Primary Health Care and my Engagement in Global Health

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Key Messages from Alma Ata

• The Right to Health – a Human Right
• Health for all
  – Irrespective of where people live
  – Irrespective of their social, economic, religious or ethnic background or their orientation
  – A requirement for development, peace and better quality of life
• Community participation – the key to health
• Equity in Health and social justice
• Intersectoral collaboration
• Access to prevention, promotion, treatment, care and rehabilitation within a locally sustainable framework
• Self reliance
How did we get there?
A FBO perspective
1960-ies Crisis of Western Approaches to Health Care...

• Young independent states taking over institutions…

• Lack of support to run big institutions…

• Health care was not accessible to the majority of people…
• New approaches needed…
• The people’s participation wanted
• Churches and communities must be involved in health care
The Christian Medical Commission and the Development of the

World Health Organization’s

Primary Health Care Approach

WHO

PHC (Alma Ata)

CMC

Maurice King / Uganda

Country Specific Examples (South Africa, India, China, Cuba etc.)
Best practice examples for PHC ...

Drs. Raj and Mabelle Arole, Founders of Jamkhed

Jamkhed: COMPREHENSIVE RURAL HEALTH PROJECT

http://jamkhed.org
PHC on a large scale – quickly got compromised..
### Selective PHC

- Growth monitoring
- Oral rehydration
- Breastfeeding
- Immunization
- Family planning
- Female education
- Food supplementation

### Reduced definition

1. Health Education
2. Food and Nutrition
3. Access to water and sanitation
4. Mother and Child Care
5. Vaccinations
7. Treatment of common illnesses and infections
8. Access to essential drugs

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1982: UNICEF

„7 interventions that will achieve results“

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From „health for all (PHC)“ to „Universal Health Coverage“ (UHC)

Primary Health Care
„Health for all“

Selectiv PHC

User Fees,

WB: Structural Adjustment

Von „health for all (PHC)“ zu „Universal Health Coverage“ (UHC)

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Alma Ata


HIV Pandemic
HIV-Epidemie – remembering PHC...

Many Home Base Care Programmes
Involvement of People living with HIV
TASO in Uganda,
Hospice Africa, Uganda
Primary Care in Zambia
Etc.....
HIV needs intersectoral approaches and participation of people affected by HIV made a difference
Not just recipients of care – but actors in health
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Von „health for all (PHC)“ zu „Universal Health Coverage“ (UHC)

PHC  selective PHC

HIV Pandemic

User Fees,

WB: Structural Adjustment

GFATM, PEPFAR, PMI, GAVI, Gates,

Safe Motherhood


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Year 2000:

Fig. 3. Countries with their size proportional to number of people on treatment in 2000 and 2014

2000

People receiving ART
- High
- Medium
- Low
- No data
- Not applicable

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Millenium Entwicklungsziele:
1. Globales Entwicklungsprogramm

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Global partnership for development
Year 2014

In other areas of health
Mitra* Primary Health Care Programme in Orissa

The Aim
A Healthy Community

The Process
People-Centred;
Nurse-Managed.

* = Friend

Dr Johnny Oommen
<table>
<thead>
<tr>
<th>Indicator</th>
<th>1995 (baseline)</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
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</thead>
<tbody>
<tr>
<td>Population covered by MIS</td>
<td>9,071</td>
<td>12,004</td>
<td>12,161</td>
<td>12,271</td>
<td>12,375</td>
</tr>
<tr>
<td>No. of villages covered in MIS</td>
<td>38</td>
<td>50</td>
<td>50</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Crude Birth Rate (per 1000 pop)</td>
<td>32.8</td>
<td>23.4</td>
<td>21.7</td>
<td>18.8</td>
<td>23.4</td>
</tr>
<tr>
<td>Crude Death Rate (per 1000 pop)</td>
<td>20.8</td>
<td>11.8</td>
<td>8.7</td>
<td>9.8</td>
<td>7.7</td>
</tr>
<tr>
<td>Infant Mortality Rate (per 1000 live births)</td>
<td>201.3</td>
<td>99.6</td>
<td>79.5</td>
<td>73.5</td>
<td>48.6</td>
</tr>
<tr>
<td>Under 5 mortality Rate (per 1000 live births)</td>
<td>295.3</td>
<td>138.7</td>
<td>106.0</td>
<td>103.8</td>
<td>86.8</td>
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<tr>
<td>Fever Deaths (actual numbers)</td>
<td>64</td>
<td>46</td>
<td>35</td>
<td>20</td>
<td>11</td>
</tr>
<tr>
<td>Fever Death Rate (per 1000 population)</td>
<td>7.1</td>
<td>3.8</td>
<td>2.9</td>
<td>1.6</td>
<td>0.9</td>
</tr>
<tr>
<td>Malaria Parasitemia Rate in Children under 5 years (%age)</td>
<td>-</td>
<td>58.6%</td>
<td>33.1%</td>
<td>27.1%</td>
<td>11.5%</td>
</tr>
</tbody>
</table>
People Centred Approaches

• Taken on from the HIV experience:
• SALT APPROACH
  ▪ S: Stimulate
  ▪ A: Appreciate
  ▪ L: Listen and Learn
  ▪ T: Transfer
• Based on appreciative inquiry approaches
• Starting with what is there rather than what is missing.
• A: appreciate
• S: Stimulate
• S: Strengthen
• E: Empower
• T: Transform
Von „health for all (PHC)“ zu „Universal Health Coverage“ (UHC)

PHC \(\text{selective PH} \rightarrow\text{Health Sector Reform} \rightarrow\text{Health Systems - UHC} \rightarrow MDG \rightarrow SDG \rightarrow\) 

HIV Pandemic, Malaria, TB, \(\text{Ebola}\), \(\text{NCD, NTD, uva.}\)

User Fees, \(\text{GFATM, PEPFAR, PMI, GAVI, Gates,}\)

\(\text{Safe Motherhood}\)

Alma Ata

1978 \(\rightarrow\) 1980… \(\rightarrow\) 1990… \(\rightarrow\) 2000 \(\rightarrow\) 2015

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Fig 2 - Map of Ebola virus outbreaks 1976-2014 (Centers for Disease Control and Prevention).
And even in Epidemics...
Community Approach Framework

Community

Household

- Family members may need to place the suspect patient in a shelter outside the house while awaiting admission to a HCF/ETU

Community shelter

Community health worker

Health Care Network (Health Clinic and Health Center/Hospital)

Triage (separate for maternity)

Ebola and Non-Ebola patients

Suspect/Probable EVD Priority to transfer to ETUs if wet or unwell

Discharge recovered patients

General care zone

Clinic area

In-patient ward (including maternity)

Holding Space

Ebola Treatment Unit (ETU)
Results of Community Engagement

• 4154 Volunteers trained
• Active in 8 of 15 districts
• 200,000 households -
• 2.0 Mio people reached
• Supported by 37 health facilities
• 2929 cases with fever discovered and isolated
• 1297 deaths registered
Community participation and locally owned health services are at the heart of PHC
UHC: Leaving no-one behind

Health System Strengthening:
- Health Financing,
- Human Resources for Health;
- Access to drugs, diagnostics; Infrastructure,
- HMIS and Data leading to evidence;
- Health Policy,
- Service Provision

PHC: 5 Pillars,
- Community participation,
- Equitable distribution
- Intersectoral collaboration
- Prevention, promotion and care
- Use of appr.technology

Health as a human right – compassion ate care
Thank you