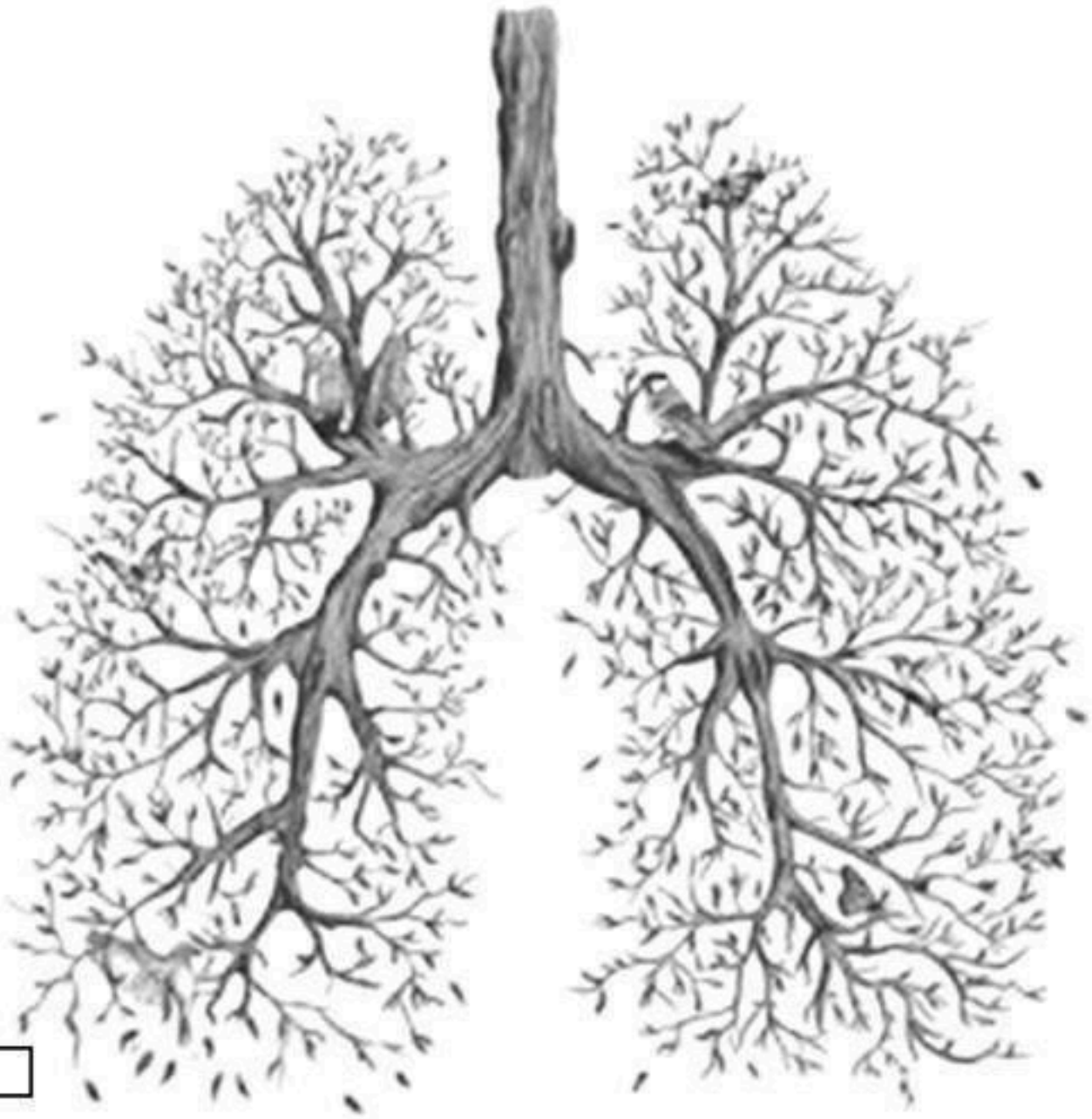


By Mohamed F. Abu Alia



Medical Committee
The University of Jordan

Community Medicine



Slides

Sheet

Lecture # 3

Doctor: Samar AlSharif

Done By: Rajai Zurikat

Community Medicine

Slides: 38-60

Revision:

Primary Health Care (PHC) is defined by the "WHO" (in *alma ata*, 1978) 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.

(No need to memorize the definitions; we're only required to understand them).

Core of activities of PHC:

1. Health education
2. Promotion of food supply & proper nutrition
3. Adequate supply of safe water and basic sanitation
4. Maternal and child health care ,including family planning
5. Immunization; vaccines for major infectious diseases
6. Preventing and control of endemic diseases
7. Appropriate treatments of common diseases and injuries
8. Basic laboratory services
9. Provision of essential drugs
 - Points 8 and 9 are very important, because diagnosis and treatment depend on laboratory services and drugs.
10. Training of the health guides, as it is very important to have a good staff of PHC
11. Referral services, it's at the end because it's the first level to refer to the secondary health services

- Mental health:

In PHC we have to deal with certain categories of the community, such as mental health, which is not only related to the central nervous system diseases but also with psychiatric illnesses which are very important to the health status.

Psychopathic diagnosis is when the patient is complaining about ischemic problems; like backache or headache but he actually has a psychiatric problem. So it's very important to have trained people in the PHC to think outside the box, because most PHC physicians miss this diagnosis when having a patient with continuous backache or headache.

- Physical handicaps:

There should be specialized foundations for physiotherapy, and they are found in developed countries as well as in Jordan.

-Health and social care of the elderly:

With increased development of countries, lifespan should be longer resulting in higher elderly percentage. In developed countries the percentage reaches higher than 20%, however in Jordan it is not above 5% but this shows a slight development since in 1960 the percentage was about 1%.

-WHO strategies of PHC:

To be able to provide universally acceptable grade of Primary Health Care, many aspects should be taken into consideration and many standards should be followed. To form a primary health care system; the economical state, policies, society background, pollution, water availability and environment of the country should be defined. In addition, the main causes of death, fertility rate, and mortality & morbidity rates should be studied.

I. Reducing excess mortality of poor marginalized populations: Health care must be provided to all populations advantaged & disadvantaged & focus on interventions with direct impact on mortality, morbidity and disability for disadvantaged populations.

II. Reducing the leading risk factors to human health: all major determinants of health should be covered by PHC.

III. Developing sustainable Health Systems: PHC should be financially stable with an adequate constant budget provided by government, political leaders and population served.

IV. Developing an enabling policy and institutional environment: policies should be made to aid PHC and to promote environment and community standards to better levels. Example: prohibiting smoking in public places and transportation services, parents should provide list of vaccinations to schools when applying their kids; which resulted in having more than 95% coverage of vaccines in Jordan. This is how policies help people in adapting healthier lifestyles and get the preventive services.

The Basic Requirements for Sound PHC (main characters): (8A's and 3C's)

❖ **Appropriateness:**

- Whether a service is necessary and beneficial to the community.

Ex: family planning services for teens are not needed in Jordan because of the late age of marriage, however they're needed in the US and UK because people there start their sexual life when they're teens.

- The service should be properly selected & provided by a highly qualified staff.

Ex: A nurse should know how to give an injection correctly and safely, and use the ultrasound to provide antenatal care.

❖ **Adequacy:**

- The service proportionate to requirement
- Sufficient volume of care to meet the need and demand of a community.

Example: having 200,000 children in need of polio vaccine, the amount of vaccines should be equal to the demand.

❖ **Affordability:**

The cost should be within the means and resources of the individual and the country. The better the financial state of the country, the better & cheaper the care provided would be, and it will cover all aspects of PHC. Countries with low budget for PHC should focus on the crucial services and set a plan to deal with secondary services needed by the community, for example: in Jordan opening a child care clinic has higher priority than opening an elderly care clinic.

(Services should be supported by the government, especially for the low social class)

❖ **Accessibility:**

Is the degree to which a product, device or service, is available to as many people as possible.

Each sector should have its own Primary health care center, hospital. So PHC centers should be distributed equally throughout the country and transportation to them should be taken into consideration, in developed countries the distance between two PHC centers is a walking distance; between each 50 or 60 houses there is a PHC center.

❖ **Acceptability:**

The quality or state of meeting one's needs adequately depends on many factors: quality of care provided, efficiency, trust of the care provided, satisfactory communication between health care providers and the patients. The quality of care provided should be up to health department standards, if the service provided is not good it will only be used when it is crucially needed which doesn't meet the purpose of PHC in providing

preventive services before having an illness, for example if a maternal clinic is not good, pregnant women will visit it only when suffering severe pain or bleeding, and avoid recommended checkups.

❖ **Availability:**

It can be obtained whenever needed, ex: family planning clinics in Jordan are highly distributed now, 50% of them are provided by nongovernmental organizations.

❖ **Assessebility:**

Means that medical care can be readily evaluated.

❖ **Accountability:**

The obligation of an organization to account for its activities, accept responsibility for them, and to disclose the results in a transparent manner. It also includes the responsibility for money or other entrusted property. It implies the feasibility of regular review of financial records by certified public accountants.

❖ **Completeness:**

Being able to cover all aspects of care, prevention, early detection, treatment, diagnosis, checkups, routine follow ups, rehabilitation, ex: providing physiotherapy for the hemiplegia after a cerebrovascular stroke, and continuous follow ups for diabetic patients after describing drugs to them.

❖ **Comprehensiveness:**

Covering every aspect needed to provide essential PHC; from head to toe. If a patient came with abdominal pain, we don't only examine the abdomen, but also we make a general checkup.

❖ **Continuity:**

Management of patients as long as needed

- Important for *chronic diseases*: diabetes, hypertension, ischemic heart disease. Because these disease if not controlled, they'll cause severe problems, however if they're controlled the mortality rate will be greatly reduced.

To summarize: "Same as slide"

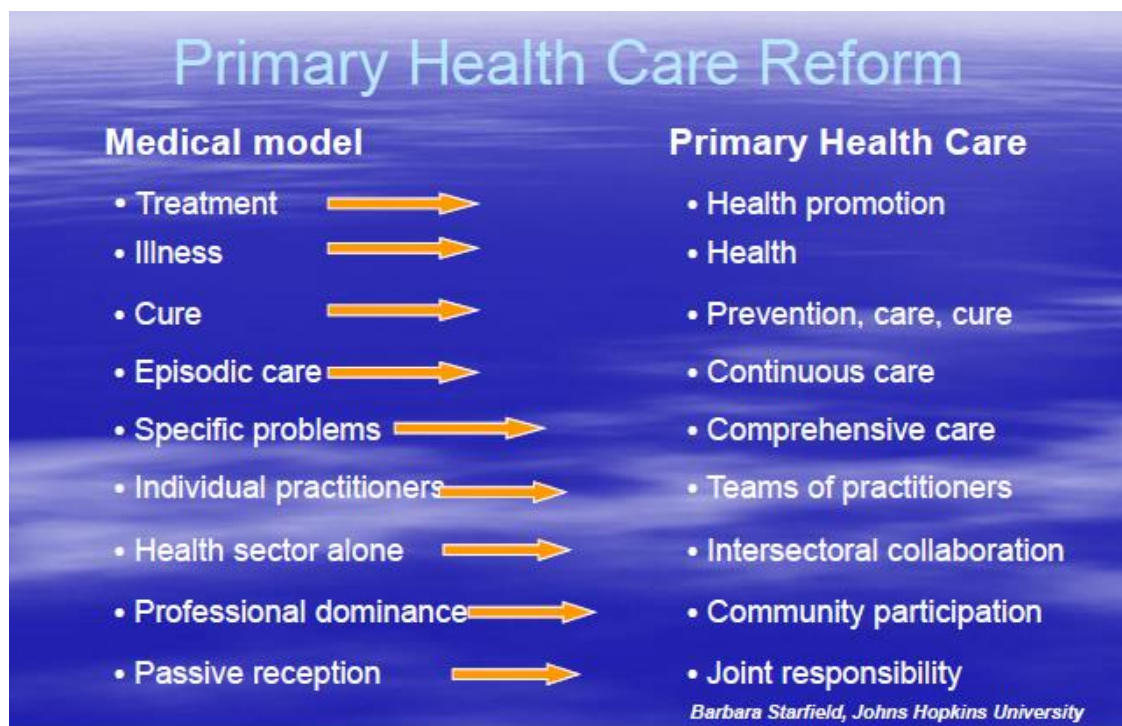
- PHC focuses on the person not the disease, considers all the determinants of health.
- Integrates care when there is more than one problem
- Uses resources to narrow differences between high and low social classes.

- Forms the basis for other levels of health system.
- 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 vs primary health care flow chart in slide 54)

The medical model cares about curative treatment of diseases, later came the primary health care model that has to do with prevention of diseases and health promotion.



- Episodic care in the medical model is when having acute attacks, ex: Tonsillitis, attacks of renal colic, attacks of numbness. The primary health care model shows continuous care not just providing treatment and not seeing the patient again.
- The medical model is provided only by the health sector, whereas the PHC model is provided by intersectoral collaboration; the economic, the financial and many other sectors.

Conclusion:

The PHC centers should be working together for better health.

PHC team:

The staff working in PHC should be a large team covering all aspects of care needed from General physicians (GP) to psychiatrists, all of whom are completely qualified and experienced; together they can provide total health care to patients; which is their common goal. The leader of the team is the primary physician.

1. Family health services: GPs (leaders; they're not doctors who have just finished their internship year as we might think, they're specialized doctors whom had 3-4 years of training after their internship; they're called community doctors), dental practitioners, Pharmacists, opticians (who are required to measure the visual acuity for children and elderly; not ophthalmologists).
2. Community Health services: community doctors, dentists, nurses (midwives) and other allied professions such as chiropody and physiotherapy.
3. Counseling: social workers, psychologists, and psycho-therapists (very important for social and mental health), in Jordan we are very behind in this aspect because of our social beliefs. In psychiatric illnesses, the medical treatment has a second priority after psycho-therapy.
4. Administrative (to guide and control the staff, and determine the sequence of procedures in the PHC center, starting from booking an appointment to seeing the doctor and buying medications, and if the procedures were done smoothly people would be encouraged to visit the PHC center, also good administration helps in avoiding law suits).
5. Reception: for making appointments.
6. Secretarial/ clerical work.

Essential characters of team work:

- Each team member has his own purpose to fill but work together shearing experiences, skills and resources to achieve complete advanced PHC, which is their common purpose.
- Each member has a clear understanding of his own functions (job description) to avoid overlapping between members.
- The team works by pooling knowledge to share the responsibility for the outcome.

Indicators of health worldwide generally and in Jordan specifically:

- 1) Life expectancy indicates level of PHC in each country.



Life expectancy in Jordan throughout the years: (important numbers!)

- In 1965 it was: 49
- In 1990 it was: 66
- In 2004 it was: 72
- In 2009 it was: 74

With better, more advanced PHC; Life expectancy increases.

In the developing countries it ranges from 57 to 76.

Done BY: Rajai Zurikat.