

- **Primary Health Care for post graduate**
- Health- A state of complete physical, mental and social well being not merely the absence of disease or infirmity. (WHO- concept of Health)

Modern concept of health; Optimum level of functioning among individuals, families and communities.

- Eco-system which affect this level of functioning

1. Political-
2. Behavioral-
3. Hereditary-
4. Health care delivery system
5. Environmental Influence
6. Socioeconomic influence.

- Political; the government has the power to promulgate, promote, implement and think of the different ways to alleviate problems regarding health.
- Behavioral; A persons level of functioning is affected directly by Culture, habits, attitudes, mores, ethnic backgrounds and society or his environment.
- Hereditary; there are certain diseases that is hereditary in nature, therefore individual with this circumstances doesn't have any control of the situation. It is said therefore that inheritance plays a part in determining lifespan and health level of an individual.
- Environmental Influences; People living in urban areas are prone to hazards of health.

E.g. communicable and non-communicable diseases are rampant in urban areas compare to those who are living in rural areas. Likewise those who live in solitude life is prone to depression.

- Socio-Economic influence ;In Public health centers, families from lower income brackets are the one's mostly served. Families within the mid-income level can provide basic health services for their members unlike those who are at poor sector basic health services are deprived.
- Health Care Delivery system ;PHC - in Iraq setting, it is a partnership approach of the private group and the government ; they work hand in hand to deliver effective provision of essential health services .
- 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 1<sup>st</sup> referral level**

### **Tertiary health care**

- **Offers super-specialist care**
- **Provided by regional/central level institution.**
- **Provide training programs**

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
- 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:

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:

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**

## 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

- 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.
- WHO/PHC IN IRAQ
- Technically, the health care system in Iraq has been on a centralized, curative and hospital-oriented model. Such a system has lacked the capacity to deliver services that address the major health problems faced by the majority of the population in an equitable and sustainable manner.
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- The health status of Iraq's population has suffered major blows due to decades of war and economic sanctions. This has resulted in a severe drop in Iraq's gross domestic product



severe drop in Iraq's gross domestic product and consequently its public expenditure on health.

- Health services have deteriorated and the sector has faced continuous shortages in drugs and other supplies. Moreover, the current ongoing conflict and poor security situation has further damaged the country's health infrastructure.
- Many health professionals have fled for safety to neighboring countries and abroad and the population's access to basic health services has become increasingly impaired.
- The Primary Health Care program strengthens the MOH efforts in order to have a system which is focused on PHC principles and values, assists MOH in the revision of National Health Strategy 2009-2013 in order to better align it to the current priorities, assists MOH in the formulation of National PHC strategy with focus on family practice model of service.
- Delivery, and assists MOH in the Finalization of Health Information System and Human Resources for Health plans
- Health Information System
- Although there has been progress, the existing system is still not tuned to reflect the values of timeliness and completeness of reporting. The system has difficulties in providing comprehensive information for evidenced-based management.
- The lack of computerization makes data analysis and information flow slowly, though some progress has been achieved in some of the governorates e.g. Missan, Basra .The

current reporting system is from the PHC centers to the Directorate of Health at the governorate level, and to the related directorates at the central level in the MOH.