition;
(d) Immunization against major infectious diseases;
(e) An adequate supply of safe water;
(f) Basic sanitation;
(g) Prevention and control of locally endemic diseases;
(h) Appropriate treatment for common diseases and injuries.

The Four Pillars of Primary Health Care (Principles)
Primary health care is not simply treating patients or immunizing children and so on. It is an ethos, a concept, which is built up as a system. For this concept to be successful, it should employ the following four essential principles:

Community Participation: While most of the efforts in providing health care come from the state, the system of primary health acre should be based on full participation and involvement of the community. It is akin to placing people's health in people's hands. In our country, the concepts of ASHA, VHG, TBAs are all examples of community participation.

Appropriate Technology: Appropriate technology is one which is scientifically sound, adapted to local needs, acceptable to those who apply it and to those on whom it is applied and which can be maintained by the people, as a part of self reliance and within the resources which can be afforded by the community and the nation. Outstanding examples of appropriate technology are the use of coloured tapes / bangles for measuring mid-upper arm circumference and use of coconut water for oral rehydration.

Inter-Sectoral Coordination: Health care, especially primary health care's preventive and Promotive functions cannot be executed in isolation by health sector alone. A large number of other sectors concerned with human development will need to function in close cooperation and tandem. These include health, education, legal, urban / rural development, agriculture, industrial and such other sectors. Even at the grass root level, health care functionaries cannot function in isolation but will need to function with various other functionaries for obtaining best results. An outstanding example of inter-sectoral coordination at the grass root level is that of the Anganwadi, as a part of ICDS programme.

Equitable Distribution: Health services should be available to each and every one in the community and not depend on one's capability to pay for the services. In fact, those who are not in a position to pay are the one's who are in most in need of health care. Similarly, disadvantaged groups within the homes / society (as women in a household or persons belonging to Scheduled Castes / Scheduled Tribes in the community) should have equal access and right to provision of health care, for it
to be successful.

The Basic Requirements for Sound PHC (the 8 A's and the 3 C's)

1. Appropriateness
2. Availability
3. Adequacy
4. Accessibility
5. Acceptability
6. Affordability
7. Assessability
8. Accountability

1. Completeness
2. Comprehensiveness
3. 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

- Assessebility 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.