Primary Health Care: How different will it be in the 21st Century?

UNWRA Health Services: Past, Present and Future
Commodore Hotel, Thursday 23rd June 2011
Primary Health Care

- Idea of comprehensive primary health care operates at two levels:
  - as **overall approach of health work**, which is part of the overall social and economic development of the community; and
  - as a **level of contact and care** within the health system reconfigured to emphasize the essential health needs of the population
Primary health care: the vision of Alma-Ata

- Alma Ata Declaration of 1978 is a landmark in the history of public health and for WHO

- Universal values and principles of comprehensive PHC
  - Health equity, social justice, universal access
  - Community participation, health a human right
  - Regardless of residence, gender, social status and cultural identity

- Year 2008, the 30th Anniversary of Alma Ata, provided opportunity to reaffirm commitment to PHC
Evolution of Primary Health Care: A bird’s eye view

- **1979- Selective PHC**: considered pragmatic, financially sustainable, politically palatable
- **1980s - Structural Adjustment Programs**: required reduced spending on social sectors and levy charges for primary care
- **1988- WHO**: advised member states to allocate at least 5% of GDP to achieve HFA
- **1993- World Bank WDR**: Investing in Health defined a *basic benefit package* of essential health interventions
Evolution of Primary Health Care: A bird’s eye view

- 1998- WHO reinvigorated Health For All in the 21st Century
- 2000- WHO’s millennium World Health Report on health systems
- 2000- Millennium Development Goals Declaration
- 2005- WHO Commission on Social Determinants of Health [SDH]
- 2008- 30th Anniversary and revival of PHC, World Health Report on PHC,
- 2008 - Report of Global the Commission on SDH
- 2010 – World Health Report – Path to Universal Coverage
Primary Health Care - 1978

International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September, 1978

Values and Principles:
- Equity
- Social justice
- Participation
- Appropriate technology
- Patient centeredness

Eight components:
- Public Education
- Proper Nutrition
- Clean Water & Sanitation
- Maternal & Child Health Care
- Immunization
- Local Disease Control
- Accessible Treatment
- Drug Provision

1980 – Comprehensive vs. Selective Primary Health Care
Renewal of Primary Health Care calls for universal coverage reform - 2008

Universal coverage
equity and social justice

- Universal coverage reforms to improve health equity
- Service delivery reforms to make health systems people-centred
- Leadership reforms to make health authorities more reliable
- Public policy reforms to promote and protect the health of communities
Four areas of PHC Reforms

- **Universal coverage reforms that ensure** health systems contribute to health equity, social justice and the end of exclusion, primarily by moving towards universal access and social health protection;

- **Service delivery reforms that re-organize** health services around people’s needs and expectations, to make them socially relevant and more responsive to the changing world, while producing better outcomes;
Four areas of PHC Reforms

- **Public policy reforms that secure healthier communities**, by integrating public health actions with primary care, by pursuing healthy public policies across sectors ..........; and

- **Leadership reforms that replace disproportionate reliance on command and control on one hand, and laissez-faire disengagement of the state on the other**, by the inclusive, participatory, negotiation-based leadership ........
إعلان قطر

الصحة والرفاهية من خلال النظام الصحي المبتكر على الرعاية الصحية الأولية

120 المواقع تشريعي الثاني 2008

دبيحة

بنطساتٌ للمدارس الصحية الأولية: إن زيادة الأمراض غير المبرّرة فإنها الأزمات الصحية الأولى من خلال النظام الصحي المبتكر على الرعاية الصحية الأولية.


التحدي

- التحدي: أن البلدان في الشرق الأوسط وشمال أفريقيا، مثل مصر، تواجه تحديات في مجال الرعاية الصحية الأولية.


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Primary Health Care: the Driving Force for developing National Health Systems
Innovations in primary health care in countries of the Eastern Mediterranean Region

- **District health system**
  - Sultanate of Oman - *Welayat Health System*
  - Islamic Republic of Iran - *Shabakeh Behdashti*

- **Community Health workers**
  - Pakistan – 100,000 females CHWs recruited by government
  - IRI – Recruitment of 25 000 male and female *Behvarz*

- **Integration of medical education with health services**
  - Islamic Republic of Iran, Tunisia

- **Experience with public private partnership for PHC services**
  - Lebanon, Afghanistan

- **Family health practice model**
  - Jordan, Egypt, Bahrain, Oman, Saudi Arabia, Tunisia, UNWRA
Characteristics of a Family Practice Model

- Care provided within a community context
- Patient-centered
- Whole-person orientation
- Team approach
- Elimination of barriers to access
- Advanced information systems
- Emphasis on quality and safety
- Commitment to provide family medicine’s basket of services
Elements of family practice program

- Universal access to essential package of health services, based on BOD and of acceptable quality;
- Fully registered population with PHC network through a system of family folders, continuity of care;
- Well functioning referral system that ensures PHC facilities serve as gatekeeper, appropriate referral, timely feedback;
- Workforce trained in family practice and led by a family physician, that is motivated to establish a FP program;
- Hospital is integral component of family practice program and engaged in referral, training and monitoring support;
Elements of family practice program [2]

- Local health management is committed to well performing family practice program;
- Automated health information system (including civil registration) for informed decisions at the local level;
- Proactive community that understands the benefits of a family practice program and is involved in its establishment;
- Financial protection of households in the event of serious illness
Benefit package of health services of PHC Services

- Defining and developing
  - Basis - Burden of disease and risks
  - Basic or essential vs. Comprehensive
  - Public health interventions
  - Clinical interventions

- Costing
  - Essential interventions included
  - Resources available
  - Marginal costs [cost of adding or enhancing an intervention]

- Financing
  - Tax based
  - Insurance based
  - Donor funded
  - Privately financed

- Provision
  - Public
  - Private for profit, not for profit
  - Skills mix [Physician, nurse, medical technician, health worker etc.]

- Monitoring
  - Indicators
  - Means and mechanism
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WHR 2010: Path to Universal Coverage

- Raising sufficient resources for health
- Removing financial risks and barriers to access
- Promoting efficiency and eliminating waste
- Addressing inequalities in coverage
PHC and Social Determinants of Health [SDH] - 2008

- Improve Daily Living Conditions
- Tackle the Inequitable Distribution of Power, Money, and Resources
- Measure and Understand the Problem and Assess the Impact of Action
Innovations in Primary Health Care: SDH and Community Development Approach

- **Tackle social determinants of health and health equity**
  - women’s empowerment through education and employment
  - early child development
  - migrant workers – movements within and between countries
  - social dimensions of priority public health conditions
  - socially determined lifestyle and behaviors
  - conflicts and emergencies and the resulting health inequities

- **Community Based Initiatives (CBI)**
  - Healthy Villages
  - Healthy Cities
  - Basic Development Needs and
  - Gender in Health and Development
Tackling social determinants (SDH) of health through community based initiatives (CBI)

Social, Cultural, Economic, Political Environment

COMMUNITY BASED INITIATIVES –
Basic Development Needs Programme

- Community Organization
- Skills Development
- Income Generation
- Social Development
- Public Health Interventions

Poorest, rural, disempowered community
Organized & empowered community

Address Social Determinants
Reduce Poverty
Women Development

Improved health
Improved quality of Life

Sustainability

Health Systems based on Primary Health Care in the Eastern Mediterranean
Final thoughts

- Values of PHC are Universal – Equity, social justice, participation, human rights
- Develop health systems based on the values of PHC, but one size fits all approach will not work
- Family practice is the principle approach for achieving PHC based health systems
- Focus on financing, provision and governance while establishing health care services
- Tackling SDH and health equity should be integral to any future PHC programs
Thank you