

LEARNING OBJECTIVES

By the end of this lecture, the students will be able to;

- Understand the concepts of primary health care (PHC) and health for all (HFA).
- To know different concepts of health care existing in past and today.
- Identify the components and principles of PHC.

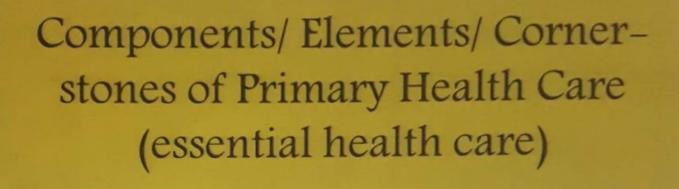
PHC Definition

"Essential health care made universally accessible to individuals and families in the community by means acceptable to them through their full participation and at a cost that the community and country can afford."

Principles of PHC

- Equity
- Community participation
- Inter-sectoral coordination
- Appropriate technology





ELEMENTS OF PHC

- Education concerning prevailing health problems and methods of identifying, preventing and controlling them.
- Promotion of food supply and proper nutrition, an adequate supply of safe water and basic sanitation.
- 3. Maternal and child health care, including family planning
- 4. Immunization against the major infectious diseases.
- 5. Prevention and control of locally endemic diseases.
- 6. Appropriate treatment of common diseases and injuries.
- 7. Promotion of mental health.
- 8. Provision of essential drugs.

1. Health education

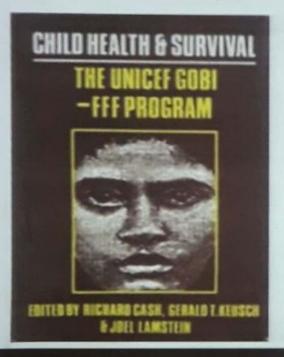


- Prevailing health problems
- Methods of prevention and cure
- Individual/ mass education



3. Maternal and child health care

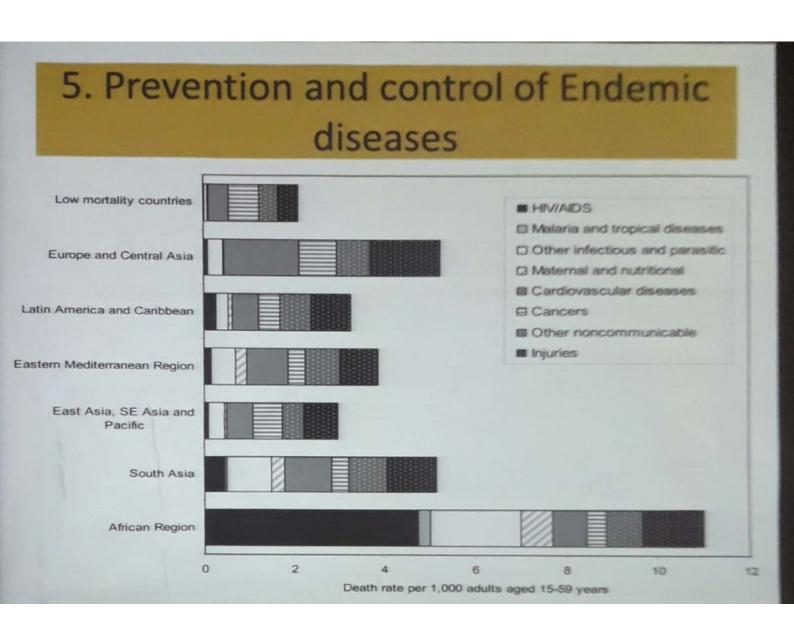
Includes family planning





4. Immunization against infectious diseases

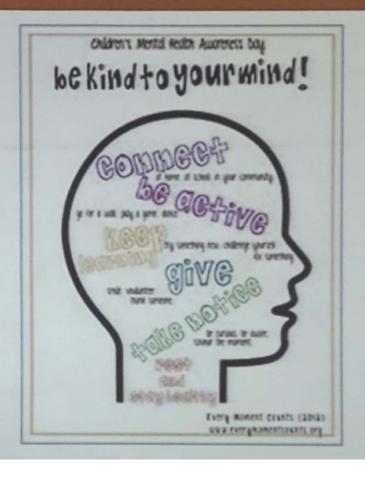




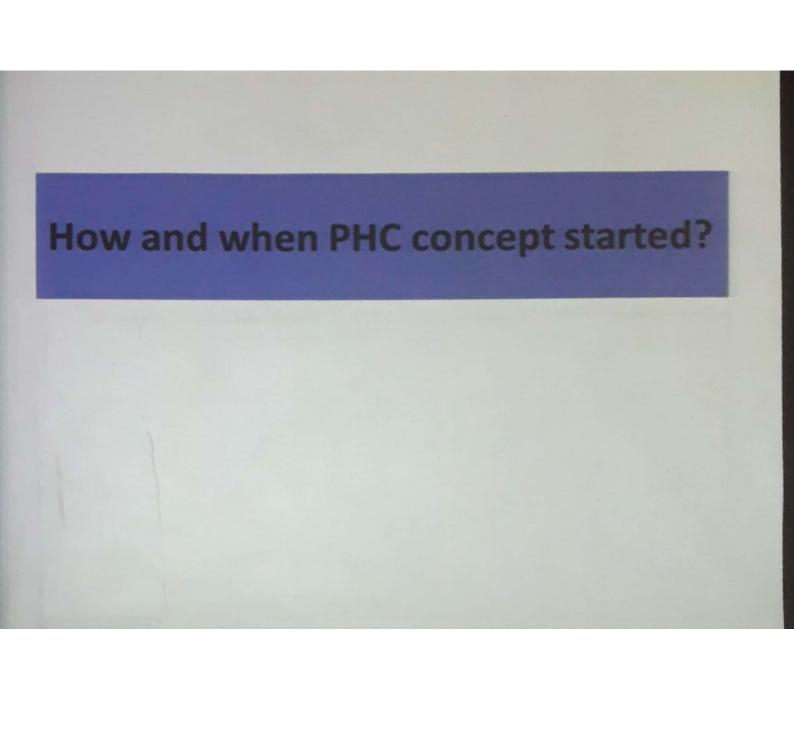
6. Common diseases and injuries treatment

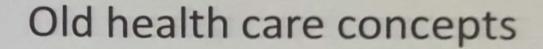


7. Promotion of Mental Health



8. Essential drugs provision





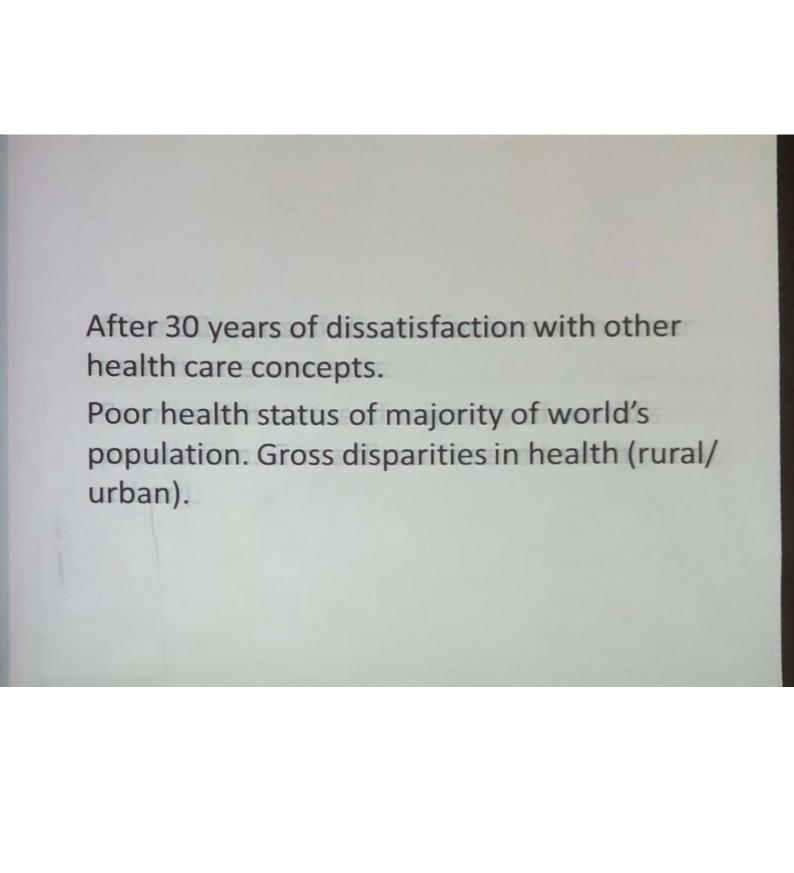
Comprehensive Health Care (1946)

Basic Health Services (1965)



Comprehensive Health Care (Bhore Theory –1946)

Provision of integrated preventive, curative and promotional health services to every individual residing in a defined geographical area, irrespective of the ability to pay. Look after the vulnerable sections of the community in particular.



WHO Objective Of Health For All (HFA-2000)

"attainment by all citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life."

30th world health assembly (1977)

PRIMARY HEALTH CARE

(1978-WHO-UNICEF)

In Alma Ata (USSR), WHO and UNICEF together called for acceptance of WHO goal of health for all and proclaimed that Primary health care is the key to achieving "Health For All".

(Alma Ata Declaration)

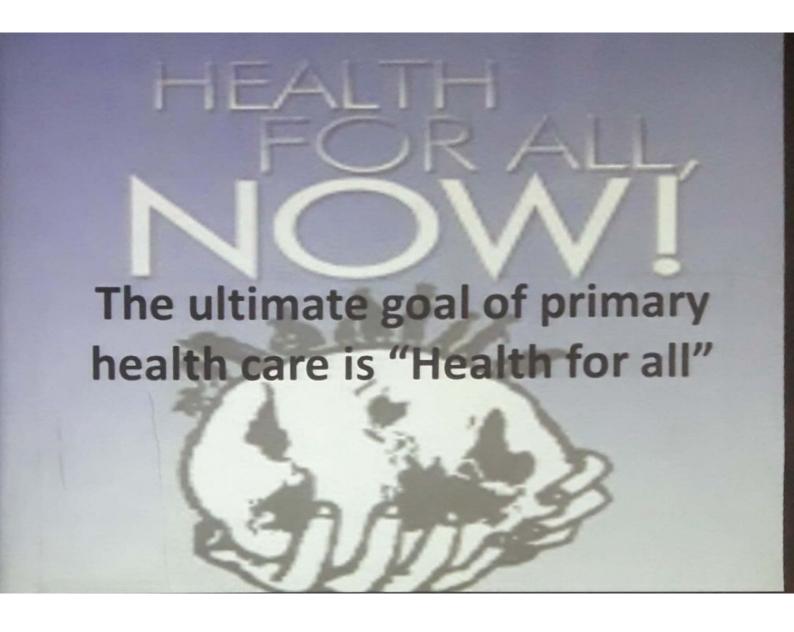
PHC Launched in 1981

Governments to formulate policies to launch PHC.

Formulation of **Global Strategy** for Health for All in 34th World Health Assembly in 1981.

And then PHC was launched with the theme "Health for All by 2000 AD."

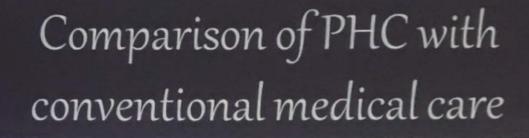




Primary care/ people-centered health care

Primary care is the first level of contact of individuals and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

Health workers have to care for people as members of a family and a community whose health must be enhanced, and not merely as body parts with disorders that require treating.



CONVENTIONAL MEDICAL CARE	PRIMARY HEALTH CARE
Focus on illness and cure	Focus on health needs
Relationship limited to the moment of consultation	Enduring personal relationship
Episodic curative care	Comprehensive, continuous and person centered care
Responsibility limited to effective and safe advice to the patient at the moment of consultation	Responsibility for the health of all in the community along the life cycle ; responsibility for tackling determinants of ill-health
Users are consumers of the care they purchase	People are partners in managing their own health and that of their community

Advantages of PHC

PHC is more convenient and effective. People are more satisfied with health services. The workload in tertiary care hospitals is decreased and staff job satisfaction improved.

SCOPE OF PHC

WHO still values PHC.

Restated commitment to PHC in 1998.

Revised PHC concept in 2008.

SCOPE IN PAKISTAN

Scope of PHC is on a rise. Many new BHUs,
 RHCs made, Vaccination campaigns

PHC from Alma Ata to 21st century

- PHC as an approach has provided an impetus and energy to progress towards HFA.
- Some progress has been made in ensuring access to eight original elements of PHC. For example if 16 million children were dying in 1978 now 9 million of them die annually. (2008 report)
- Although many countries have implemented PHC in their health systems but they fail to fully achieve health for all.
- Community participation will take time and dedication by all.

SCOPE IN PAKISTAN

Scope of PHC is on a rise. Many new BHUs,
 RHCs made, Vaccination campaigns

Obstacles to implementation of PHC Strategy

Misinterpretation of the PHC concept.

Misconception that PHC is second rate health care for the poor.

Resistance to change.

Lack of political will.

Centralized planning and management infrastructure.

Important notes

- EQUITY: Everyone should be entitled for health care and his/her needs should be taken into account
- EFFECTIVENESS: Each primary health care program activities should have a favorable effect that is measurable through indicators
- EFFICIENCY: Whenever PHC programs are undertaken, they should be low cost and consistent with favorable effect

ELEMENTS of PHC

Education about health problems & solutions

Prevention & control of Locally endemic diseases

Provision of Essential drugs

Maternal & child care; reproductive health

Expanded Immunization against major diseases

Adequate food supply & Nutrition

Treatment of common diseases & injuries

Safe water & basic Sanitation