

Primary Health Care

Complete Study Guide – Dr. Hana Taha

1. Definition of Primary Health Care (PHC)

PHC is defined as a **whole-of-society approach to health that aims at:**

- Ensuring the **highest possible level of health** and well-being
- Their **equitable distribution**
- Focusing on **people's needs** as early as possible
- Along the continuum from: **health promotion** → **disease prevention** → **treatment** → **rehabilitation** → **palliative care**
- In a **close and feasible approach** within people's everyday environment

PHC is also rooted in commitment to:

- **Social justice**
- **Equity**
- **Solidarity** تضامن
- **Participation**

It is based on the recognition that the highest attainable standard of health is a **FUNDAMENTAL RIGHT** of every human being without distinction.

2. The Three Levels of Health Care

Primary Health Care *Focuses on prevention/Health Culture/managing most health problems.*

- The **"first" level of contact between the individual and the health system**
- Provides **essential health care**
- **Most prevailing health problems can be satisfactorily managed here**
- **The closest to the people**
- Provided by **primary health centers**

Secondary Health Care

Managing health problems that can't be managed in PHC

- Deals with **more complex problems**
- Comprises **curative services** →
- Provided by **district hospitals**
- The **1st referral level** (patients are referred here from primary care)





Tertiary Health Care

→ super specialist care that can't be done in SHC like → malignancy, meningitis, Diabetic foot Ulcer treatments.

- Offers super-specialist care
- Provided by regional/central level hospitals or institutions
- Provides specialized training programs ⇒ for medical students (like Dopamine next semester).
- Example: Jordan University Hospital provides tertiary healthcare
- Includes teaching hospitals

💡 Exam Tip: Know the difference between the three levels — primary (first contact, health centers), secondary (complex, district hospitals, 1st referral), tertiary (super-specialist, teaching hospitals).

3. The 7 Guiding Principles of PHC

- **Accessibility** – Services must be reachable by all
- **Public Participation** – Communities involved in their own health
- **Health Promotion** – Focus on keeping people healthy
- **Appropriate Use of Technology** – Using suitable, cost-effective tools
- **Intersectoral Collaboration** – Health is achieved across multiple sectors (education, agriculture, etc.)
- **Equitable Distribution** – Fair access for everyone
- **Decentralization** – Health services brought closer to communities

Mnemonic for the 7 Guiding Principles
"A Physician Helps All In Every District"

Letter	Word	Principle
A	A	Accessibility
P	Physician	Public Participation
H	Helps	Health Promotion
A	All	Appropriate Technology
I	In	Intersectoral Collaboration
E	Every	Equitable Distribution
D	District	Decentralization

4. Basic Elements of PHC (8 Core Elements)

- **Education** concerning prevailing health problems and the methods of preventing and controlling them
- **Promotion of proper nutrition**
- **Adequate supply of safe water and basic sanitation**
- **Maternal and child health care, including Family Planning (FP)**
- **Immunization against major infectious diseases**
- **Prevention and control of local endemic diseases**
- **Appropriate treatment of common diseases**
- **Providing essential drugs needed at the PHC level**

How to know that you have problems & what to do prevent it and control it.

Mnemonic for 8 Basic Elements
"Every Nation Wants More Improved Primary And Essential"

Letter	Word	Element
E	Every	Education
N	Nation	Nutrition
W	Wants	Water & Sanitation
M	More	Maternal & Child Health + FP
I	Improved	Immunization
P	Primary	Prevention of Endemic Diseases
A	And	Appropriate Treatment
E	Essential	Essential Drugs

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How are basic elements of PHC

Mnemonic for 5 Extended Elements
"Every Real Team Needs Food"

Letter	Word	Element
E	Every	Expanded Immunization
R	Real	Reproductive Health
T	Team	Technologies for Health
N	Needs	NCDs Prevention & Control
F	Food	Food Safety & Supplements

Additional when the country becomes rich it starts discussing on additional things and it's planned

5. Extended Elements of PHC (5 Additional Elements)

- **Expanded options of immunization**
- **Addressing reproductive health needs**
- **Provision of essential technologies for health**
- **Prevention and control of noncommunicable diseases (NCDs)**



- Food safety and provision of selected food supplements

💡 **Exam Tip:** Be able to differentiate between the basic (original 8) and extended (additional 5) elements of PHC.

6. Basic Requirements for Sound PHC – The 8 A's and 3 C's

The 8 A's

- **Appropriateness** – Services fit the needs of the population
- **Availability** – Services exist when needed
- **Adequacy** – Sufficient quantity and quality
- **Accessibility** – Geographically and financially reachable
- **Acceptability** – Culturally and socially acceptable
- **Affordability** – People can financially afford it (included in accessibility as well)
- **Assessability** – Can be evaluated/measured
- **Accountability** – Providers are responsible for quality

The 3 C's

- **Completeness** – Covers the full range of needed services
- **Comprehensiveness** – Addresses all aspects of health
- **Continuity** – Ongoing, long-term care (not fragmented)

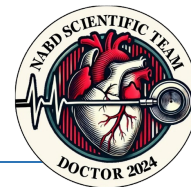
7. The Alma Ata Declaration

Background

- In 1978, the International Conference on Primary Health Care was held in Alma-Ata, Kazakhstan
- Organized by WHO and UNICEF
- Ideas about health and health services shifted dramatically
- Comprehensive Primary Health Care (PHC) was born here as an approach and philosophy

Key Goals

- Comprehensive PHC became a core policy for WHO
- The famous goal: "Health-for-All by the Year 2000"
- The global aim: attaining a level of health that enables every individual to lead a socially and economically productive life through comprehensive PHC



8. Principles of the Alma Ata Declaration

1. Equity

- Acknowledges every individual's right to health
- Realization requires action across health, social, and economic sectors

2. Participation

- Recognizes the need for full community participation in: planning, organization, implementation, operation, and control of PHC
- Using nationally available resources

3. Shift Towards Preventive Health

- Training of multipurpose paramedical workers and community-based workers

4. Partnership and Collaboration

- Between: governments, WHO, UNICEF, international organizations, multilateral/bilateral agencies, NGOs, funding agencies, ministries of health, health workers, and communities
- Goal: commitment to PHC + increasing financial and technical support, especially in developing countries

5. Health Promotion and Effective Use of Resources

9. Comprehensive Primary Health Care

Comprehensive PHC:

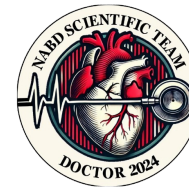
- Defines health as complete physical, mental, and social wellbeing
- Addresses equity and social justice
- Considers the social determinants of health
- Acknowledges the value of community development
- Recognizes the expertise and influence of individuals over their own health

3 Components of Comprehensive PHC

- Integrated health services to meet people's health needs throughout their lives
- Addressing the broader social determinants of health through multisectoral policy and action
- Empowering individuals, families, and communities to take charge of their own health

10. Social View of Health

The social view of health considers many factors that impact health, including:



- Diet
- Housing
- Transport
- Education
- Safety and income
- Support from family and community
- Mental and social wellbeing
- Access to health services (health professionals and hospitals)

Factors Affecting Health (McMurray, 2003)

All of the following factors affect HEALTH:

- Gender
- Age
- Employability
- Culture
- Family finances
- Biological factors
- Social resources
- Geographical mobility
- Family dynamics
- Parenting styles

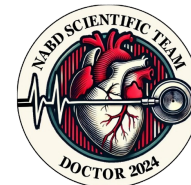
11. Models of Primary Health Care

 **Exam Tip: Know all 5 dimensions of difference between the two models.**

Dimension	Comprehensive Model	Medical Model
View of Health	Positive wellbeing	Absence of disease
Control over Health	Communities and individuals	Medical practitioners
Major Focus	Health through equity and community development	Disease eradication through medical interventions
Health Care Providers	Multidisciplinary teams	Doctors
Strategies for Health	Multi-sectoral collaboration	Medical interventions

12. Why "Health for All" Has NOT Been Achieved

Despite progress in immunization, sanitation, and safe water access, barriers remain:



Group 1 – Structural/Political Issues

- Misconception that PHC is "2nd rate health care for the poor"
- Centralized planning and management
- Difficulty achieving intersectoral action for health
- Unbalanced distribution of resources
- Insufficient political commitment
- Failure to achieve equity in access to all PHC components
- Continuing low status of women in some communities.
- Slow socio-economic development

Group 2 – Operational/Environmental Issues

- Weak 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/allocation of resources for high-cost technology
- Natural and manmade disasters
- Some governments refused to allocate resources toward sustaining strong PHC
- No standard guidelines for Alma Ata — individual governments must develop their own strategies

13. Why Alma Ata Founding Principles Are STILL Relevant Today

- It brings health care to people's doorstep
- Encourages training of PHC staff and community health workers to efficiently deliver services
- Access is improved, participation and partnership encouraged, and health improved overall
- Evidence shows a greater range of cost-effective interventions can now be delivered at PHC level
- Values of equity, people-centeredness, community participation, and self-determination — once considered radical — have become widely shared expectations for health
- Technological advancement and increased wealth of knowledge and literature on health
- Growing health inequalities between and within countries provide a foundation to support Alma Ata principles

Quick Summary Revision Table

Topic	Key Points
PHC Definition	Whole-of-society, equity, continuum of care
Primary Care	First contact, health centers
Secondary Care	Complex problems, district hospitals, 1st referral
Tertiary Care	Super-specialist, teaching hospitals
7 Guiding Principles	Accessibility, Participation, Promotion, Technology, Intersectoral, Equity, Decentralization
8 Basic Elements	Education, Nutrition, Water, MCH+FP, Immunization, Endemic diseases, Treatment, Drugs
5 Extended Elements	Expanded immunization, Reproductive health, Technology, NCDs, Food safety
8 A's & 3 C's	Requirements for sound PHC
Alma Ata	1978, Kazakhstan, WHO+UNICEF, "Health for All by 2000"
Alma Ata Principles	Equity, Participation, Preventive shift, Partnership, Health promotion
Comprehensive PHC	3 components: integrated services, social determinants, empowerment
2 Models	Comprehensive vs. Medical — know all 5 differences
Barriers to HFA	Political, structural, environmental, social reasons
Still Relevant	Access, training, cost-effectiveness, equity values

Good luck on your exam!

