Primary Health Care 40 years after Alma Ata

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PHC 2018

- 40 years on from the Declaration of Alma-Ata in 1978, primary health care (PHC) is at a defining moment.
- Progress in the uptake of PHC has contributed to a revolution in child survival and dramatic improvements in life expectancy.
- October 2018
 DOI:https://doi.org/10.1016/S0140-6736(18)32482-6

Pioneers Sidney and Emily Kark



Pholela CHC 1940



Where does name PHC come from?

 In the 1970's and 1980's there was the Christian Medical Commission (CMC) of the World Council of Churches. For over a hundred years, medical work had provided one of the main focuses for Christian missionary work, the others being education and church planting. As a result, there were more than 1,200 Christian hospitals in the world relating to member churches of WCC alone.

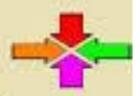
WHO and CMC

 The most significant result of the CMC/WHO relationship was the formulation by WHO, in 1975, of the principles of primary health care. This marked a radical shift in WHO priorities, with massive implications for health care systems everywhere.

Principles PHC



Themes Leading to Alma Ata



- 1. Changing theories of health & development: shift away from GNP as measure of development towards recognition of the need of social development
- 2. Concerns about poverty & population control
- Increasing reliance upon alternative approaches to medical care model
- 4. Success of CHWs & associated emphasis on community participation
- Revival of interest in public health; tackling causes of ill health rather than symptoms

Declaration of Alma Ata 1978

- Primary Health Care is Human Right
- First entry level of health care
- Basic health care for all
- Set of strategies to improve health (GOBI-FFF)
- Philosophy based on equity and social justice
- Looks at social determinants of health

Opening statement

 The Conference strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.

Health for All by 2000

The slogan was Health for All by the year 2000

What is the definition of health now?

How realistic was this goal?



My major change story 1980

Bob Foster, medical missionary

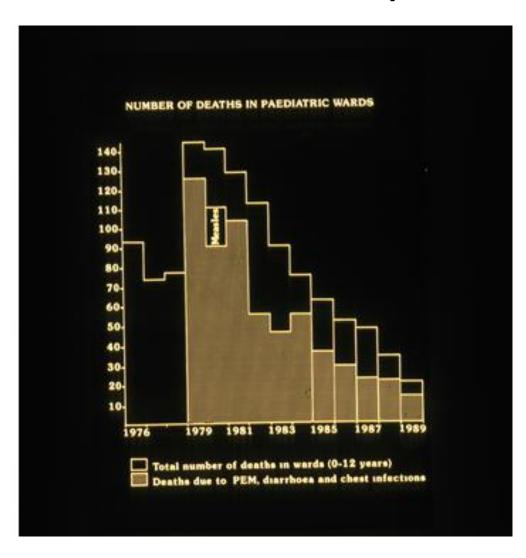
'You give them to eat'

'Throw your bread on the water'

'Do not look at the wind, the clouds, but'



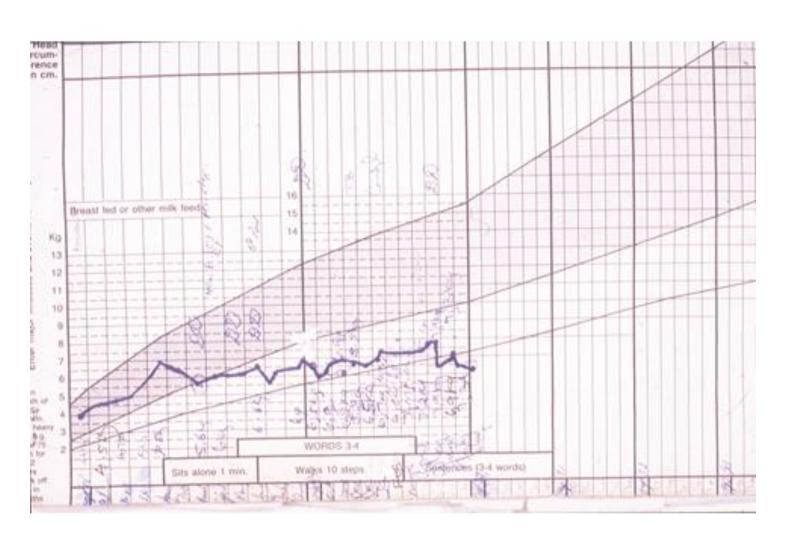
Paediatric wards Gelukspan Hospital



The contrast



HIV/AIDS 1988



Millennium Development Goals

- Period 2000-2015
- Set of MDG's to address the most pressing needs
- MDG 4, 5 and 6 were focussed on improving maternal and child health and containing HIV/TB and malaria
- Social determinants of health were also addressed- education and poverty

Goals 2000-2015

- The Eight Millennium Development Goals are:
- to eradicate extreme poverty and hunger;
- to achieve universal primary education;
- to promote gender equality and empower women;
- to reduce child mortality;
- to improve maternal health;
- to combat HIV/AIDS, malaria, and other diseases;
- to ensure environmental sustainability; and
- to develop a global partnership for development.

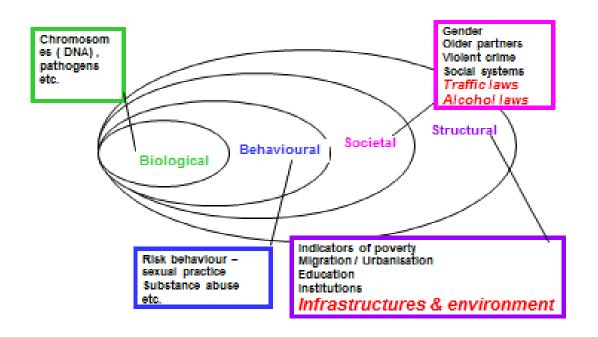
Child mortality

 Almost 11 million children died before their fifth birthday in 2000 (UNICEF 2001). Less than 1 percent of these 11 million deaths (79,000) occurred in high-income countries, compared with 42 percent in Sub-Saharan Africa, 35 percent in South Asia, and 13 percent in East Asia.



Causes of disease

Determinants of wellness /Causes of disease



Sustainable Development Goals

- Period 2015-2030
- New set of goals to be achieved by 2030
- Includes different fields such as reduction of poverty, improving supply of safe water and sanitation
- Sets new targets for maternal mortality, child mortality and adolescent health

SDG 2015-2030







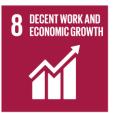




























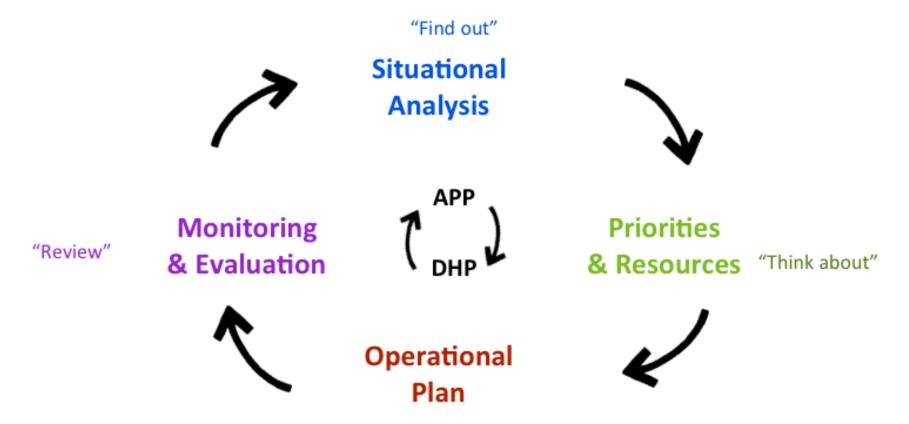




Sustainable Development Goals (SDG's for health)

- 3.1 By 2030 reduce global maternal mortality ratio to less than 70 per 100,000 live births
- 3.2 by 2030 end preventable deaths of newborns & under 5 children
- 3.3 by 2030 end AIDS, TB, Malaria, and combat hepatitis, waterborne diseases and other communicable diseases
- 3.4 by 2030 reduce by one third premature mortality from NCDs through prevention and treatment, and promote mental health & well being
- 3.5 Strengthen prevention & treatment of substance abuse and the harmful use of alcohol
- 3.6 by 2020 halve the global deaths and injuries from road traffic accidents

Rational planning QI cycle



"Do something about"

Universal Health Care

 Strong move to make health care services available to all people.

NHI= National Health Insurance

 Worldwide movement to make basic health care available to all

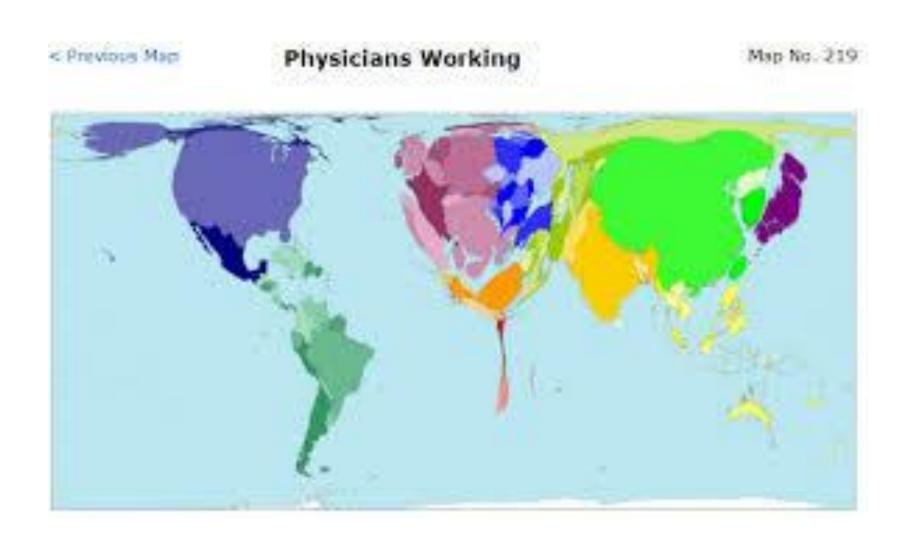
UHC



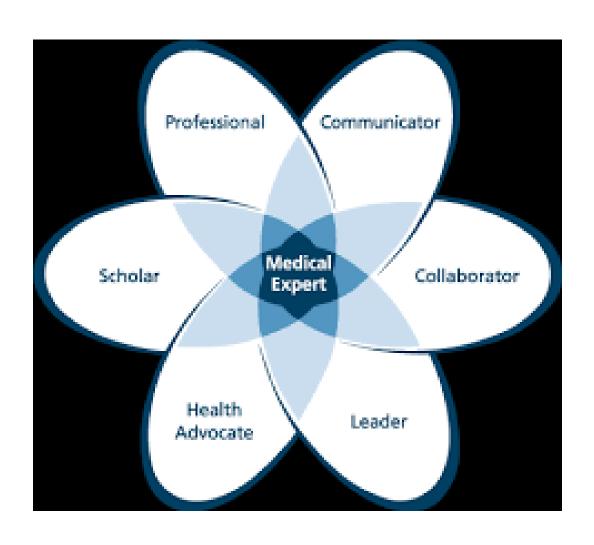
UHC

- A strong, efficient, well-run health system that meets priority health needs through peoplecentred integrated care
- Affordability a system for financing health services so people do not suffer financial hardship when using them
- Access to essential medicines and technologies
- A sufficient capacity of well-trained, motivated health workers

Doctors per population



Can Meds- HPCSA Competencies





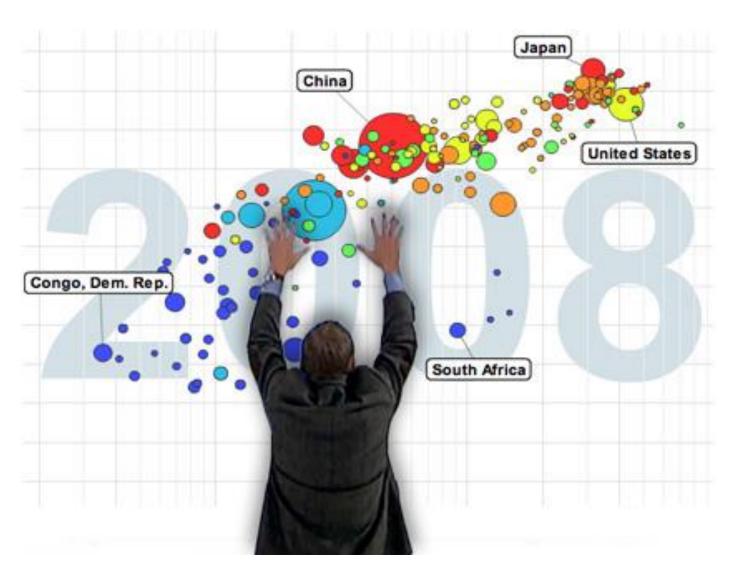
Has there been any progress?

Read the book Factfulness

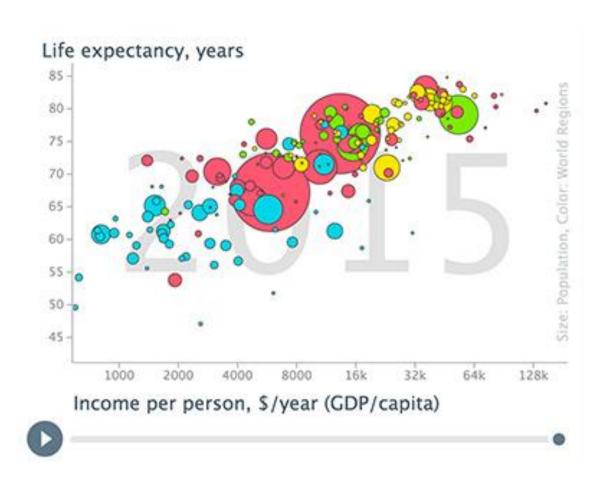
Study Gapminder www.gapminder.org/whc

Listen to TED talks of prof Hans Rosling

Gapminder

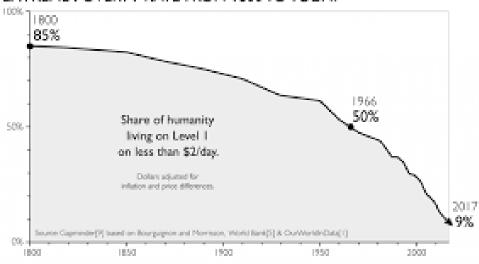


Income and health



Trend in extreme poverty

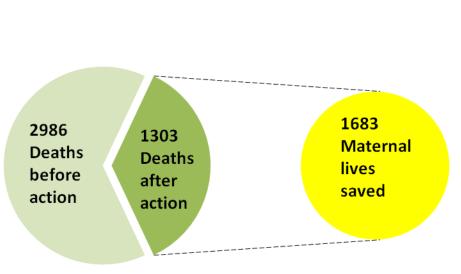
EXTREME POVERTY RATE FROM 1800 TO TODAY

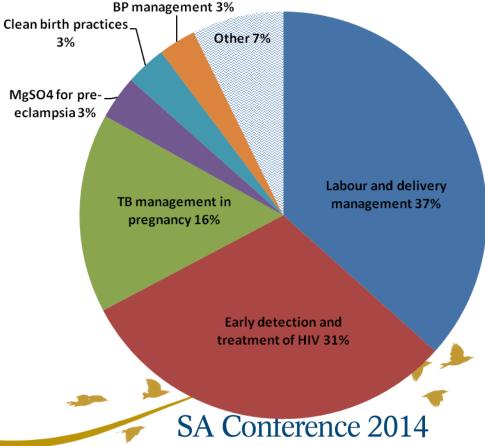


Specific actions for saving mothers lives (2014-2015) PRICELESS-SA.

HOW MANY MOTHERS DIE (TOTAL)

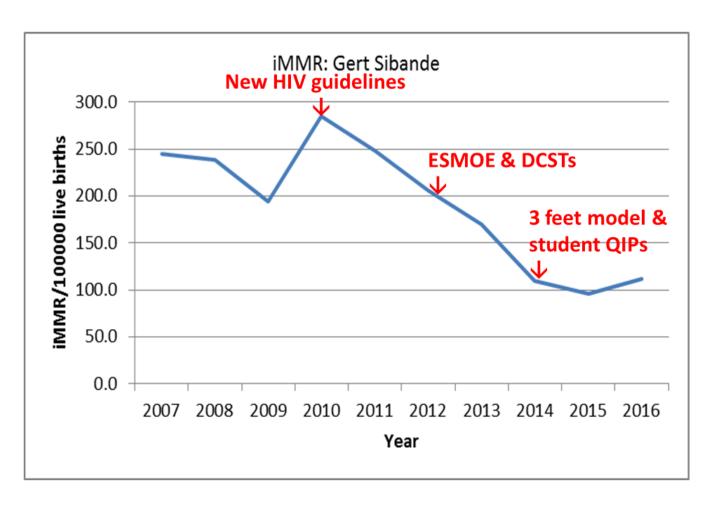
6 INTERVENTIONS ACCOUNT FOR 90% OF MATERNAL LIVES SAVED







Reducing maternal mortality GSD



Severe acute malnutrition (SAM) <5 years SAM case fatality

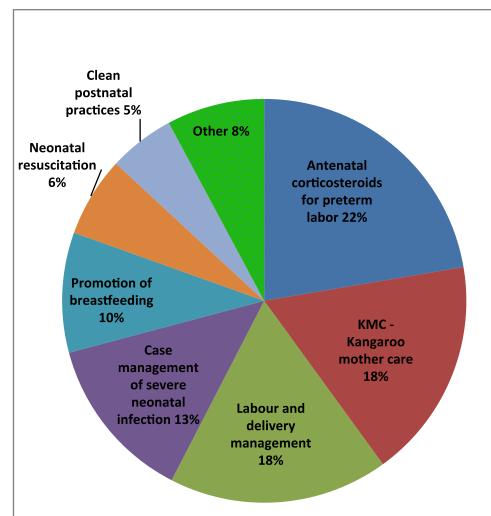


Specific actions for saving new-born lives (2014-2015) – Prof K. Hofmann & team

HOW MANY NEONATES DIE (TOTAL)



7 INTERVENTIONS ACCOUNT FOR 90% OF NEONATAL LIVES SAVED





HIV

- Worldwide about 40 million people with HIV
- In South Africa the biggest ARV treatment programme with about 4 million people on treatment
- Mortality due to HIV/AIDS has halved
- Infections of new born babies down to 1 %
- Still 2000 new infections per day

TB



TB kills

- Tuberculosis (TB) is one of the top 10 causes of death worldwide.
- In 2017, 10 million people fell ill with TB, and 1.6 million died from the disease (including 0.3 million among people with HIV).
- In 2017, an estimated 1 million children became ill with TB and 230 000 children died of TB (including children with HIV associated TB).
- TB is a leading killer of HIV-positive people.

HIV-TB

 Goal 3 of the Sustainable Development Goals (SDG) for 2030, describes the target of ending the tuberculosis epidemic by 2030

How realistic is this?

NCD's

- The International Diabetes Federation estimated that in 2017, 451 million adults worldwide had diabetes
- Approximately 50% of diabetes cases are undiagnosed globally, with the majority of these occurring in lowincome and middle-income countries
- In Africa, the proportion of undiagnosed diabetes is 69.2% and 77% of deaths due to diabetes in Africa occurred in individuals younger than 60 years of age.
- In SA diabetes caused about 8000 new cases of blindness and 2000 new cases of amputations annually

Health system reform

- District management teams
- Clinicians
- Administrators
- Public health specialists
- Integration

4R's

- 1 Report
- 2 Review
- 3 Record
- 4 Respond

CONSOLIDATED DEATH REPORT

1) REPORT: within 24hours

a)Internal = Institution

b)External = (Home affairs/Stats SA)

2) REVIEW: within 48hours

Institutional & DCST (M&M)& DCST)

3) RECORD

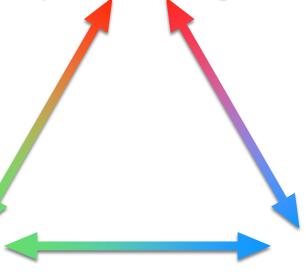
- a) Primary Cause of death
- b) Contributory
- c) Modifiable factors
- 4) RESPONSE TO MODIFIABLE FACTORS
 - a) Acute level (Hospital & EMS)
 - b)PHC level &Community level





Driver(s)

District Manager / CEO / Operational Manager

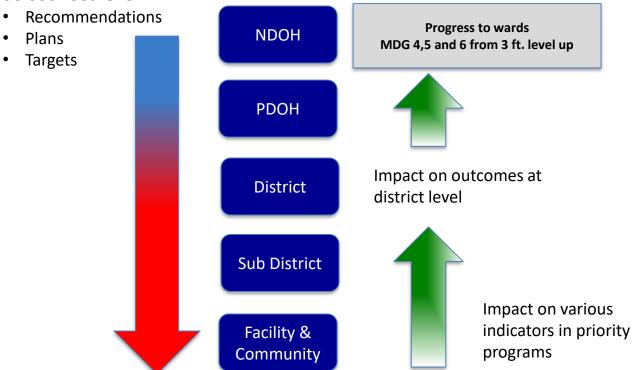


Navigator(s)

Information manager /
Health Programme expert /
Public Health expert

ExpertClinical





- Understand their indicators and targets
- monitor, and interpret their monthly data
- use it for action
- become accountable for quality of care

Available human resources

- District management teams
- Family physicians and other specialists
- Medical practitioners
- Clinical associates
- PHC and other nurses
- Allied health workers
- Social workers and SASSA
- CHW and WBOT teams
- Faith healers
- Sangoma's and herbalists

RE-engineering PHC by NDoH

District Clinical Specialist teams (DCST)

School health services

Community Health Workers (CHW) and WBOT

Employing private GP's as session doctors

RE-engineering PHC



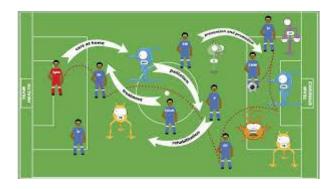
COMMUNITY ORIENTED PRIMARY CARE: ORIGINS AND HISTORY

AUTHOR: TESSA S. MARCUS

COPC

- Simply put, communityoriented primary care is the merger of frontline clinical medicine with public health.
- Living laboratory

AITA



COPC

- It integrates
- personal curative and preventive medical services,
- demographic study,
- epidemiologic investigation,
- community diagnosis,
- community organization,
- health education.

You want to practice medicine to the full?

 Do you treat the symptom, the illness or the person?

Do a 3 stage assessment

What is a person? What is your world view?

Whole person medicine



