

PRIMARY HEALTH CARE

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HEALTH FOR ALL

ATTAINMENT OF A LEVEL OF HEALTH THAT WILL ENABLE EVERY INDIVIDUAL LEAD A SOCIALLY AND ECONOMICALLY PRODUCTIVE LIFE

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.

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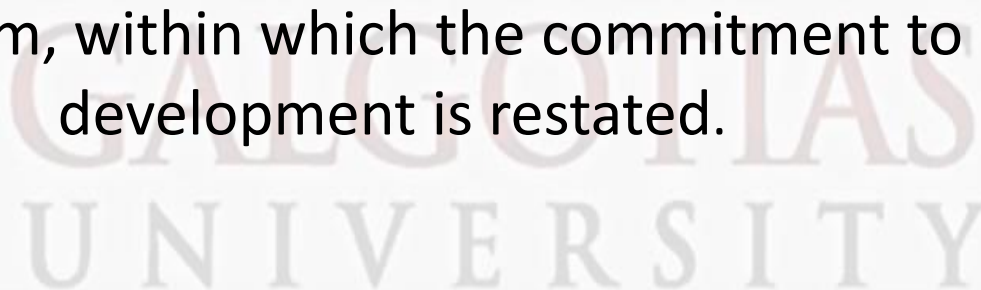
Levels of Care

- Primary health care
- Secondary health care
- Tertiary health care
- **Secondary health care**
 - More complex problems are dealt with.
 - Comprises curative services
 - Provided by the district hospitals
 - The 1st referral level
- **Tertiary health care**
 - Offers super-specialist care
 - Provided by regional/central level institution.
 - Provide training Programs

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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

- ***PRIMARY HEALTH CARE IS ESSENTIAL HEALTH CARE MADE UNIVERSALLY ACCESSIBLE TO INDIVIDUALS AND ACCEPTABLE TO THEM, THROUGH FULL PARTICIPATION AND AT A COST THE COMMUNITY AND COUNTRY CAN AFFORD***
- ***Primary Health Care is different in each***
- ***community depending upon:***
- ***Needs of the residents;***
- ***Availability of health care providers;***
- ***The communities geographic location; &***
- ***Proximity to other health care services in the area.***

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ELEMENTS OF PRIMARY HEALTH CARE

- Education concerning prevailing health problems and the methods of preventing and controlling them
- Promotion of food supply and proper nutrition
- An adequate supply of safe water and basic sanitation
- Maternal and child health care including FP
- Immunization against major infectious diseases
- Prevention and control of local endemic diseases
- Appropriate treatment of common diseases
- Provision of essential drugs

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PRINCIPLES OF PRIMARY HEALTH CARE

- **EQUITABLE DISTRIBUTION**
- **COMMUNITY PARTICIPATION**
- **INTERSECTORAL COORDINATION**
- **APROPRIATE TECHNOLOGY**
- **DECENTRALISATION**

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GOALS TO BE ACHIEVED BY 2000

- REDUCTION OF IMR
- RAISE THE EXPECTATION OF LIFE
- REDUCE THE CDR
- REDUCE THE CBR
- ACHIEVE A NET REPRODUCTION RATE OF ONE
- TO PROVIDE POTABABLE WATER TO ENTIRE RURAL POPULATION

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

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

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Strategies of PHC

.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.

. Reducing the leading risk factors to human health:

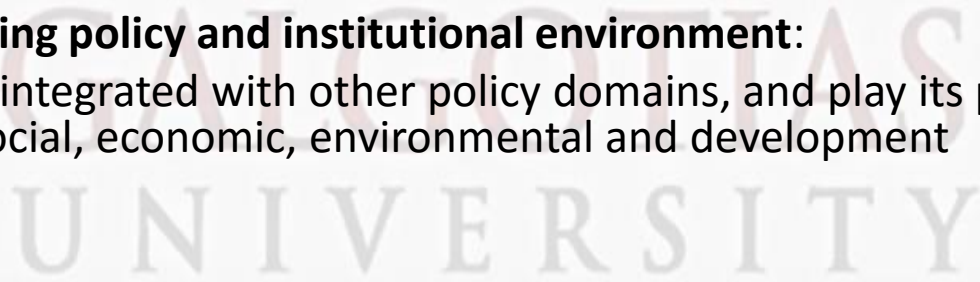
PHC, through its preventative and health promotion roles, must address those known risk factors, which are the major determinants of health outcomes for local populations.

. 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.

. 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.



Evaluation of HFA : 1979-2006

- **Reasons for slow progress:**
 - Insufficient political commitment
 - Failure to achieve equity in access to all PHC components
 - The continuing low status of women
 - Slow socio- economic development
 - Difficulty in achieving inter sectoral action for Health
 - Unbalanced distribution of resourcesWidespread inequity of health promotion efforts
 - Weak health information systems and lack of baseline data
 - Pollution, poor food safety, and lack of water supply and sanitation
 - Rapid demographic and epidemiological changes
 - Inappropriate use and allocation of resources for high cost technology
 - Natural and man made disasters

Obstacles to the implementation of the PHC strategy

- Misinterpretation of the PHC concept
- Misconception that PHC is a 2nd rate health care for the poor.
- Selective PHC strategies
- Lack of political will
- Centralized planning and management

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The Challenges of changing World

- Unequal growth, unequal outcomes
- Adapting to new health challenges
- Trends that undermine the health systems' response
- Changing values and rising expectations
- PHC reforms: driven by demand

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EXTENDED ELEMENTS OF PHC

- Expanded options of immunization
- Reproductive health needs
- Provision of essential technologies for health
- Prevention and control of non communicable diseases
- Food safety and provision of selected food supplements.

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FIVE COMMON SHORT COMINGS OF HEALTH CARE DELIVERY

- INVERSE CARE
- IMPOVERISHING CARE
- FRAGMENTED AND FRAGMENTING CARE
- UNSAFE CARE
- MISDIRECTED CARE

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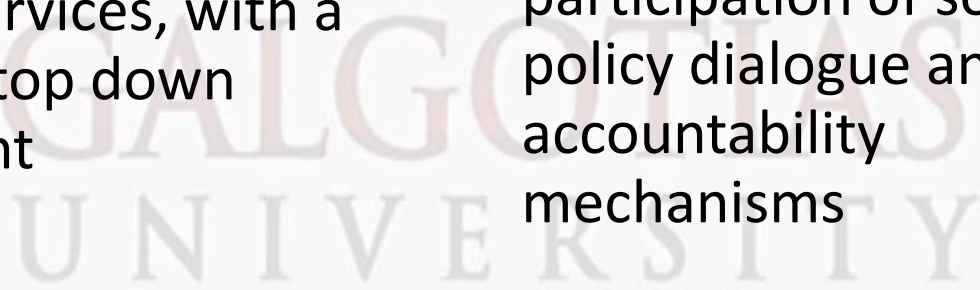
HOW EXPERIENCE HAS SHIFTED THE PHC MOVEMENT

- Extended access to a basic package of health interventions
- Concentration on MCH
- Focus on small number of selected diseases
- Transformation and regulation of existing health systems aiming for universal access
- Dealing with the health of everyone
- A comprehensive response to peoples' expectations

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Contd.

- Improvement of hygiene, water and sanitation
- Simple technology for volunteer, community health workers
- Participation as the mobilization of local resources
- Government funded and delivered services, with a centralized top down management
- Promotion of health lifestyles and mitigation of health effects of social and environmental hazards
- Teams of health workers facilitating access to and appropriate technology
- Institutionalized participation of society in policy dialogue and accountability mechanisms



Contd.

- Government funded and delivered services with a centralized
- Management of growing scarcity and downsizing
- Bilateral aid and technical assistance
- Primary care as the antithesis of the hospital
- PHC is cheap and requires only a modest investment
- Guiding the growth of resources for health towards universal coverage
- Global solidarity and joint learning
- Primary care as coordinator of a comprehensive response
- PHC is not cheap. It requires considerable investment .

FOUR SETS OF PHC REFORMS

- UNIVERSAL COVERAGE REFORMS
- SERVICE DELIVERY REFORMS
- PUBLIC POLICY REFORMS
- LEADERSHIP REFORMS

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