

# PRIMARY HEALTH CARE: A GLOBAL PERSPECTIVE



Dr Ted Lankester  
Medical Director InterHealth  
Director Community Health Global Network

Barts and the London School of Medicine and  
Dentistry  
2013

# PLAN FOR SESSION

- Background to health needs: 4 Key points
- Primary Health Care: What is it?
- Example from a mountain health project
- Community Health Workers
- NGOs and FBOs
- PHC: ASHA Urban Health programme
- PHC: secrets of success
- PHC: thinking outside the box
- Discussion and question

# KEY POINT 1

## Vast needs

- 1.5 billion people, more than one fifth of the world's population- live in absolute poverty (*UN General Assembly Oct 2011*)
- 358,000 women per year do not survive pregnancy or childbirth, the majority because of no access to routine and emergency care (*WHO 2011*)
- 33.3 million people are living with HIV/AIDS (*UNAIDS 2010*)

# CHILDREN

- In most resource poor countries half the population are children
- In Zambia half the population are under 16
- 7.6 million children under 5 die each year, that's 29,000 each day, largely from preventable diseases
- The six commonest are diarrhoea, malaria, neonatal infection, pneumonia, preterm delivery, lack of oxygen at birth

*UN Interagency Group for Child Mortality Estimates 2011*





# KEY POINT 2

## Appalling access

- More than 1 billion people lack access to basic health care. *(2011 WHO estimates)*
- That is *1 in 7 of the world's* population
- Health care is not working for these people- ie for those who need it most

# ACCESSIBLE HEALTHCARE

Affordable

Friendly

Culturally sensitive

Always available

- Competent care
- Essential supplies
- Adequate staffing



## KEY POINT 3

### Vast inequalities

- In Nairobi under 5 mortality is below 15 per 1000 in high income areas, and in a slum in the same city 254
- In Glasgow the life expectancy varies by 27 years as you drive from one part of the city to another

*World Health Report. WHO Oct 2008*

# KEY POINT 4

## Too few health workers

- The world is short of 4.3 million trained health workers- doctors, nurses, midwives and public health workers. *Current WHO estimates.*
- In practice those most in need of health care will have no direct access to doctors, nurses and hospitals for the foreseeable future
- Have we really grasped this?

# Summarized in the Lancet: People and Systems overwhelmed

"After a century of the most spectacular health advances in human history, some of the world's poorest countries face rising death rates, and falling life expectancy. Gains are being lost because of feeble health systems. On the front line we see overworked and overstressed health workers too few in numbers, losing the fight, with many collapsing under the strain"

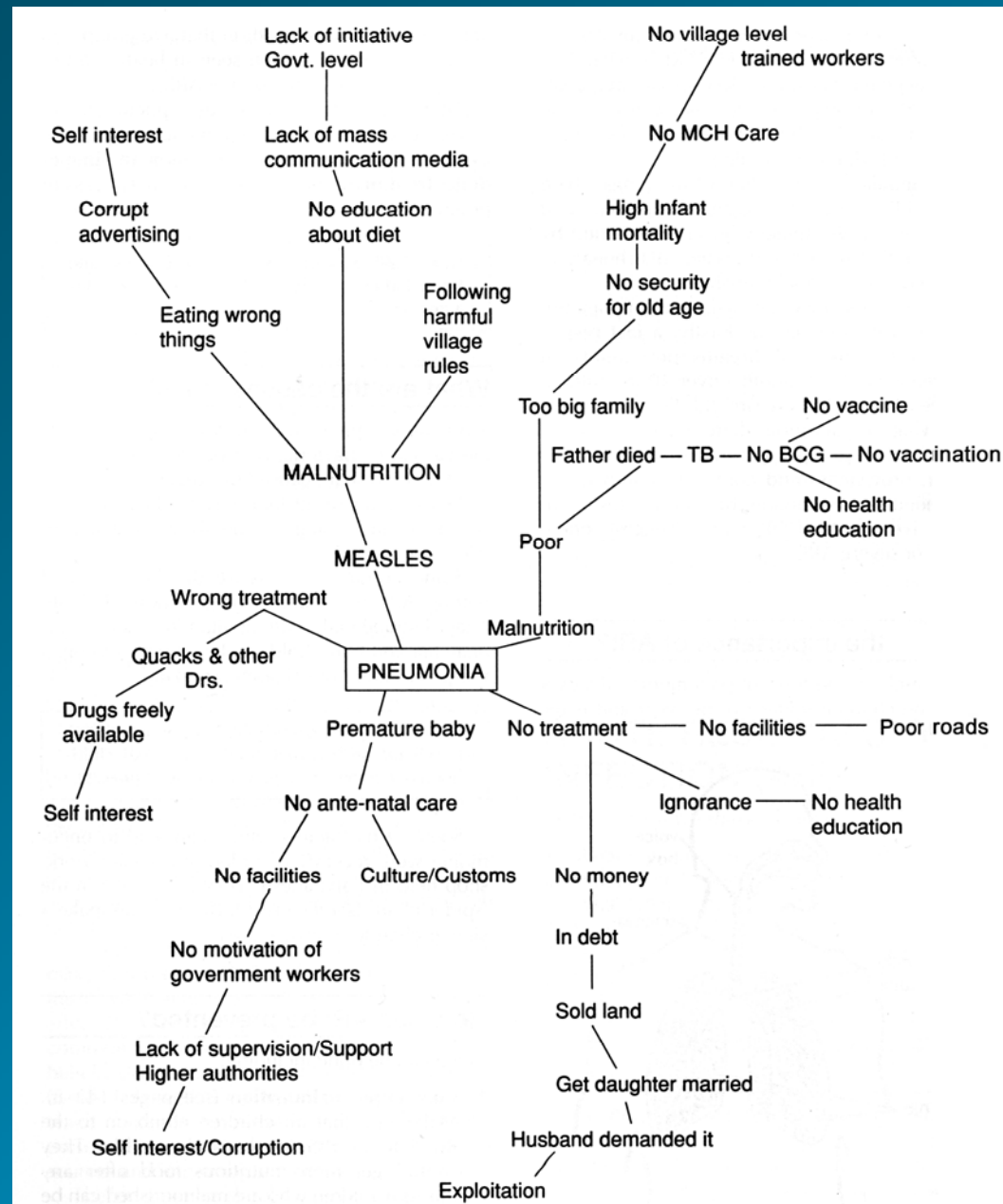
*(Lancet Vol 364 2004 Page 1984)*

# OVER TO YOU

SO WHAT CAN WE DO ABOUT THIS?

ANY IDEAS OF A MODEL OF HEALTH  
CARE THAT WILL WORK IN THE  
CONTEXT WE HAVE DESCRIBED?





# AHMED AGED 2 DIED FROM PNEUMONIA

- This is a spider chart
- It shows many of the reasons why Ahmed died
- Many of these are “negatives”: things that weren’t done or services that didn’t exist
- What could you and your health team have done at community level to reduce the risk of Ahmed from dying?

# WHAT IS PRIMARY HEALTH CARE?

- Health services: to prevent and treat the majority of health problems in or near communities.
- A health system: designed to provide appropriate, accessible care for all, functioning through a referral system which starts at neighbourhood level

# WHY IS PHC SO CRITICAL?

- Primary health care brings balance back to health care and puts families and communities at the hub of the health system
- With an emphasis on local ownership it make space for solutions created by communities, owned by them and sustained by them

*World Health Report: Primary Health Care: Now more than Ever  
WHO 2008*

.....Or put more practically.....

- Doing curative care alone is trying to empty the Pacific Ocean with a teaspoon
- The same people with the same problem come back to the same clinic with the same problem to see the same doctor to take the same medicine to get better for a few weeks and then return with the same problem to see the same doctor....ad infinitum

# WE MUST TURN OFF THE TAP OF ILL HEALTH!



# Which means: working at community level in the most effective way

- Identify the commonest illnesses and then work “up-stream” to prevent them
- Recognize and cure illness at an early stage, in the home or in the neighbourhood so it never reaches hospital

# PRIMARY HEALTH CARE: KICK-OFF

- The Alma Ata Conference on Primary Health Care 1978
- Signed under the auspices of WHO and UNICEF by 134 member states
- Aimed to bring basic health services within reach of every community and every individual
- “Health for All by the Year 2000”



# ALMA ATA: KEY OBJECTIVE

The main target should be the attainment by all the people of the world of a level of health that will permit them to lead a socially, economically and productive life.

*Primary health care is the key to attaining this target.*

Declaration of Alma Ata: Principle 5

WHO/UNICEF 1978

# The “Heart” of Primary Health care

Requires and promotes *maximum community and individual self reliance, and partnership in the planning, organisation, operation and control of primary health care*

Declaration of Alma Ata: Principle 7

# Community members must “do health” themselves

Health care therefore needs to be placed in the hands of community members so that they themselves are empowered to prevent, diagnose and treat the majority of health problems themselves

# WHAT WE DON'T WANT

Unless we have community-led or community-based healthcare we will have this instead:

*The intermittent delivery of unpredictable top-down interventions decided by medical fashion and the changing priority of donors*

# LIST OF CORE PHC ACTIVITIES

This was the original Alma-Ata list and included:

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

# LIST OF CORE PHC ACTIVITIES

5. Immunisation against the major infectious diseases
6. Prevention and control of locally endemic diseases
7. Appropriate treatment of common diseases and injuries
8. Provision of essential medicines

# PHC the way forwards: increasing consensus

- The Primary Health Care approach is people-centred, with prevention as important as cure. PHC tackles the root causes of ill health including in non-health sectors.
- Better use of existing interventions could prevent 70% of the disease burden

*D McCoy et al The Bill and Melinda Gates Foundation grant-making programme for global health Lancet 2009;;73:1645-53*

*and*

*Primary Health Care as a route to health security Lancet Vol 373  
May 9 2009-10*

# Reality Today - World Context

"Thirty years on from Alma Ata the world is a different place: Increased urbanization, larger trading blocks, increased globalisation, massive aid programmes, climate change, deforestation, international terrorism, emerging tiger economies, sweat shop labour *and now global recession*"

*Achieving health equity for all . A Maryon-Davis President Faculty of Public Health London*

*BMJ Editorial 15 September 2007;335:522-23*





# EMERGING HEALTH PRIORITIES

- Diabetes, stroke, hypertension, heart attacks
- Chronic obstructive pulmonary disease (COPD)
- Cancer
- Mental health issues
- Addictions to alcohol and drugs
- Disability, including hearing impairment and blindness

# MORE EMERGING HEALTH PRIORITIES

- Smoking-related diseases
- Family planning and reproductive health
- Elderly and palliative care
- Preparedness for pandemics
- Injuries from civil conflicts and theatres of war

And remembering the extreme differences between wealth and poverty within countries and within communities

# EXAMPLE OF A COMMUNITY BASED PROGRAMME

## A Himalayan Health Programme











**Community Health Global Network**  
an InterHealth project



**Community Health Global Network**  
an InterHealth project

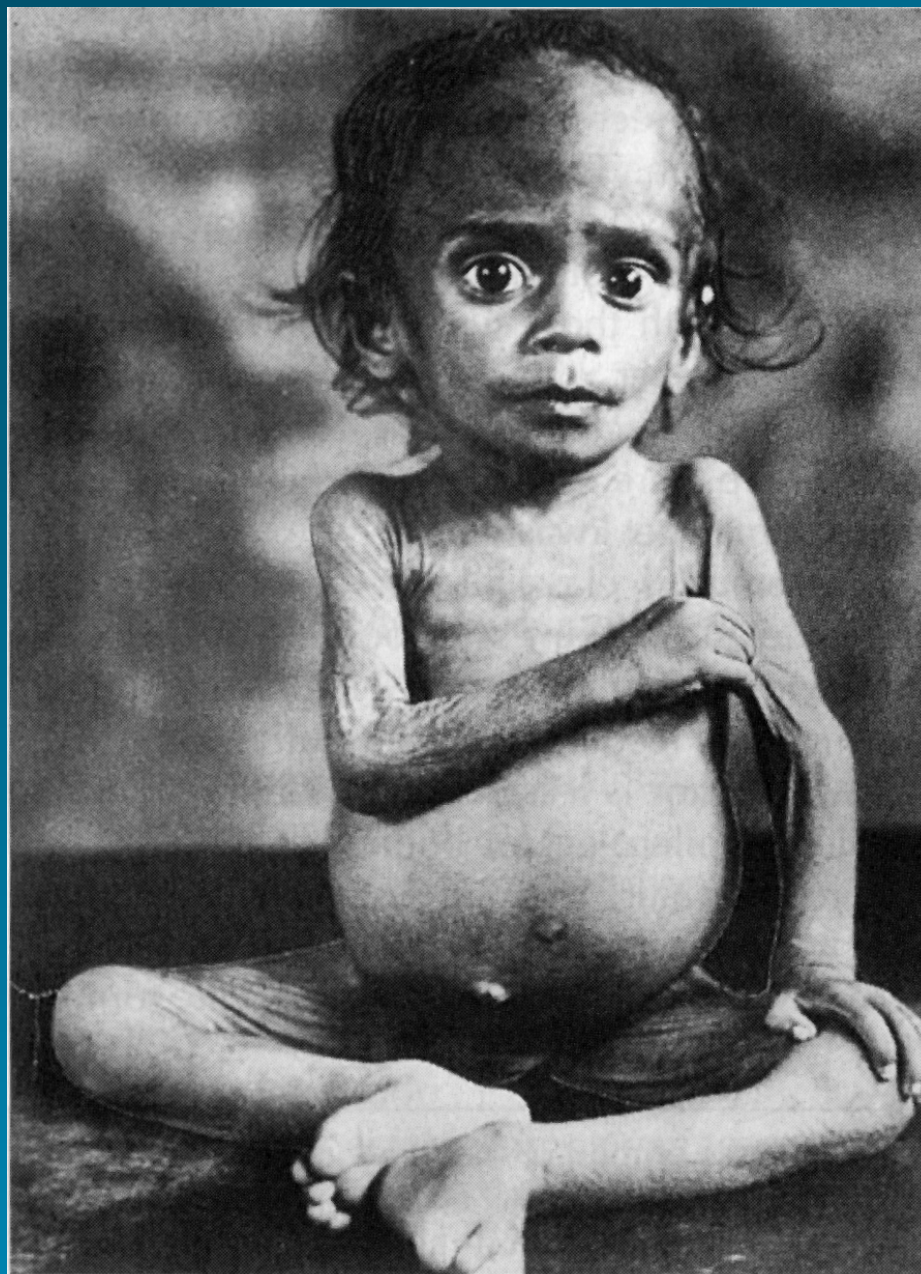








**Community Health Global Network**  
an InterHealth project



**Community Health Global Network**  
an InterHealth project



**Community Health Global Network**  
an InterHealth project





**Community Health Global Network**  
*an InterHealth project*



# Home treatment for children with severe pneumonia is just as effective as hospital

"Being able to treat children with severe pneumonia safely and effectively in their own homes would be of huge benefit to both families and health systems, by reducing the need for admission to hospital.."

*Ambulatory short-course high dose oral amoxicillin for treatment of severe pneumonia in children: a randomized equivalence trial*

*T. Hazir Lancet 2008; 371:49-56*

# Home treatment for malaria now recommended

- Giving artesunate suppositories to children with suspected severe malaria before referral is a cost-effective intervention in severely ill patients not only at the end of the road, but where there is no road"
- "There is now full justification to provide CHWs with rectal artesunate suppositories, training, instructions for their use, and guidance on when to refer"

*Y Tozan et al Pre-referral rectal artesunate for treatment of severe childhood malaria: a cost-effective analysis Lancet 2010;376: 1910-5*

# But a proviso

The success of interventions in the community ultimately depends on whether formal health systems can provide front-line health workers with drugs and other necessary health commodities, regular monitoring and supervision, and linkages to referral systems for follow-up treatment

*Same ref as last slide*



# Community Health Workers

## Who are they?

- In many resource poor areas CHWs are the key players in prevention and cure at primary level
- CHWs act as the first line of contact with the health system. These are selected community members trained in primary care functions
- CHWs are becoming an increasingly key part of the strategy to make health care accessible to all

# CHWs

## Criteria for their effectiveness

- Diagnosis must be almost as accurate as by a physician
- Problem must be relatively common
- CHWs must not become full time
- Issue is important eg leads to death or serious illness.
- There must be a functioning health system, regular supervision, annual retraining, monthly collection of data and timely re-supply of materials

*A Seim Time for an additional paradigm? The community-based catalyst approach to public health*  
*Bulletin of WHO 2005;83:392-4:*

# Community Health Workers Evidence

*"The evidence base suggests CHWs can have an important role in increasing coverage of essential interventions for child survival and other health priorities"*

*"Various trials have shown substantial reductions in child mortality with case management of ill children by community health workers"*

*A Haines et al Achieving child survival goals: potential contribution of community health workers Lancet 2007;369:2121-31*

# Community Health Workers: the Cochrane Evidence Base

- Beneficial impacts on a range of common health issues in PHC
- Decrease childhood deaths from fever, diarrhoea and pneumonia
- This review is highly relevant to current policy debates internationally as a way of addressing the human resource crisis
- Has implications for services to 'hard to reach' groups

*Lewin S, Munabi-Babigumira S, Glenton C, Daniels K, Bosch-Capblanch X, van Wyk BE, Odgaard-Jensen J, Johansen M, Aja GN, Zwarenstein M, Scheel IB. Lay health workers in primary and community health care for maternal and child health and the management of infectious diseases. Cochrane Database of Systematic Reviews. 2010.*

# CHWs

## THEIR RE-EMERGENCE

- 325,000 health guides (ASHAs) were working in India from 2002: the government is planning further expansion
- Ethiopia is training 80,000 female community based extension workers
- Active government programmes in Bangladesh, Pakistan, Kenya, Uganda, Ghana
- Many NGOs, CBOs and FBOs are training CHWs eg CRHP Jamkhed, India

# CHWs and Non-communicable diseases

- In developing countries NCDs are becoming the leading cause of death
- PHC is ideally placed to find cases, start and monitor treatment, promote health and teach prevention
- Non-physician clinicians will have an increasing role, which will include community health workers
- Health systems need strengthening for this to work in practice

*R Beaglehole et al Improving the prevention and management of chronic disease in low and middle-income countries: a priority for primary health care Lancet 2008;372:940-949 DOI:10.1016/S0141-6736(08)61404X*

# Community Health Workers: Conclusion

“Training of community health workers should be undertaken even in places where physicians are abundant since community-based, closely supervised care represents the highest standard of care for chronic diseases”

*J Kim, P Farmer: AIDS in 2006-Moving Toward One World, One Hope. NEJM. Aug17 2006:645-647*

# 2008

## NGOs INTO THE MAIN STREAM

- Renewing and Enhancing Collaboration with NGOs: WHO Geneva September 2008
- Main topic: revitalisation of PHC
- Co-chaired by WHO and Community Health Global network



# NGO CONSULTATION

## KEY RECOMMENDATIONS

- Primary Health Care must become the preferred system of health care in all countries and in all communities because it is the most effective, and the most cost- effective
- Health care must be based as near as possible to homes and to neighbourhoods
- WHO must develop strong collaboration with NGOs at global, national and local level
- Many ideas incorporated into resolutions on PHC at the following World Health Assembly

# 2007

## A NEW DISCOVERY?

At least 40% and in some countries as high as 70% of health care in sub-Saharan Africa is provided by faith-based organisations.

*Appreciating Assets: Mapping, Understanding, Translating and Engaging Religious Health Assets in Zambia and Lesotho.*  
WHO 2007

# FAITH BASED ORGANISATIONS: INTO THE MAINSTREAM

Consultation on the Role of Faith  
Based Partnerships: Towards  
Primary Health care  
WHO Geneva December 2007

# FBO CONSULTATION

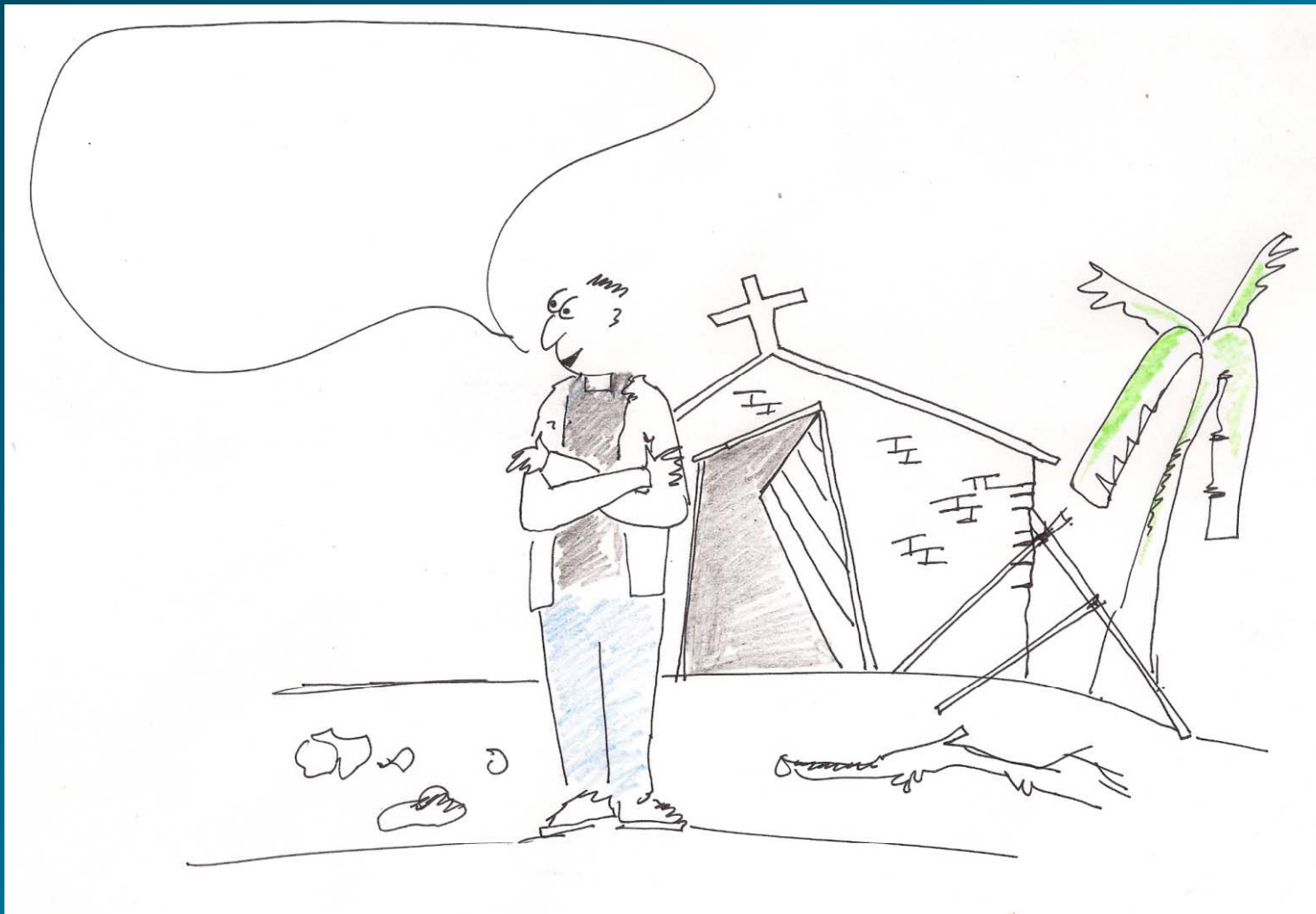
## KEY RECOMMENDATIONS

- FBOs have a vital role to play
- They need to work together to improve their quality, and power for advocacy
- They need to stand up and be counted
- They need to cooperate with government
- They should not be intimidated because there is evidence they are doing a vital job

# The role of faith-based organisations in maternal and new-born health in Africa

- Faith based organisations play an important role in providing maternal and new-born health services in African countries but their contribution is insufficiently recognized
- Services were similar to those provided by governments but quality of care and satisfaction were greater
- The role of FBOs needs stronger recognition and stronger partnerships to help reach MDGs 4 and 5

*M Widmer et al UNDP/UNFPA/WHO/WorldBank Special programme of research  
2011 International Journal of Gynaecology and Obstetrics; 2011;114:218-222*



The church, mosque or temple has a permanent presence





# BRIEF CASE STUDY

# ASHA

An integrated health and development  
programme in the slums of Delhi, India

[www.ash-india.org](http://www.ash-india.org)





**Community Health Global Network**  
an InterHealth project



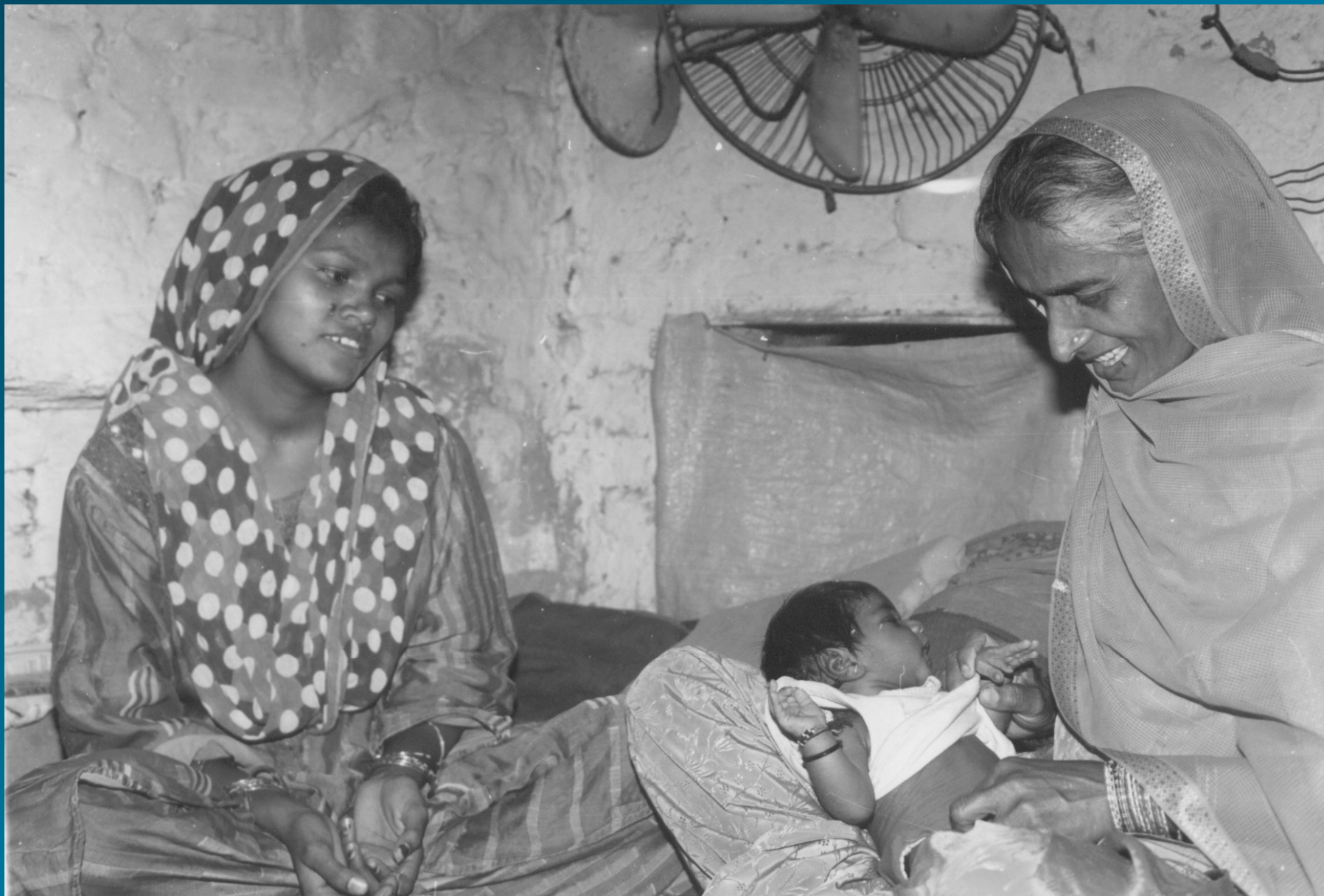






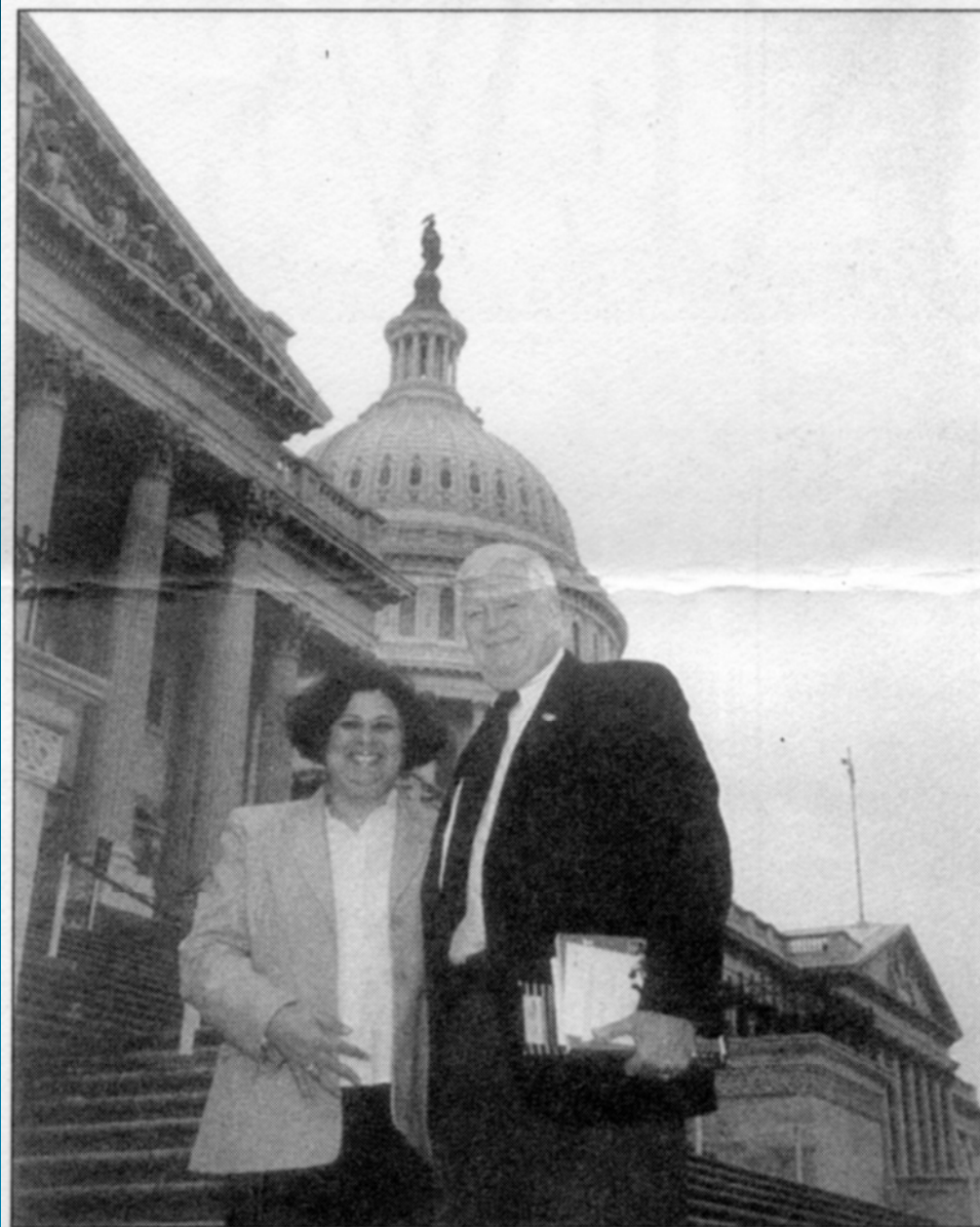
**Community Health Global Network**  
an InterHealth project











**Community Health Global Network**  
*an InterHealth project*

# Secrets of success in setting up health programmes

- Grow from and be owned by the community with its own beliefs, values and culture
- Be based on evidence and follow good practice
- Follow transformation more than delivery, response more than intervention
- Integrate into vertical and government health programmes
- Connect or collaborate with all other appropriate health players
- Aim to transfer hope, interest and abilities to neighbouring areas



# A big “new idea”

- Universal Health Coverage (UHC)
- Likely to be the overarching theme of global health following the “expiry” of the MDGs in 2015
- In UHC Everyone has access to affordable health care as near to their homes as possible

# PHC: THINKING OUTSIDE THE BOX

- Mental health, community rehabilitation, writing health-related TV and radio soaps, setting up and scaling up health programmes, pioneering community surgery, programmes for commercial sex workers, family planning and reproductive health, care of the elderly, use of medical anthropology, operational research, health care of nomads, islanders, remote mountain communities, addiction care and prevention, HIV/TB prevention- care- treatment- community response, working in war zones, community based therapeutic care, neglected tropical diseases,
- Add your own.....





# Any questions?

---

Community Global Health Network  
InterHealth

111 Westminster Bridge Road  
London SE1 7HR UK

t: +44 (0)20 7902 9000

f: +44 (0)20 7902 9091

Email us at: [team@chgn.org](mailto:team@chgn.org)

[www.communityhealthglobal.net](http://www.communityhealthglobal.net)

[Ted.lankester@chgn.org](mailto:Ted.lankester@chgn.org)

**Community Health Global Network**  
*an InterHealth project*

# INFO FOR YOU TO KNOW ABOUT

- *Community Health Global Network* is a network to link strengthen and empower faith-based and other community based health care programmes world wide. Do go into the site and join (free) [www.chgn.org](http://www.chgn.org)
- *Setting up Community Health Programmes* Ted Lankester 3<sup>rd</sup> Revised Edition 2009 Hesperian Foundation is available either from TALC [www.talcuk.org/catalog](http://www.talcuk.org/catalog) or from [www.interhealth.org.uk](http://www.interhealth.org.uk) or from [www.hesperian.org](http://www.hesperian.org)
- Email me at [ted.lankester@chgn.org](mailto:ted.lankester@chgn.org)