

Primary Health Care Lec. 2

Old medical care system (MCS) : help after illness .

Primary Health Care (PHC) : prevents disease .

• **Difference between MCS & PHC**

	MCS	PHC
1	Medical system is vertical system i.e. separate from other governmental department.	1-.This function best through inter sectoral cooperation .
2	A curative system , emphasizing on treatment ,drug , doctors & hospital, or auxiliaries and dispensaries .	2-mainly preventive, promotive, emphasize on water sanitation, immunization, nutrition and health education.
3	Emphasis on improvement and , development & specialization .	3- emphasis on common conditions , ex: risk groups and reduction infant mortality.
4	Treats individuals who are sick.	4-Helps healthy people in the community to prevent sickness as well as treating the sick .
5	Auxiliary are regarded as substitute for doctors .	5- Auxiliary are the main agents of health promotion and change .
6	Health is seen as a technology brought in from outside.	6- Health promotion is a family and community activity
7	Discourage traditional medicine and ignorant culture.	7- Encourage the health positive aspects of traditional medicine and culture.
8	Is expensive system, with strong bias towards urban areas	8- Is less expensive with a bias toward equal distribution

9 1 0	<p>and hospitals.</p> <p>Often paid by central government finance.</p> <p>Causes the patient to be dependent on the doctors, nurses and health services.</p>	<p>between rural and urban areas.</p> <p>9-partly supported by the community itself.</p> <p>10-Helps the individuals and community to become more capable of looking after themselves.</p>
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The limitation of medical care

1-Economic: impossible to provide sufficient doctors and hospitals for all population.

2-Brain drain: many indigenous doctors became increasingly dissatisfied with inadequate facilities and migrated to the developed world, this lead to shortage of doctors in developing countries.

3-The more medical science develops the less appropriate it became to be the basic needs of people (sophisticated technologic practiced in urban teaching hospitals were recognized as irrelevant to the health needs of people) .

4- Development of drug resistance: drug is the only solution and lead to inflation of drug prices,

Assessment of priority in PHC

1-Incidence and prevalence

2-Mortality and morbidity

3-Curability

4-Coast benefit, coast effective

5-Communicability

6-Economic and social impact

7-Preventability

8-Disability

9-Impending future outbreaks

10-Feasibility.

The population Pyramids: (P.P.)

It is the skeleton of population arranged according to age and sex.

In the developed countries large number of population reaches 60-70 years.

Population is important in planning for health policy in relation to needs.

Age groups for e.g. in developing countries we have emphasized on.

P.P. & areas of activity in PHC:

1-Coordination and collaboration with other sector e.g. agriculture, water, sanitation, community development, road transport, education.

2-Establishing firm route within active involvement and part-people to encourage self-reliance.

3-support from the formal health system with regard to training.

The role of community in PHC

1-Planning, 2-Programing, 3-Implementation,
4- Monitoring, 5-Evaluation of health system.

Strategies of PHC

Ways and means used in implementing PHC and achieving the goal for health for all (HFA):

- 1-Inter –sectoral cooperation
- 2-Basic infrastructure
- 4-auxiliary health workers and village health workers.
- 5-traditional medical system.
- 6-Health education
- 7-Community participation.
- 8-Relevant to the main health problems
- 9- Provision of essential drugs
- 10-cost- effective and self-reliant.

Health

Development

- Increase income, Better nutrition, Better housing, Better education, and Better access to health services.