

Primary health care

Useful abbreviations :-

PHC → primary health care

FHSAs → Family health service authorities

PPL → people : P

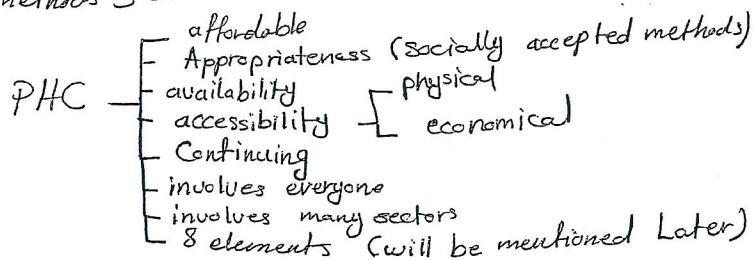
WHO → world health organisation

NHS → National health services

GP → general practitioners.

* Declaration at Alma-Ata conference 1978 (WHO declaration) :-

- (1) Health is a state of complete physical, mental & social well-being & not merely the absence of Disease & it's a fundamental human Right which requires the cooperation of many sectors (Health, social Economic)
- (2) the inequality in health status between developing & developed countries is socially, politically & economically unacceptable.
- (3) Everyone has the right to participate in planning their health care.
- (4) the responsibility of governments for the health of their people & providing a level of health by year 2000 for all ppl in the world to have a productive life.
- (5) PHC ⇒ essential HC based on practical, scientifically sound & socially accepted methods & accessible technology to all ppl & affordable by governments & communities.



essential
Features
For
P.H.C

* Another definition for PHC ⇒ First level of contact between communities & national health system (NHS) bringing H.C as close as possible to where ppl live & work & constitutes the first elements of a continuous HC process.

(6) PHC :-

- A) reflects the economic, social, political conditions of the country & communities.
- B) addresses the main health problems in communities.
- C) includes at least (Elements of PHC) ⇒
 - 1) health education (skeleton of PHC)
 - 2) promotion & food supply & proper nutrition.
 - 3) Adequate supply of safe water & basic sanitation

- 4) Maternal & child HC including family planning .
 - 5) immunization against major infectious diseases (Vaccination)
 - 6) prevention & control of Locally endemic diseases .
 - 7) treatment of common diseases & injuries .
 - 8) Provision of essential drugs(policies to ensure their availability at low prices)
 - d) Maximum community & individual self-reliance & participation in planning, organizing & Control of PHC
 - e) Should Be sustained .
 - f) Relies on health workers(physicians, nurses, midwives---)

⑦ Governments should formulate National policies to Sustain PHC.

⑧ All countries should Cooperate to ensure PTHC For all ppl.

⑨ An acceptable Health Level for all ppl by year 2000 (المحة للجع)

* PHC (according to Department of health) : all health services provided outside hospital by :-

i) Family health services (FHSAs) -
- GPs
- Dental practitioners
- Pharmacists
- Opticians

2) Community HC

- Community doctors
- Dentists
- Nurses
- Chiropracy & physiotherapy

* Another definition for PHC -- \Rightarrow

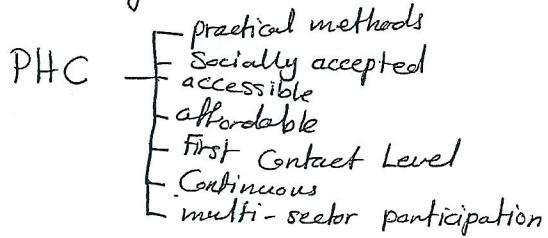
Care provided by physicians specifically trained for & skilled in comprehensive first contact & continuing care for ppl with any undiagnosed sign, symptom or health concern i.e (undifferentiated patient) not limited by problem origin (Biological, behavioral, or social), organ system or diagnosis.

PHC includes

- Health promotion
- Disease prevention
- Health maintenance
- Counseling
- Patient education
- Diagnosis
- Treatment of Acute

- * Health \Rightarrow the quality of life :)
- * How can we improve the quality of life? By PHC.
- * A more detailed definition for PHC (includes the previous one) \Rightarrow

PHC \Rightarrow is essential health care based on practical, socially acceptable methods & technology made accessible to individuals & communities through their full participation & at a cost that the country can afford. It's the first level of contact between individuals & NHS & constitutes the first elements of continuing health care process.



if you are healthy
 then you are
 productive ^_-

- * Adequate water supply & basic sanitation is already achieved in Jordan (Yay = -)

* PHC in Jordan:

① Health status has improved a lot during the past quarter what are the indexes?!

A) Life expectancy at birth increased

49 yrs	\rightarrow	66 yrs	\rightarrow	70 yrs	\rightarrow	73 yrs
1965		1990		2000 (WHO)		2007

\Rightarrow it ranges btw 57 in developing countries & 76 in developed ones.

B) Infant mortality (Death) decreased from 130 per 1000 in 1960 to 35/1000 in 1992

130/1000	\rightarrow	35/1000	\rightarrow	22/1000	\rightarrow	19/1000	\rightarrow	17/1000
1960		1992		2002		2007		2012

C) Total Fertility dropped from

7	\rightarrow	5.6	\rightarrow	3.7	\rightarrow	3.6	\rightarrow	3.5
1988		1994		2002		2007		2012

d) small pox was ~~was~~ eradicated on 1979.

e) Measles & Polio prevalence rates were decreased

3

② Main Reasons For PHC visits in Jordan (according to an old study) :

- 1) 33 %. Respiratory system diseases.
- 2) 14 %. infectious & parasitic diseases (eg: Amoeba)
- 3) 10 %. digestive Diseases

57% of ppl visit PHC in Last study for curative purposes.

③ Rising incidence of chronic & degenerative diseases & injuries together with less infectious diseases through Communicable diseases (i.e the health services became much better)

* Main Cause of Death in a country reflects the health status :

- infectious diseases \Rightarrow Low HS
- Chronic diseases \Rightarrow Better HS

④ Main Health providers in Jordan :

- a) public sector
- b) Jordan university hospital
- c) UNRWA
- d) private sector

* PHC 26 states that \rightarrow in Community like Jordan where small Highly urbanized population :

- a) Highly qualified medical personnel are Abundant
- b) Intermediately qualified paramedical staff (nurses, midwives...) are Scarce. (Exam Q !)
- c) Piped water & sanitation are almost universal.

* in 1979 \Rightarrow main cause of death in Jordan was heart disease (23%)

other causes were (Respiratory sys diseases, pregnancy complications, malnutrition, Cancer, accidents...)

* In 1991 the main cause of death was heart disease (39.7 %)
& infectious diseases were only (0.3 %) ^-^

* Reflects a Better Health Status :D

* Page 00 the table is imp
* Plz check the tables on pages (31, 32, 33)
* Page 34 --

{Table page 33 is
v. imp!}

- * Communicable diseases \Rightarrow Diseases that Could Be transmitted From a person to another through different means (Direct contact, sexual contact OR mother - Fetus infection)
- * Steps to accomplish Control of Communicable diseases :-
 - 1) Reporting
 - 2) observation at the coming foreigners & tourists (testing AIDS, malaria...)
 - 3) Sending teams (In cases of Outbreaks & epidemics)
 - 4) Coordination with other ministries (agriculture...)
 - 5) Vaccination.

* check Page 36 :-

Diseases to be notified Urgently :-

Cholera / Plague / yellow Fever / Meningococcal Meningitis / Typhus
AIDS / poliomyelitis / Acute flaccid paralysis / Diphtheria / Neonatal Tetanus
Rabies / Food & chemical poisoning / Outbreaks & Epidemics

* other Diseases should be notified within a week (Read p. 36)

* Plz check the Figures in p. 37

* Page 38 --

* Primary health care in Arab world :

- How can we achieve Low infant mortality rates accompanied by unexpectedly high life expectancy ?!

- ① Sufficient Female autonomy (women are Responsible for their own behaviours & not dominated by husbands)
 - ② Education (Mainly for girls)
 - ③ Reasonable supply of clean water, adequate sewage disposal & Basic nutrition level
 - ④ Access to health services which provide essential elements for PHC emphasising on maternal & child health.
 - ⑤ To recognize the presence of poverty & its influence on health.
 - ⑥ the political condition will bring changes which will often be painful & unacceptable to a powerful majority of the population.
- * Health of a Nation depends on
- {
 socio-economic situation
 public health measure
 Health care system .

1 Socio-economic situation :

- A) Wealth, poverty & health : 40% of population of developing countries live in absolute poverty.
- v. high Birth Rate with Rapid population growth are indicators of poverty.

Health doesn't depend on wealth but on Absence & Poverty !

2) Nutrition

- Malnutrition (developing countries) Vs. obesity (Developed ones)

C) Housing : eg Bedouin Arabs prefer living in tents in deserts instead of well-organized flats.

- * Basic Requirements for accommodation can be considered adequate:
- 1) Insulation against extremes of heat
 - 2) " " Cold & Rain
 - 3) Availability of water

T) Suitable sewage disposal.

* Overcrowding in badly ventilated homes facilitates the rapid spread of simple infections. (whooping cough, influenza, diarrhea -)

d) Literacy & Education : In order to understand the problems of health & how to solve them.

Literacy Rate \Rightarrow 80-100% for adults in industrialized countries.

28% in Least developed countries. (Least developed)

13% among women in the Least developed :)

* Indicators to Judge the Level of education & Literacy :-

- Literacy Rate \Rightarrow percentage of the population who are able to read & write in any language & # of people enrolled in schools is expressed as a % of the estimated total population aged

5-19 years.

E) Employment \Rightarrow Unemployment & under-employment means there is no enough money to pay the rent or buy enough food.

2] Public health measures

clean water supply adequate storage disposal.

3] Health Care system :-

principles :-

PHC was considered as first contact care outside hospital

+ Definitions for PHC "For 10⁶ times --"

① PHC consists of advice given to a person/group of ppl for preventive or therapeutic purposes (WHO, 1970)

② other narrower concepts (Pallagnino 1968, British Medical Association 1970 ...) "the Dr didn't explain the definitions"

③ Declaration of Alma-Ata 1978 (mentioned B4)

4]

- * PHTC in Jordan :-
- the population of Jordan is growing rapidly & doubling over the last 20 years & likely to double again by 2029
- Jordan undergoes a demographic transition as it moves from high fertility & mortality, to low fertility & mortality.
- According to National population strategy (NPS) in March 1996 : Jordan is serious about family planning.
- One of the principal elements of the NPS is the reinforcement of the "Right of Families to produce an appropriate number of children & to have access to information & family planning methods in order to make their decisions freely, albeit in line with religious & cultural values."
- * Jordan faces several key issues :
 - 1) Less than fully functional public health systems.
 - 2) a significant unmet demand for high quality maternal-child health care services & information.
 - 3) increase in the prevalence of chronic diseases.
- * AIDS epidemic is not expected to pose a significant threat to Jordanians during the next 5 years, why ?
 - Due to the GOJ's (government of Jordan) policy on HIV/AIDS prevention coupled with conservative social norms.
- * USAID/Jordan & Ministry of Health (MOH) partnership :
 - emphasizes at :
 - 1) Family planning 2) Reproductive health
 - 3) Maternal & child health services.
- USAID is working to improve important health indicators :
 - 1) life expectancy 2) infant mortality & morbidity.
- * in order to improve important health management systems, USAID is assisting (MOH) to adopt a more competitive legal & regulatory framework for health sector includes :
 - ① Health insurance reforms.
 - ② Decentralization of hospitals (you don't need to travel from Al-Karak to Amman to get a therapy)
 - ③ Development of systems for continuous medical education
 - ④ Adoption of relevant health provider incentives.

- * Primary Beneficiaries of VITAS - Jordan
 - 1) Poor population
 - 2) Disadvantaged population
 - 3) Hard to reach population.
- * Cooperation efforts between the MOH, the National population Council & USAID have led to improving the policy & regulatory environment for the health sector Including:
 - ① Development & Adoption of Jordan's first National population strategy.
 - ② Improving data collection systems to help decision-makers in policy reform efforts aimed at improving the long term sustainability of Jordan's health care system
 - ③ Strengthening Jordan's epidemiological surveillance system for chronic & acute diseases.
- * In Jordan we have 380 primary health care clinics.
 - * these clinics were improved through:
 - ① Renovation & provision of furniture & specialized medical equipment.
 - ② Clinical training of service providers
 - ③ Establishment of performance improvement review systems.
 - ④ Improvement of the management information system under the USAID-funded primary health care initiatives project.
- * Top 10 causes of deaths in Jordan
 - 1) Low income countries (mortality percentage 44.7%)
 - lower Respiratory Infection #1 cause
 - Coronary heart disease
 - diarrhoeal disease (considered infectious)
 - HIV/AIDS
 - Stroke cerebrovascular disease
 - chronic obstructive pulmonary disease
 - tuberculosis
 - neonatal infections
 - malaria
 - Prematurity # 10 cause

①

2) Middle-income countries (41.5% mortality)

Stroke cerebrovascular disease # 1 cause
Coronary heart disease
Chronic obstructive pulmonary disease
Lower respiratory infection
Lung cancer
Road traffic accident
Hypertensive heart disease
Stomach Cancer
tuberculosis
diabetes # 10 cause

3) High income countries (13.8 % mortality)

Coronary heart disease # 1 cause

Stroke cerebrovascular disease

Lung cancer

Lower Respiratory infection

Chronic obstructive pulmonary diseases.

dementia

Colon cancer

diabetes

breast cancer

Stomach cancer # 10 cause

* please Refer to the Figures & tables within the handout they are Important esp. the causes at Death in Jordan at 2005 (Table p. 53) you have to know the order at each cause and the percentage (Mission impossible --)
Elmohem, sorry for any mistake and Best of luck ^_^\n