

# **Community Medicine Lec.(1)**

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PhD; Community Medicine**

**Primary Health care  
system**

# **Community Medicine**

## **Primary Health care**

### **Lec.(1)**

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There are a wide variety of health care systems around the world. Providers are trained professional people working self-employed or as an employee in an organization, a government entity, etc. Examples are discussed below.

### Goals

The goals for health systems, *improving performance*, good health, responsiveness to the expectations of the population, and fair financial contribution.

### Providers: Health care provider

Health care providers and nurses, paramedics, dentists, medical laboratory staff, specialist therapists, psychologists, pharmacists, and others.

## Objectives of the lecture

Overall Aim: •

- \* To assist students to understand the primary health care approach. •

Specific Objectives : •

- Define community medicine, population, health and PHC. •
- Discuss the types , details, uses and importance of population pyramid. •
- Review the global efforts to improve health •
- Understand the essential Principles of PHC. •

# Public health ( Community Medicine )

- \* Is the art and science of preventing disease, promoting health & prolonging life through the organized efforts of society. •
- \* It deals with the health of the whole population. •
- \* Looks at the community (population) itself as a patient. •
- \* Deals with the community as a social system and with the structure, function & dysfunction of such system. •

# Population ( Community )

- Is the smallest social grouping in a country with an effective social structures & potential administration capacity. •
- or a group of people who have things in common & who recognize and a ware of that commonality •
- Geographic communities, •
- Health center catchment's area, a district, a province, or a country. •
- A specific disease group (with people at risk) •

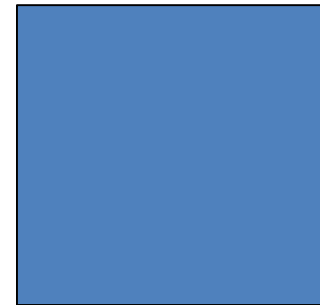
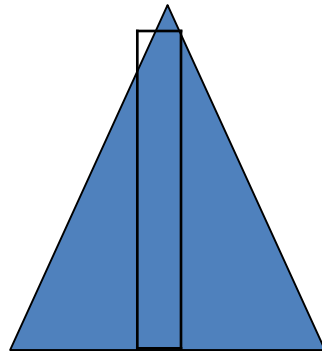
## **Community as a social system •**

<b>Structure</b>	<b>Function</b>	<b>Dysfunction</b>	•
<b>Population</b>	Physiology	Pathology	•
		<b>Pyramid</b>	•
		Anatomy	•
<b>Age &amp;sex</b>	<b>Education</b>	<b>Problems</b>	•
	<b>occupation</b>	<b>Abnormality</b>	•
			•

**Developing countries**

**Developed countries •**

**Age in years / No. of people / Females | Males •**





## What is the importance of such population pyramid ?

- \* Health policy planning according to the health needs of the population. •
- \* We'll have different disease in these two kinds of communities; in developing we'll have upper respiratory tract infections, diarrhea, malnutrition & infectious disease ( immunization). While in developed countries we'll have problems of older age groups obesity, CVA, IHD, CA etc. •

## Health

Is the state of complete physical , mental and social well being & not merely the absence of disease or infirmity. •

In 1977; the World Health Assembly adopted the historic resolution on “ Health for all by the year 2000’ •

In September 1978; the world community at Alma-Ata international conference called for urgent action by all to protect & promote the health of all people of World using “PHC approach “ •

## Principle for PHC :

- PHC based on the following Principles : •
  - \* Social equity •
  - \* Nation – wide equity •
  - \* self –reliance •
  - \* inter -sectoral coordination •
  - \* people’s involvement in the planning and implementation of health programs. •

## **. Primary health care, •**

**Often abbreviated as PHC, is essential health care based on •  
practical, scientifically sound and socially acceptable methods  
and technology that are universally accessible to individuals and  
families in the community through their full participation and at  
a cost that the community and the country can afford to  
maintain at every stage of their development in the spirit of  
self-determination .**

**It was a new approach to [health care](#) that came into existence •  
following this international conference in [Alma Ata](#) in 1978  
organized by the [World Health Organization](#)**

**The aim is to provide the best possible health services for every •  
one, every where in the district.**

**The universal goal of the health care system is to assure •  
adequate access to quality care at a reasonable price.**

# DECLARATION OF ALMA-ATA •

**International Conference on Primary Health Care, •**  
**Alma-Ata, USSR, 6-12 September 1978**

The International Conference on Primary Health Care, meeting in Alma-Ata •  
this twelfth day of September in the year Nineteen hundred and seventy-  
eight, expressing the need for urgent action by all governments, all health  
and development workers, and the world community to protect and  
promote the health of all the people of the world, hereby makes the  
following Declaration

•

Primary health care was accepted by the member countries of WHO as the •  
key to achieving the goal of [Health for all](#).

Selective primary health care is a form of primary healthcare in which •  
diseases are more specifically targeted in developing countries to initiate  
the process of primary health care. In developing primary health care,  
which is the ultimate goal, selective primary health care can be a very  
useful tool in helping to alleviate some of the more pressing issues.

In addition to its work in eradicating disease, the WHO also carries out • various health-related campaigns — for example, to boost the consumption of fruits and [vegetables](#) worldwide and to discourage [tobacco](#) use. Work on [pandemic influenza vaccine](#) development had achieved encouraging progress. More than 40 [clinical trials](#) have been completed or are ongoing. Most have focused on healthy adults. Some companies, after completing safety analysis in adults, have initiated clinical trials in the elderly and in children. All vaccines so far appear to be safe and well-tolerated in all age groups tested. WHO also conducts health research in communicable diseases, non- • communicable conditions and injuries; for example, longitudinal studies on aging to determine if the additional years we live are in good or poor health, and, whether the [electromagnetic field](#) surrounding [cell phones](#) has an impact on health. Some of this work can be controversial, as illustrated by the April, 2003, joint WHO/[FAO](#) report, which recommended that [sugar](#) should form no more than 10% of a healthy [diet](#).

# Four Essential components of primary health care

**Universal coverage:** By ensuring efficient supply of medications and services; •  
removing financial barriers to access and ensuring social health protection.

**People-centered care:** By transforming traditional healthcare delivery models •  
(specialist, procedure or hospital-based) into people-centered primary care networks.

**Inclusive leadership:** By shifting from conventional "command-and-control" •  
approaches, increasing participation of all stakeholders and moving from supply-led  
to demand-led policies and programmes

**Health in all policies:** By ensuring that all relevant sectors (e.g. labour, environment, •  
education) factor health into their agendas.

Economical and social development is of basic importance for Health for all. Full •  
participation of the participant is the key component in primary health care. Primary  
health care reflects the economical conditions and sociocultural differences It also  
describes the main Health problems providing promotive, preventive curative and  
Rehabilitative services for the suffering community.



*Thank You!*