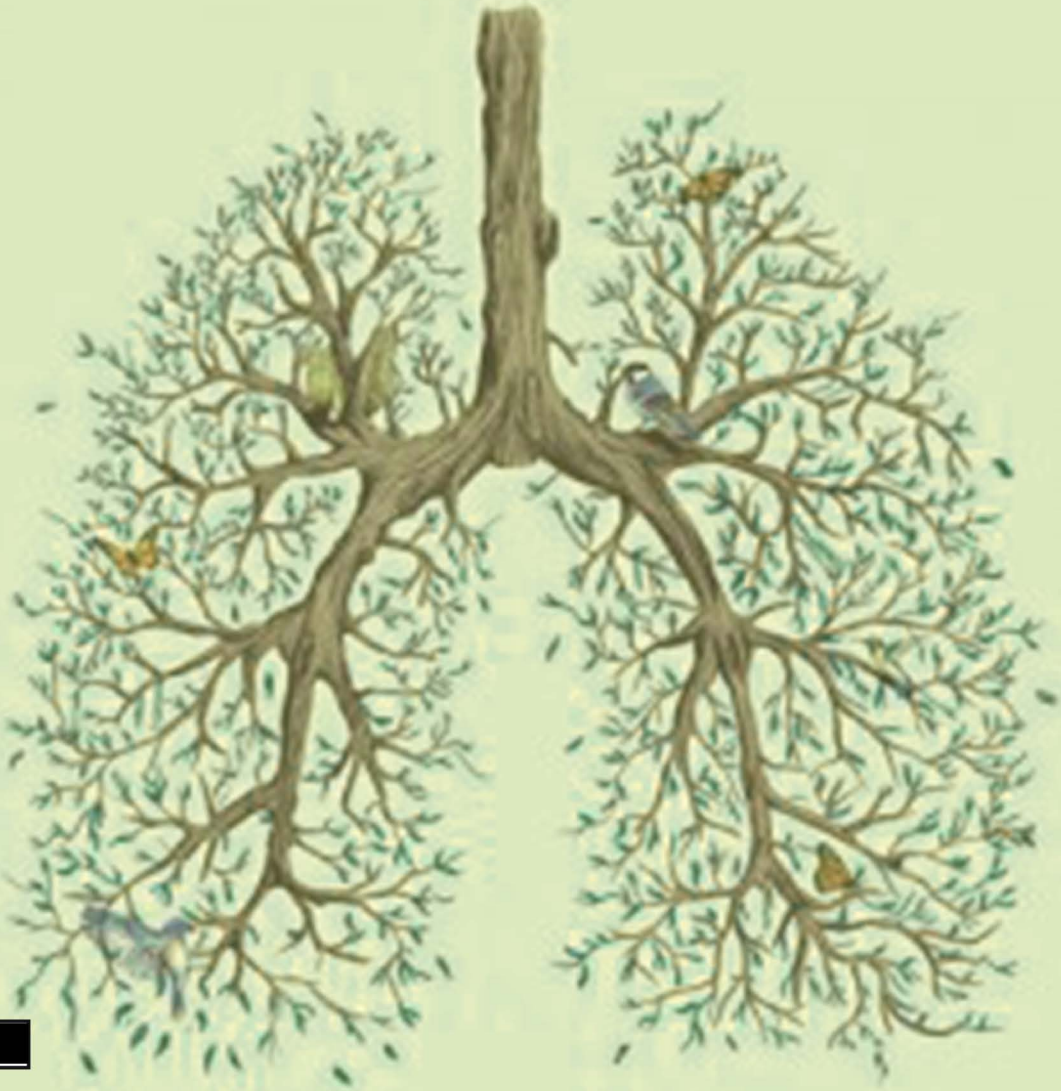


By Mohamed F. Abu Alia



Medical Committee
The University of Jordan

Community Medicine



Slides

Sheet

Slide : 1

Doctor: Dr. Samar AL-Sharif

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

الحمد لله رب العالمين والصلاة والسلام
على سيدنا محمد الصادق الوعد الأمين أما
بعد..

Dr. Samar AL-Sharif

- **Senior Lecturer in Community and Family Medicine Department.**
- **Primary Health Care and Health Promotion (MD. MPH)**

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What is health?



Definitions

- “ Health is a state of complete Physical, mental & social well being & not merely the absence of disease or infirmity”. (WHO)
- Recent definition: health is a dynamic state of complete physical, mental & social & spiritual well being & not merely the absence of disease & infirmity.(WHO)

Hans's Definition-
adaptation

Maslow's definition-
satisfaction of
physiological needs.

HEALTH DIMENSIONS

- Physical well being
- Mental well being .
- Social well being is.
- Spiritual well being: focuses on self, consciousness, intuition.
- Environmental well being
- Emotional well being

Physical dimension

Includes perfect body functioning, physical fitness, Activities of Daily Living (ADL), a state in which every cell and every organ is functioning at optimum level, and in perfect harmony with the rest of the body.

Mental dimension

- Ability to think clearly, reason objectively. A state of balance between the individual and surrounding world.
- Free from internal conflict
- Aware about himself
- Having a good self control
- Coping with stress

Emotional dimension

–Self-efficacy and self-esteem

Social dimension

Ability to have satisfying relationships

spiritual dimension

Feeling as part of a greater spectrum of existence

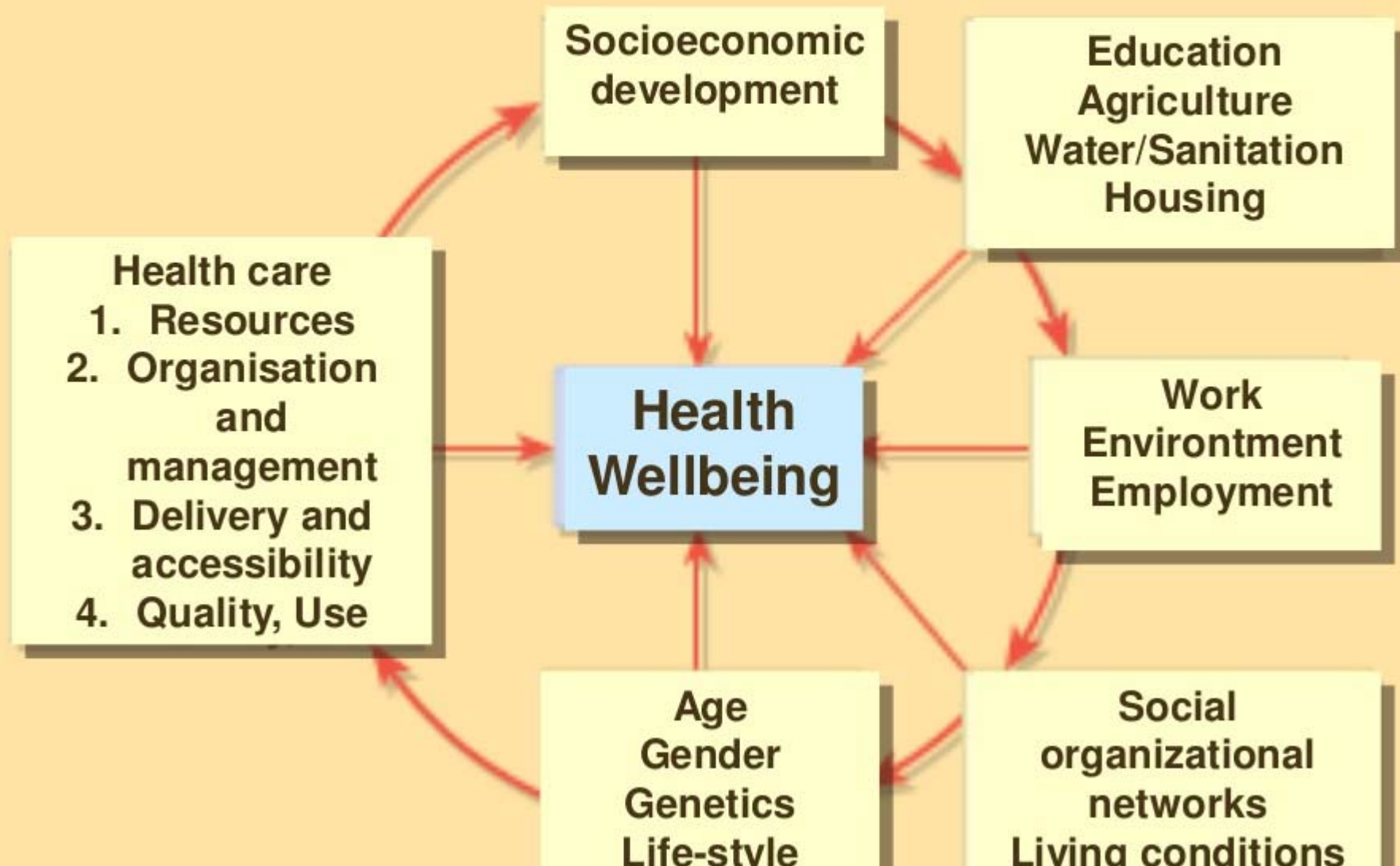
Environmental dimension

Appreciation of the external environment and one's role in caring for it.

spectrum of Health

Positive health
↓
Better health
↓
Freedom from disease
↓
Unrecognized disease
↓
Mild disease
↓
Sever disease
↓
Death

DETERMINANTS OF HEALTH



Primary Health Care

As defined by the WHO as an 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 to maintain at every stage of their development in the spirit of self-determination

THE FUNCTIONS OF PRIMARY HEALTH CARE

1. To provide continuous and comprehensive care
2. To refer to specialists and/or hospital services
3. To co-ordinate health services for the patient
4. To guide the patient within the network of social welfare and public health services
5. To provide the best possible health and social services in the light of economic considerations.

Levels of Care

- Primary health care
- Secondary health care
- Tertiary health care

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.

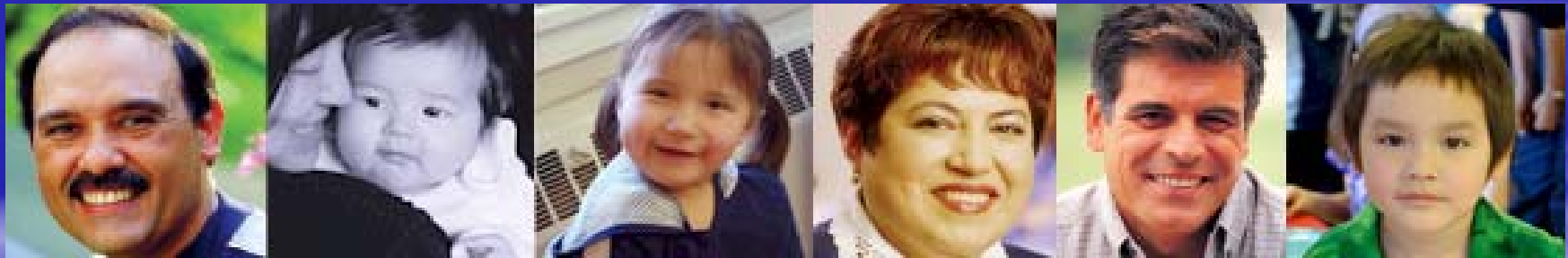
Secondary health care

- **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**

What is Primary Health Care ?



What is Primary Health Care?

PHC is essential health care that is a socially appropriate, universally accessible, scientifically sound first level care provided by a suitably trained workforce supported by integrated referral systems and in a way that gives priority to those most in need, maximises community and individual self-reliance and participation and involves collaboration with other sectors. It includes the following:

- health promotion
- illness prevention
- care of the sick
- advocacy
- community development

Primary Health Care (PHC)

- *PHC is:*

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 community and the country can afford ... (Alma-Ata, 1978)

Principles for PHC

- PHC based on the following principles :
 - Social equity
 - Nation-wide coverage
 - Self-reliance
 - Inter-sectoral coordination
 - People's involvement in the planning and implementation of health programs

Principles of PHC

The 1978 Declaration of Alma-Ata proposed a set of PRINCIPLES for primary health care. PHC should:

1. “Reflect and evolve from the economic conditions and socio-cultural and political characteristics of the country and its communities, and be based on the application of the relevant results of social, biomedical and health services research and public health experience”
2. “Address the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly”

3. “Involve, in addition to the health sector, all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works,
4. “Promote maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care, making fullest use of local, national and other available resources; and to this end develop through appropriate education the ability of communities to participate”

5. “Be sustained by integrated, functional and mutually-supportive referral systems, leading to the progressive improvement of comprehensive health care for all, and giving priority to those most in need”

6. “Rely, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community.”

Core Activities for PHC

There is a set of CORE ACTIVITIES, which were normally defined nationally or locally. According to the 1978 Declaration of Alma-Ata proposed that these activities should include:

BASIC ELEMENTS OF PRIMARY HEALTH CARE

- Health education
- Identifying & controlling prevailing health problems
- Food supply and proper nutrition
- Provision of safe water and basic sanitation
- Maternal & child health care, including family planning
- Immunization
- Prevention and control of endemic disease
- Appropriate treatment of common diseases and injuries
- Promotion of mental health
- Provision of essential drugs

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

2. Promotion of food supply and proper nutrition



3. An adequate supply of safe water and basic sanitation



4. Maternal and child health care, including family planning

5. Immunization against the major infectious diseases



6. Prevention and control of locally endemic diseases



7. Appropriate treatment of common diseases and injuries



8. Basic laboratory services and provision of essential drugs.

9. Training of health guides, health workers and health assistants.

10. Referral services



- Mental health
- Physical handicaps
- Health and social care of the elderly

WHO Strategies of PHC

1. 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.

2. 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.

3. 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.

4. 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.

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

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

- Assessability 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.

To Summarize

Primary care is an approach that:

- Focuses on the person not the disease, considers all determinants of health
- Integrates care when there is more than one problem
- Uses resources to narrow differences

- Forms the basis for other levels of health systems
- Addresses most important problems in the community by providing preventive, curative, and rehabilitative services
- Organizes deployment of resources aiming at promoting and maintaining health.

Primary Health Care Reform

Medical model

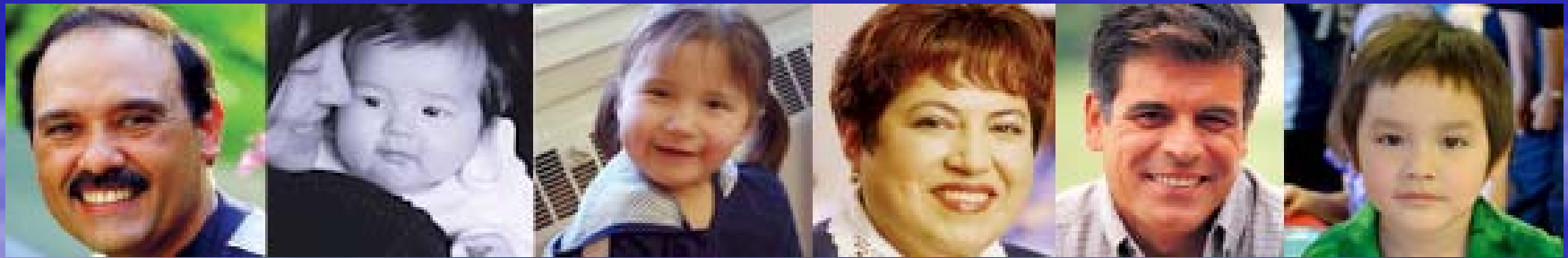
- Treatment 
- Illness 
- Cure 
- Episodic care 
- Specific problems 
- Individual practitioners 
- Health sector alone 
- Professional dominance 
- Passive reception 

Primary Health Care

- Health promotion
- Health
- Prevention, care, cure
- Continuous care
- Comprehensive care
- Teams of practitioners
- Intersectoral collaboration
- Community participation
- Joint responsibility

Conclusion

**Primary Health Care:
*Working Together for Better Health***



PHC team?

- **A team** : A group of people who make different contribution towards the achievement of common goal.
- Family health services, which are administered by FHSAs, and include the four practitioner services
 - GPs
 - Dental practitioners
 - Pharmacists
 - Opticians

- Community health services, which include:
 - Community doctors
 - Dentists
 - Nurses, midwives, and health visitors
 - Other allied professions such as chiropody and physiotherapy

- - Counseling social workers, psychologists, and psycho-therapists.
- Administrative
- - Reception of clients/ making appointments
- - Secretarial / clerical work

Essential characteristics of team work :

- - The members of a team share a common purpose which binds them together and guides their actions.
- - Each member of the team has a clear understanding of his own functions and recognizes common interests.
- - The team works by pooling knowledge skills, and resources: and all members share the responsibility for outcome.

Current health status and health care in Jordan

- 1- Health status has improved significantly during the past quarter century. Some important indexes to go with that are:
 - a. Life expectancy at birth increased from 49 in 1965 to 66 years in 1990 to 72 in 2004 to 74 in 2009
Ranging from 57 in developing countries to 76 years in developed countries).

.

- b. Infant mortality decreased from 130 in 1960 to 35 per 1000 live births in 1992 to 22 in 2002 to 19 in 2007 to 17 in 2012.

- C. Total fertility rate dropped from 7 to 5.6 to 3.7 to 3.6 to 3.5 on 1994 and 1988 and 2002,2007,2012 respectively
- d. Small – Pox was eradicated on 1979
Measles, polio prevalence rates were decreased a lot other rates will be mentioned later

- Rising incidence of chronic and degenerative diseases and injuries together with less incidence of infectious diseases though communicable diseases are still taking a high roll in morbidity and mortality especially among infants and children under five years of age especially in rural areas.

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

الحمد لله رب العالمين والصلاة والسلام
على سيدنا محمد الصادق الوعد الأمين أما
بعد..

Primary Health Care in Jordan

- **The main providers of health services are**
:
 - 1- The public sector (MOH and RMS)
 - 2- Jordan University Hospital
 - 3- UNRWA
 - 4- Private Section

Primary Health Care in Jordan

- - It follows that for a community like JORDAN were
 - The population is small and highly urbanized .
 - Highly qualified medical personnel are abundant.
 - Intermediately qualified paramedical staff are scarce .
 - Piped water and safe waste disposal are almost universal

Three main reasons for PHC in Jordan 1986 MOH study visits are :

- a. 33% respiratory diseases
- b. 14% infectious and parasitic diseases
- c. 10% digestive diseases

مديرية الرعاية الصحية الأساسية

قسم النهوض بالصحة العامة	قسم صحة البيئة	قسم مكافحة الأمراض السارية	قسم العيادات ومراكز الرعاية الصحية الأولية
الصحة المدرسية	الهندسة الصحية	الملاريا والبلهارسيا	
رعاية الامومة والطفولة	رقابة البيئة	الامراض الصدرية	قسم التدرن
التغذية	الصحة الصناعية	التطعيم	
التثقيف الصحي		الاستقصاء الوبائي والصحة العامة	
تمريض الصحة العامة		شعبة الاسهالات والكوليرا	
شعبة الطب الرياضي		برنامج الايدز الوطني	

الاسباب الرئيسية للوفاة في الاردن

اما الاسباب الرئيسية للوفاة في الاردن لجميع الاعمار فقد كانت عام 1979 كما يلي :-

النسبة المئوية %	المرض
23	امراض القلب والدورة الدموية
20	امراض الجهاز التنفسي
16	الاسهالات
9	الحوادث
6	تعقيدات الحمل والولادة
5	السرطان
3	سوء التغذية
19	اخرى
100	المجموع

جدول رقم (54)
اسباب الوفاة الرئيسية للبالغين موزعة
بنسب مئوية حسب الجنس خلال عام 1991م

اسباب الوفاة	ذكور	النسبة	اناث	النسبة	المجموع	النسب
امراض القلب والشرابين وضغط الدم	2915	43.1	1555	34.5	4470	39.7
الحوادث بانواعها	706	15.4	303	6.7	1009	8.9
الاورام الخبيثة	202	3	137	3	339	3
الالتهابات الرئوية	338	5	180	4	518	4.6
امراض الكلى	127	1.9	148	3.3	275	2.3
امراض الكبد	101	1.5	63	1.4	164	1.5
امراض سارية	17	3.	16	3.	33	3.
اسباب غير محددة	2352	34.8	2108	46.7	4460	39.6
المجموع	6758	%100	4510	%100	11268	%100

Proportionate Mortality Ratio by order of magnitude

Disease of circulatory system	41.97
Neoplasm's	13
Accidents and adverse effects	10.5
Conditions originating in the perinatal period	7.39
Disease of respiratory system	6.24
Congenital malformations, deformities and chromosomal abnormalities	4
Cause could not be determined	4.02
Cause of urinary system	3
Diseases of digestive system	3
Ill-defined and unknown causes	3
Infectious disease	2.4
Endocrine and metabolic disorders, diabetes	1.5
Diseases of the nervous system	0.6
Diseases of the blood and forming elements	0.2
Pregnancy , childbirth, and the puerperium	0.11

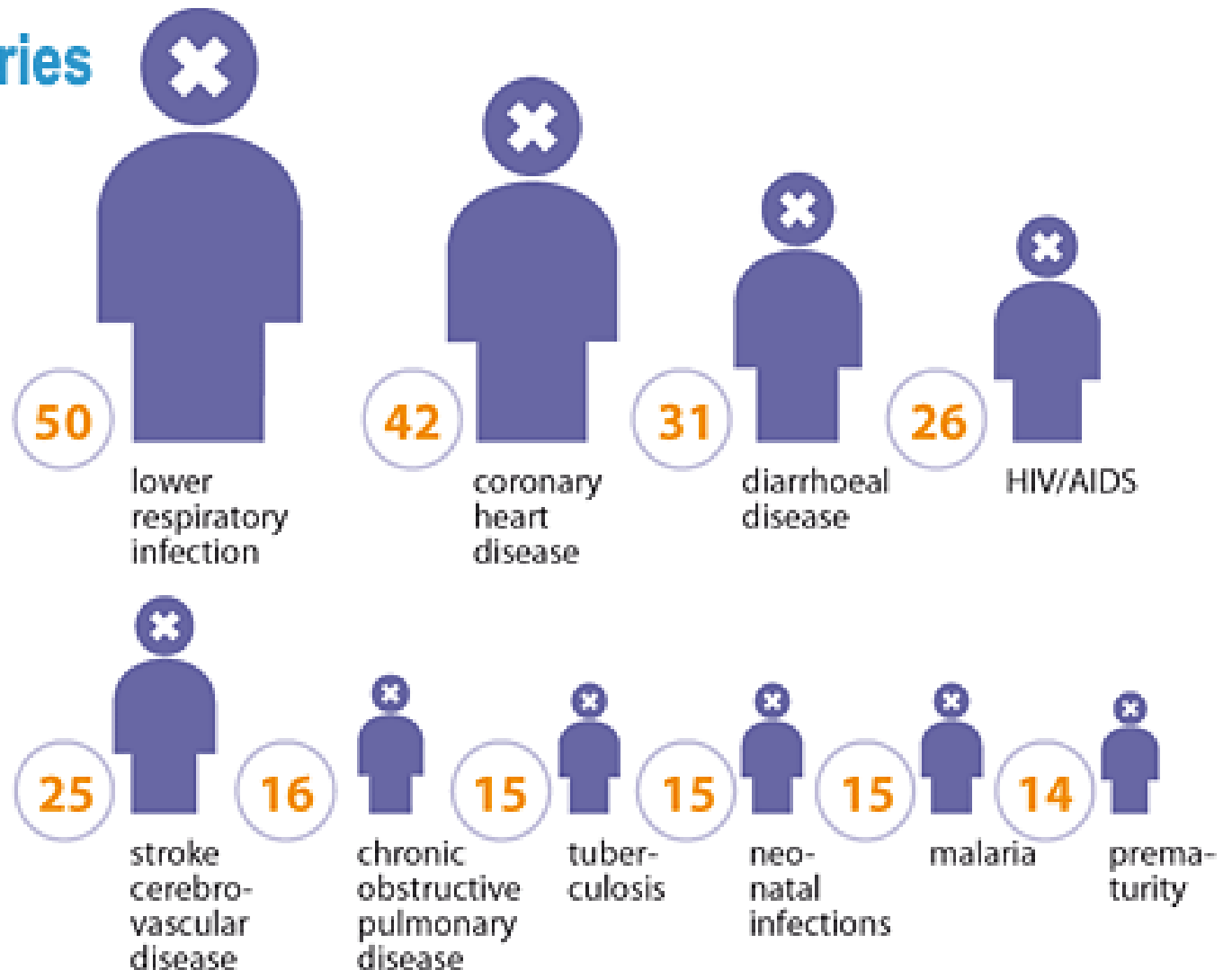
Deaths across the globe: an overview

- Imagine a diverse international group of 1000 individuals representative of the women, men and children from all over the globe who died in 2004. Of those 1000 people, 138 would have come from high-income countries, 415 from middle-income countries and 447 from low-income countries.

What would be the top 10 causes of their deaths?

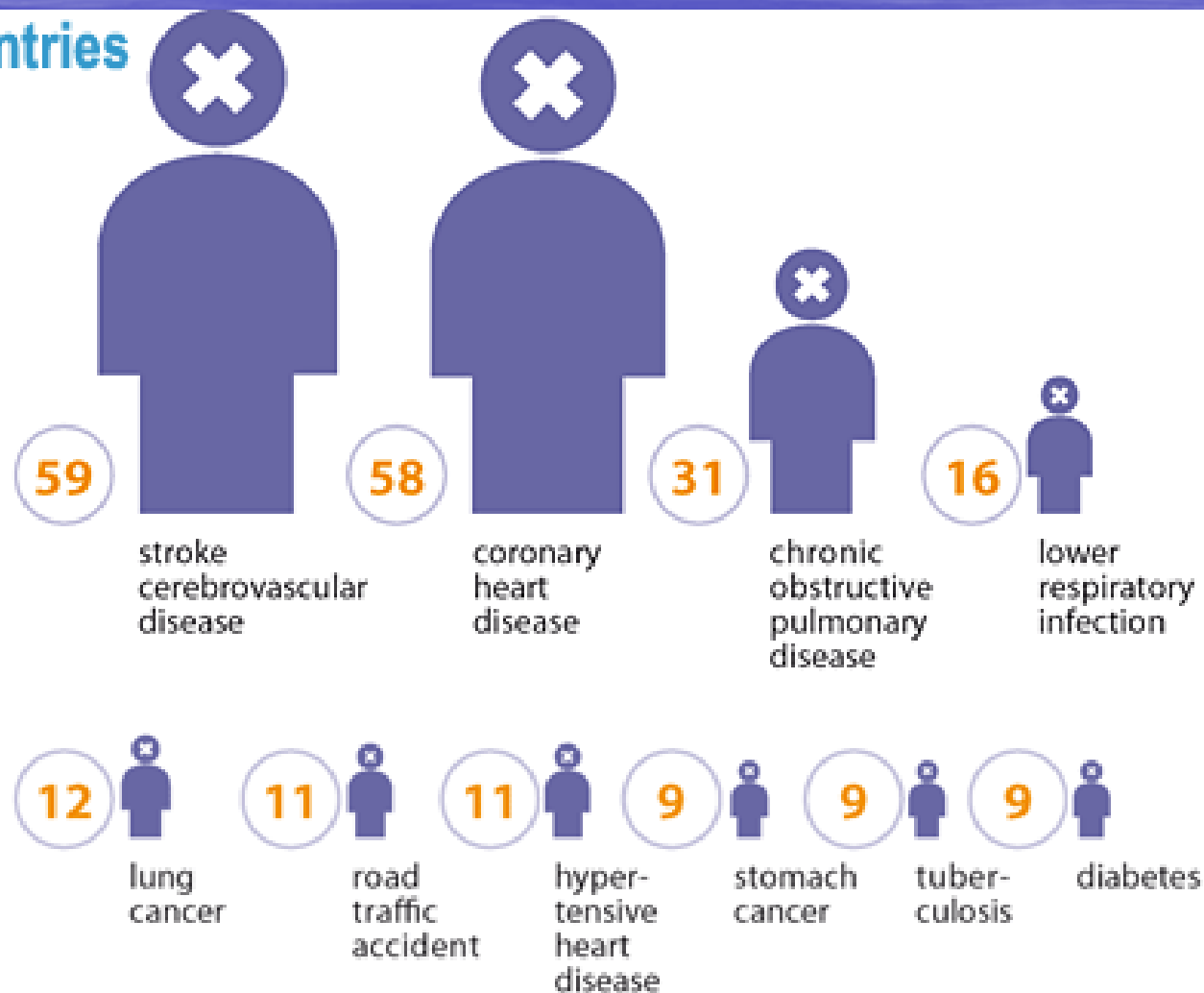
Low-income countries

447 of 1000



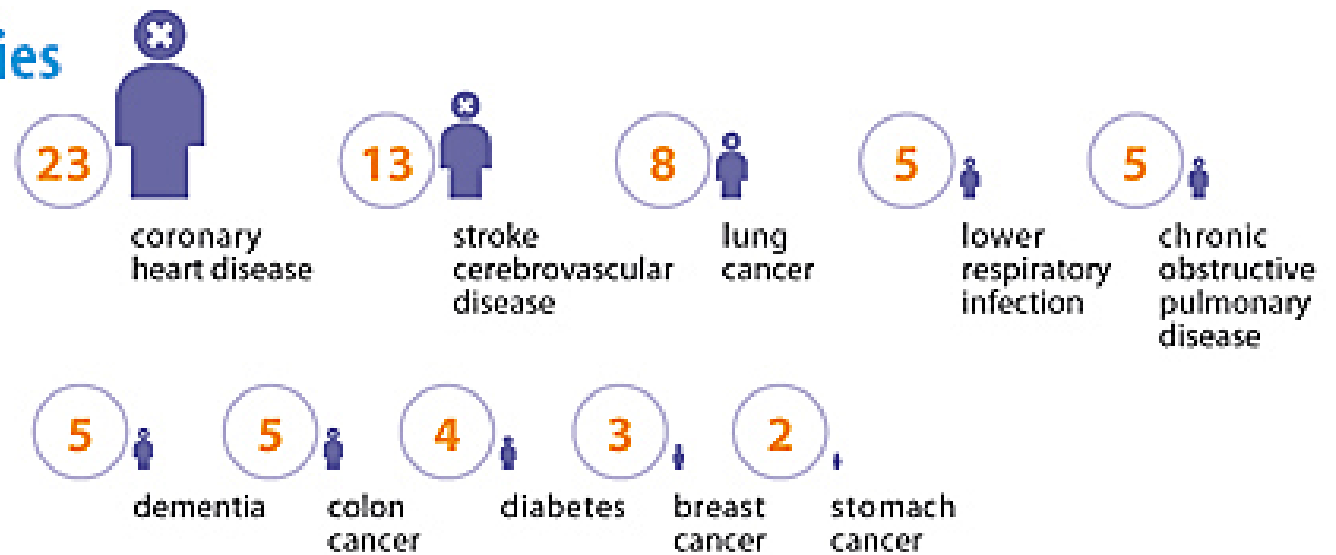
Middle-income countries

415 of 1000



High-income countries

138 of 1000



Primary Health Care in Jordan

- Over the next 50 years, Jordan's demographics will change dramatically – a change that has the potential to translate into dividend or great difficulty for the country.

- The country's population is growing rapidly, doubling over the last 20 years and likely to double again by 2029. More important, however, is the demographic transition the country is undergoing, as it moves from high fertility and mortality, to low fertility and mortality (David Bloom,

Challenges

- Jordan has one of the fastest growing populations in the world. Between the two censuses in 1979 and 1994, the population grew from 2.1 to 5.1 million people, an average increase of 2.7 percent annually. At this rate, the population of Jordan will double in 25 years. The Government of Jordan (GOJ) has recognized that this will place tremendous strain on Jordan's natural resource base.

- Jordan's focus has been on developing its human potential, essentially by advancing the well-being of its citizens. While overall health conditions in Jordan - low infant mortality rates and high life expectancy - are among the best in the region.

- The population growth rate continues to be a major development constraint - especially when analyzed in light of the quantity and quality of services to be provided to accommodate this rapid increase in population.

- In tandem with activities that strengthen the delivery of maternal and child health services, USAID is working to improve important health indicators such as life expectancy, infant mortality, and morbidity.

- **Fertility declines** in Jordan have contributed to slowing the population growth rate down to 3.2 percent in the second half of the 1990s, and to **2.8** percent in 2002.(JPFHS, 2002).
- The **urban population increased** by 14 percent between 1980 and 1994, increasing from 70 to 79 percent. (JPFHS, 2002).
- Results of the 1994 census indicate that the **age structure of the population** has changed considerably since 1979 – the result of changes in fertility, mortality, and migration dynamics.
- The proportion of the population under 15 years of age **declined from 51 percent in 1979 to 39 percent by 2002**, while the proportion of those age 65 and over has been rising. (JPFHS, 2002).

Population and Development Efforts

- **1973**, the **National Population Commission (NPC)** was established, with the mandate to formulate and implement a national population policy and to address all population-related activities; nothing done till the late 80s;
- **1991**, the NPC adopted the Birth Spacing National Program, in an effort to promote better maternal and child health as well as reduce fertility through advocating increased birth intervals.
- **1996**: The NPC created the final national population strategy for Jordan, which was approved by the cabinet in 1996 and was updated in 2000.

Other Programs

- Decentralization of hospitals, development of systems for continuous medical education, and adoption of relevant health provider incentives. USAID will also begin to work closely with the GOJ to better integrate on-going primary health services strategies and programs that prevent and treat chronic diseases..

- Finally, USAID will assist in the development and implementation of a national health communication strategy encouraging Jordanians to practice healthy lifestyles