



و ما توفيقى الا بالله عليه
توكلت واليه انيب

سورة هود (اية 87)

صدق الله العظيم

Primary Health Care

Prof. Lamia Dhia AlDeen



[Http://maomao520.yeah.net](http://maomao520.yeah.net)

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 1st referral level**

Tertiary health care

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

The Basic Requirements for 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**

Prof Lamia Dnia ALDeen

Availability

- Availability of medical care means that care can be obtained whenever people need it.

Prof Lamia Dhia ALDeen

Assessability

- Assessability means that medical care can be readily evaluated.

Prof Lamia Dhia ALDeen

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.

— PHC requires **a comprehensive approach** that is based on the

following interventions :- **Promotive** — addresses basic causes of ill-health at the level of society.

• **Preventive** — reduces the incidence of disease by addressing the immediate and underlying causes at the individual level.

•

- **Curative** — reduces the prevalence of disease by stopping the progression of disease among the sick.
- **Rehabilitative** — reduces the long-term effects or complications of a health problem.

Because resources for health care are always limited, health planners should first focus on strengthening health centers and medical posts rather than referral hospitals.

Providing basic level health care at health centers and health posts or dispensaries is more cost-effective, whereas services at referral hospitals are more costly since they are delivered by personnel with more advanced training

Continuity

- **Continuity of care requires that the management of a patient's care over time be coordinated among providers.**

PRIMARY CARE IN THE HEALTH CARE SYSTEM

Problems with the health care services

- **Urban oriented**
- **Curative in nature**
- **Accessible to small part of people**

Common short-comings of Health care delivery:

1- Inverse care

2- Fragmented care

3- Unsafe care

4 –Misdirected care 5-Lack of social protection, unaffordable care

- **Today, people worldwide are dissatisfied with existing health systems. One of the greatest worries is about the cost of health care. This is a realistic concern since 100 million people fall into poverty each year paying for health care. Millions more are unable to access any health care.**

Prof Lamnia Dhiya ALDdeen

- **Excessive specialization in rich countries.**
- **Single disease focused programmes in poor countries .**
- **Most of resources are spent on curative services .**
- **Neglecting prevention & health promotion .**
- **Growing challenges of aging population**
..

Prof Lamia Dkhia ALDeen

- .

Pandemic of chronic disease .

-New emerging disease such as SARS. Swine Flue

- Impact of climate changes

Primary Health Care

PHC originally meant the first care given to a patient in need. In this sense every traditional “medicine man” gives PHC and so does every doctor working in general practice in Europe and elsewhere.

Until the 1950s and beyond, and even now in some places, PHC was understood in this sense. It was an extension of basic medical curative services into rural or under-doctored areas.

To extend some curative services into under-privileged areas where there were few doctors or hospitals, various types of auxiliary health worker were trained and placed in dispensaries or treatment centers.

Prof Laila Drid ALDeen

- Many types of workers were trained e.g. dispensaries, dressers; these workers usually had a few years of primary schooling before a period of training. They were provided with a few simple drugs in their outposts and treated patients who came to see them. At the same time, a more elaborate training of secondary school leavers created another class of auxiliary health workers, usually called medical assistants or clinical assistants.

Prof Lailia Dhiya ALDeen

- **These auxiliaries were originally trained to work strictly under the supervision of doctors in hospitals, outpatients, and urban clinics. Later, in the 1960s when the health center idea became popular, these health workers were seen as “team leader” and placed in charge of health centers. At this period some preventive functions were added to their mainly curative work.**

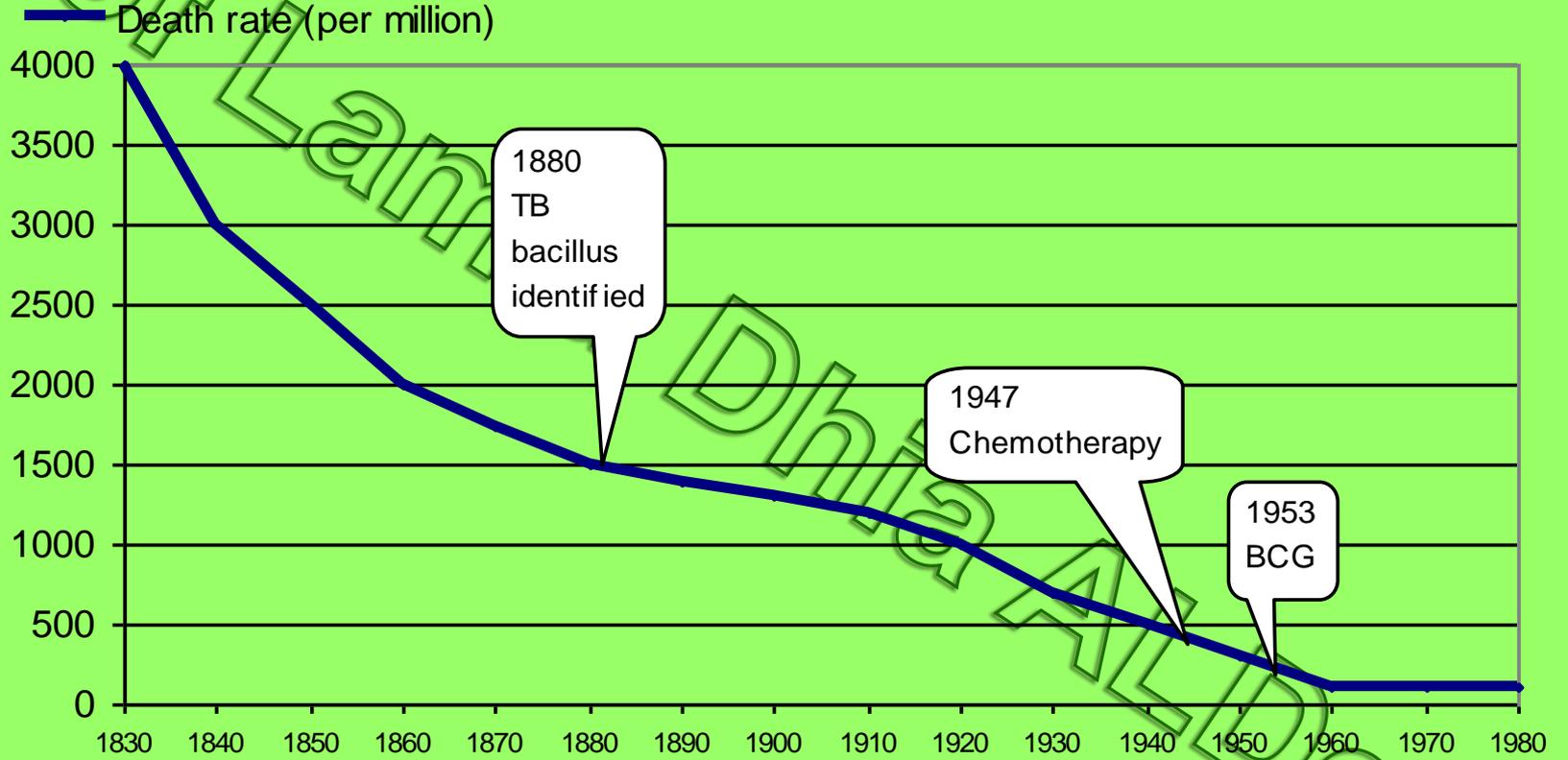
During this period of PHC, there was the idea of substitution or second best. The ideal was seen as treatment by a doctor or in a hospital, but where this ideal was unobtainable, the common conditions could be treated by an auxiliary.

Prof Lamia Dalia ALDeen

- **In the new concept of PHC the auxiliary is the key person. He dose not substitute and there is no substitute for him.**

- Prof Lamia Dhiya ALDeen
- It is now recognized that medical care is different from health care.
 - In the medical care model → Help after illness
 - In the health care model → Prevent disease and health promotion
 - Example for medical care; Dispenser + Cases of hook worms
 - Example for health care; TB in Europe (A good clean environment brings health to people)

Prof Lam
Dhira ALBdeen



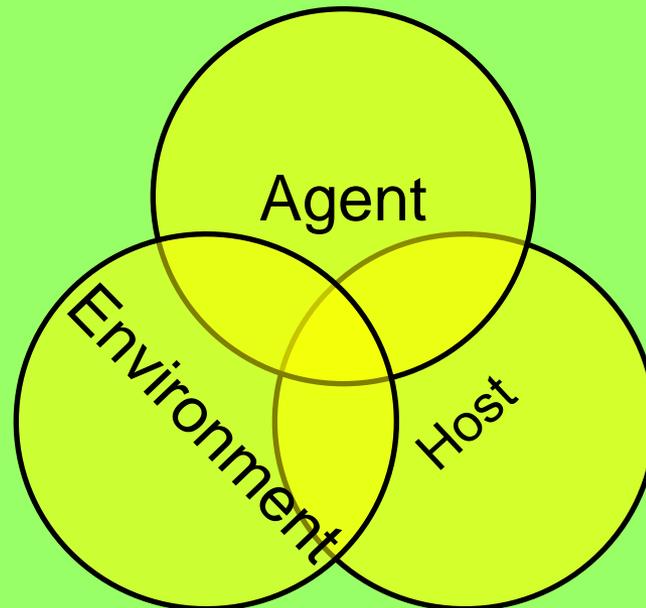
We are not only dealing with curing the disease but we want to prevent it and keep the people healthy; as providing promotive, preventive, curative, and rehabilitative services accordingly. This is because of the following aspects;

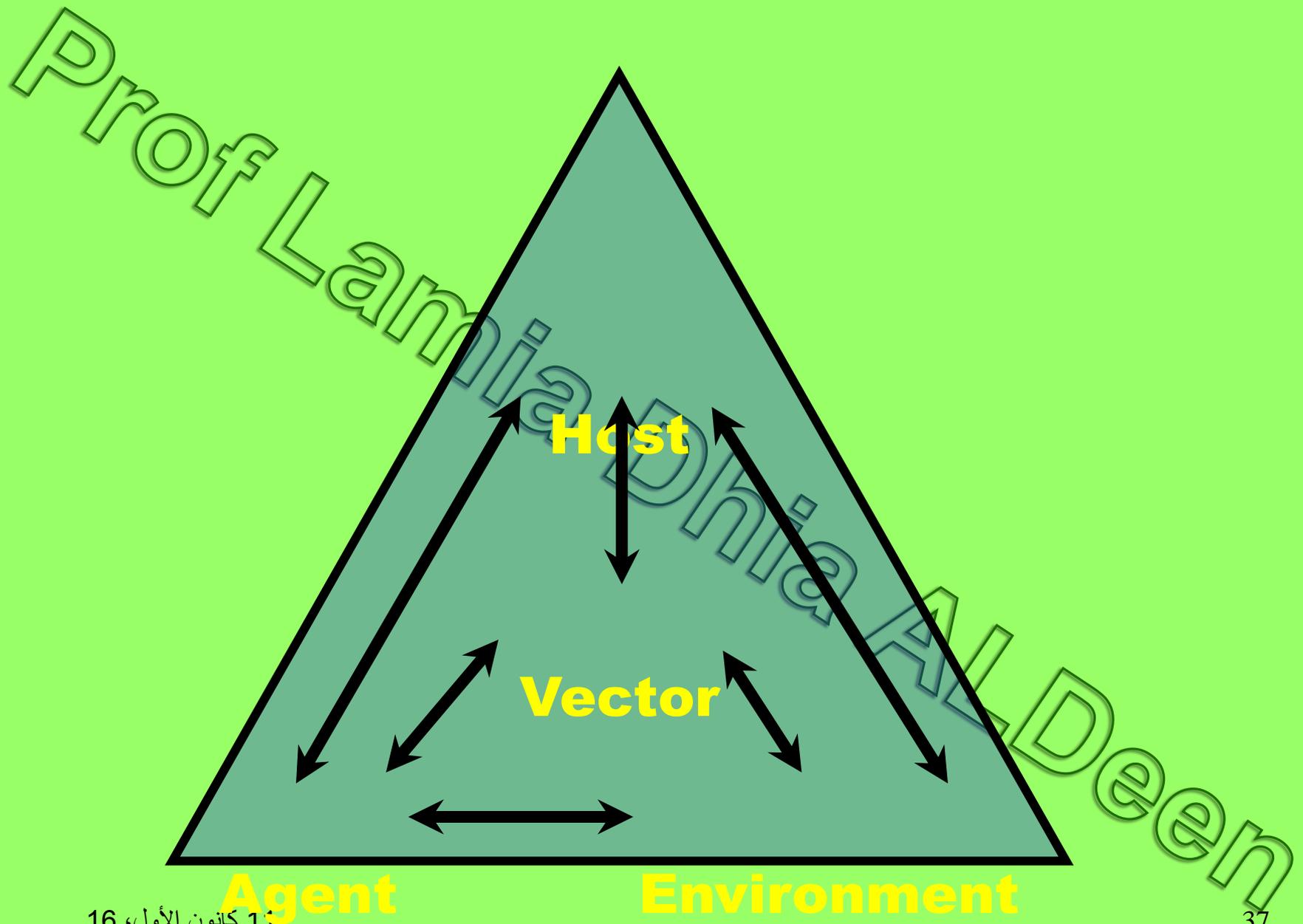
Immunization:

- **With vaccination certain diseases can be prevented as TB, (cost of full course of treatment is about 150 \$ during the six months, and patient is tired, ill, and can not go to job so he will have decreased productive ability, and there is a chance of infecting other family and job contacts, while the vaccination can prevent this and the cost is about 1/2 \$ only)**

Infectious diseases

- There are certain diseases in the community like infectious diseases that have the ability to spread from person to person so we can prevent this spread





Universality

- **Certain disease can be controlled in one area or country but must be controlled in the whole world (malaria that is transmitted by Anopheles mosquito which has no geographical boundaries to fly from one region to another or from one country to another**

Universality

By the action of WHO, small pox was successfully eradicated from the world at the end of 1978, By mass vaccination.. . and by global International commitment by all countries in the world.

Now WHO attempts to eradicate polio & measles, also

Nutrition

- **Certain diseases in which the nutrition have a role prevented by good diet provided, change of habit, socio-economic state**

Environment

- **Certain diseases related to environmental pollution and hazards, and these can be prevented as those have an effect on ozone layer, toxic materials, poison, radiation...**

Habits

- **Certain habits like smoking, alcoholism that have a bad effect on human himself that can stopped by certain measures such as change habits, life style, or health education to prevent the diseases that arise from them (Lung cancer, CVA, Ischemic heart disease, etc...)**

Social

- **Social standards and conditions, low socio-economic level related to increase in certain diseases as a result of low education, poverty, decrease immunity, less oriented regarding health**

So in summary, the action of human being to attain health and remain healthy aimed at;

- **Keep the environment safe**
- **Enhance the immunity to infections**
- **Behave healthfully, (stop smoking, avoid Road Traffic Accidents "RTA"), eat wisely**
- **Maintaining good nutrition (nutritional deficiency → ← Infections & increase metabolic demand) (over nutrition → ← Obesity → IHD, DM, & Ca)**
- **Having wellborn children**
- **Providing health care and care for the sick**

Difference between medical care and PHC

The medical care system	The PHC approach
The medical system is vertical, i.e. separate from other government departments	This functions best through intersectoral co-operation
A curative system, emphasizing treatment and drugs, doctors and hospitals or auxiliaries and dispensaries	Mainly preventive and promotive. emphasizes water, sanitation, immunization, nutrition, and health education
Emphasizes improved technology and specialization	Emphasizes common conditions, at risk group, and reduction infant mortality
Treats individuals who are sick	Helps healthy people in the community to prevent sickness as well as treating the sick
Auxiliaries are regarded as substitute for doctors	Auxiliaries are the main agents of health promotion and change

Health is seen as a technology brought in from outside	Health promotion is a family and community activity
Discourages traditional medicine and ignores culture	Encourages the health positive aspects of traditional medicine and culture
Is expensive, with a strong bias towards urban areas and hospitals	Is less expensive with a bias towards equal distribution, rural areas and the urban poor
Often paid for by central government finance	Partly supported by community self-reliance
Causes the patient to be dependent on the doctor, nurses, and health service	Helps the individuals and communities to become more capable of looking after themselves

The limitations 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 → increase shortage of doctors in developing countries.

The more medical science developed, the less appropriate it became to the basic needs of people (sophisticated technologies practices in urban teaching hospitals were recognized as irrelevant to the health needs of people).

3-Development of drug resistance: Drug is only short term solution + The increased inflation of drug prices → Emphasis on preventive aspects.

Obstacles to PHC:

1-Political resistance: There should be;

-Strong political support

-Firm national strategies”

2-Professional group (e.g. breast feeding among doctors)

3-General public (e.g. religious leaders against vaccination of polio)

4-Medical industries (private medical industry, powder milk industry)

Primary Health Care (PHC)

In 1978 the WHO organized a conference (Assembly) at Alma-Ata (Town in Tajikistan of the previous USSR) where the first call for "Health for all by the year 2000" was made. This was followed by the Alma-Ata Declaration in 1978, which basically meant that individual should attain a level of health would enable them to earn their livelihood that mean a high optimal level of physical, mental and social wellbeing and high productive life. All these can be achieved through simple preventive measures (PHC)



Alma-Ata declaration

- **1978 international conference on primary care reaffirmed HFA as social goal of the governments can be achieved by primary health care**

**Essential health care provided to all individual that is accessible, affordable and acceptable
With their own participation**

Characteristics of PHC:

- PHC is the essential health care which is based on practical scientifically sound socially acceptable methods and technology (**Appropriate technology**)

Community participation

The community can and should participate in provision of health program through certain steps to be responsible for health and welfare for themselves and they should know about their health problems and composition of the community; they can be what is called influential people help in the community;

HEALTH FOR ALL 2000

(WHO, 1981)

- **“The main social target of governments and of WHO should be the attainment by all the people of the world by the year 2000 of a level of health which would permit them to lead a socially and economically productive life.”**



Medical care versus Health care

- **Medical care: personal services provided by physicians**
- **Health care: services provided to individuals or communities by health service professionals for purpose of**
 - Promoting
 - Maintaining
 - Monitoring
 - Restoring health

PRIMARY HEALTH CARE (WHO)

- “the essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at each stage of their development, in the spirit of self-reliance and self-determination”

Prof Lamia Dhia AlDeen

- The ultimate goal of primary health care is better health for all. The WHO has identified five key elements to achieving that goal:^[5]
- reducing exclusion and social disparities in health (universal coverage reforms);

- organizing health services around people's needs and expectations (service delivery reforms);
- integrating health into all sectors (public policy reforms);
- pursuing collaborative models of policy dialogue (leadership reforms); and
- increasing stakeholder participation

Prof Lamia Dina Al-Deen

- Different primary health care approaches have evolved in different contexts to account for differences in availability of resources and local priority health problems

- One selective PHC approach is referred to collectively under the acronym “**GOBI-FFF**”. These are strategies that are being adopted to improve maternal and child health as part of primary care, especially in
- low income countries burdened with high infant and child mortality. Respectively they include¹

Prof Lamia Dhia ALDeen

- *Growth monitoring* - to prevent most child malnutrition before it begins
- ORT to combat dehydration associated with diarrhea .
- Breast Feeding
- Immunization

Prof Lamia Dhiya ALDeen

- Family Planning (birth spacing)
- Female Education
- *Food supplementation* - e.g. iron and folic acid fortification/supplementation to prevent deficiencies in pregnant women
-

Prof Lamia Dina Al Deen

- **PHC and population ageing**
- Given global demographic trends, with the numbers of people aged 60 and over expected to double by 2025, PHC approaches have taken into account the need for countries to address the consequences of population ageing.

- In particular, in the future the majority of older people will be living in developing countries that are often the least prepared to confront the challenges of rapidly ageing societies, including high risk of having at least one chronic non-communicable disease, such as diabetes and osteoporosis.^[8] According to WHO, dealing with this increasing burden requires health promotion and disease prevention intervention at community level as well as disease **management strategies within health care systems**

- **PHC and mental health**
- Some jurisdictions apply PHC principles in planning and managing their health care services for the detection, diagnosis and treatment of common mental health conditions at local clinics, and organizing the referral of more complicated mental health problems to more appropriate levels of mental health care.
- **According to World Health Organization, mental health disorders are the fourth leading cause of ill health in Iraqis over the age of 5 years.**







Maternal mental health

Worldwide about 10% of pregnant women and 13% of women who have just given birth experience a mental disorder, primarily depression. **In developing countries this is even higher**, i.e. 15.6% during pregnancy and 19.8% after child birth. In severe cases mothers' suffering might be so severe that they may even commit suicide. In addition, the affected mothers cannot function properly. As a result, the children's growth and development may be negatively affected as well. Maternal mental disorders are treatable. Effective interventions can be delivered even by well-trained non-specialist health providers.

Child and adolescent mental health

Worldwide 10-20% of children and adolescents experience mental disorders. Neuropsychiatric conditions are the leading cause of disability in young people in all regions. If untreated, these conditions severely influence children's development, their educational attainments and their potential to live fulfilling and productive lives.

Providing mental health services in primary healthcare involve:- :

1. diagnosing and treating people with mental disorders.
2. putting in place strategies to prevent mental disorders .
3. Ensuring that primary healthcare workers are able to apply key psychosocial and behavioral science skills, for example, interviewing, counseling and interpersonal skills, in their day to day work in order to improve overall health outcomes in primary healthcare.

Prof Lamia Driha Aldeen

- A good health system delivers quality services to all people, when and where they need them. The exact configuration of services varies from country to country, but in all cases requires a robust financing mechanism; a well-trained and adequately paid workforce; reliable information on which to base decisions and policies; well maintained facilities and logistics to deliver quality medicines and technologies.

Prof Lamia Dnia AlDeen

- A well functioning health system responds in a balanced way to a population's needs and expectations by:
 - improving the health status of individuals, families and communities
 - defending the population against what threatens its health

- protecting people against the financial consequences of ill-health
- providing equitable access to people-centered care
- making it possible for people to participate in decisions affecting their health and health system.

Elements of primary health care

- Health education
- Promotion of food supply and proper nutrition
- Safe water supply
- Maternal and child care
- Immunization
- Prevention of endemic diseases
- Appropriate treatment
- Provision of essential drugs

The PHC Circle



- *School health services*
- *Promotion of mental health*
- *Oral health program*
- *Non communicable disease (chronic diseases, DM, CHD, CVD)*
- *Health of the elderly*

PHC is both

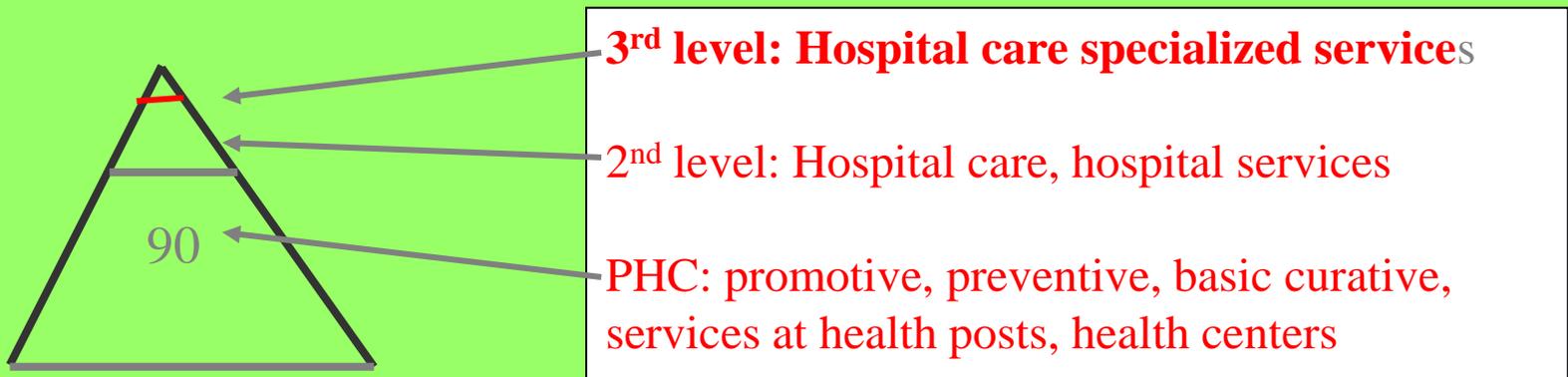
- Approach & - Concept

Approach: Emphasis on comprehensive (curative, preventive, promotive, rehabilitative) which should be developed with the population even in remotest areas of the country.

Concept: Emphasis on health related activities (nutrition, sanitation, housing, safe water) which are outside the traditional responsibilities of MOH.

PHC only successful if it is integrated with socio-economic development of population with maximum individual and community reliance and participation.

To support PHC, MOH has to re-allocate their resources and reorient and reorganize the existing management structure.



Principles of primary health care

- **Equity of distribution**
 - **Health services must be shared by all people** irrespective of their gender, age, , color, urban/rural location and social class
- **Community participation** in order to make the fullest use of local, national and other available resources.
 - **Financial and man power wise**
 - **Let them promote their own health**
- **Intersectoral coordination**
 - **Education, housing, agriculture,ect....**
- **Appropriate technology**
 - **According to need not on demand**

Other important attributes of primary care

- **First contact care**
- **Accessibility**
- **Continuity**
- **Case-management (responsibility for coordinating all the care that a person needs)**

PRINCIPLES OF PRIMARY CARE

- The doctor-patient relationship is central to what we do as family physicians
- The practice of family medicine is community-based
- The family physician is a resource to a defined population
- The family physician must be a skilled, effective clinician

Level of activities in PHC:

- 1. Home level:** The activities are provided to individuals at home (father, mother, children, relatives as grandfather, grandmother, neighbours) by individuals like health workers (H.W.), health visitors (H.V.), community health visitor (C.H.V.), and Traditional birth attendants (T.B.A.)

Level of activities in PHC:

2. Communal level: The activities are provided to the community by non-governmental organizations (NGOs), Like Women unions.

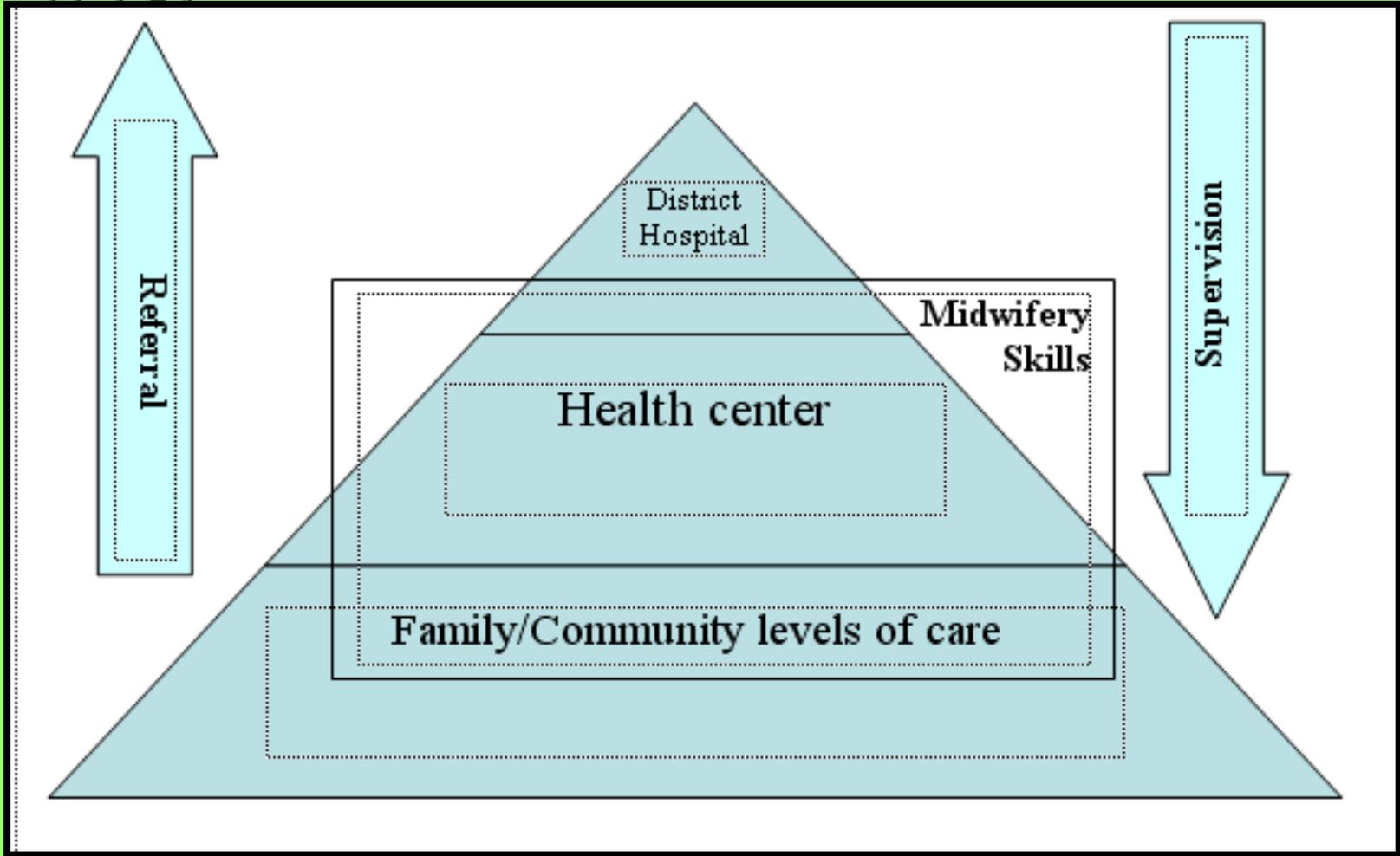
Level of activities

3. Health services level:

a- **The first care level** (Health center, sub center, Dispensary),

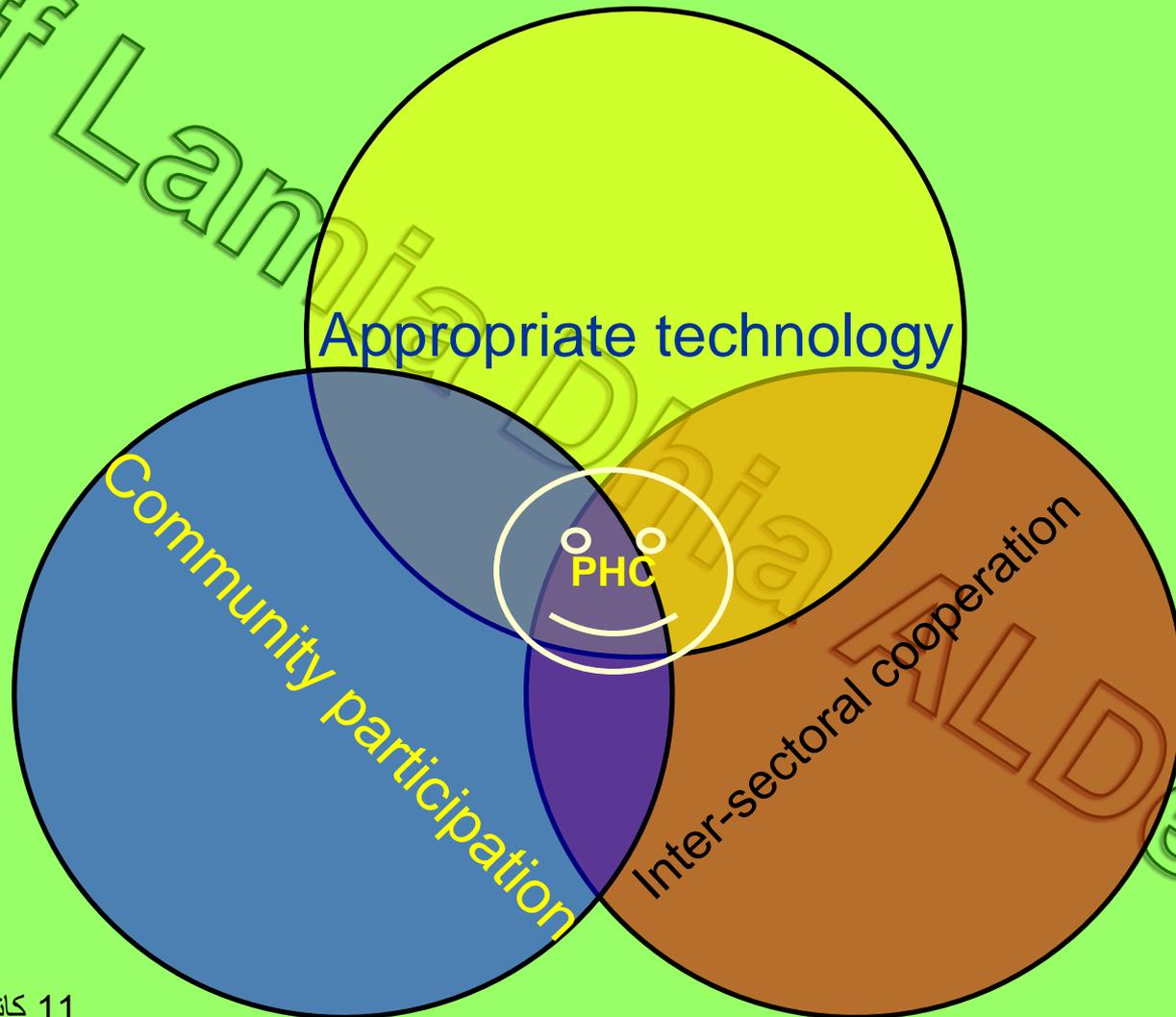
b- **Referral level** (to General Hospital → Specialized Hospital → Highly Specialized Hospital)

Pro



5

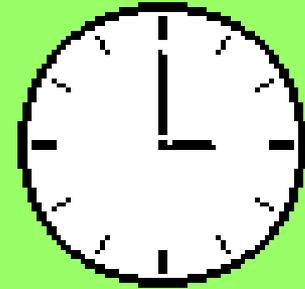
Pillar in PHC



Pillar in PHC

- **The appropriate technology:** That mean safe, easy, available, acceptable, not costly
- **Community participation:** The community can be and should be involved in the activities of PHC, and can participate in practice of health, social-welfare in order to make them active agents regarding their health
- **Inter-sectoral cooperation:** All the activities should be directed towards health, and other sectors have activities regarding health but they are not part of health system

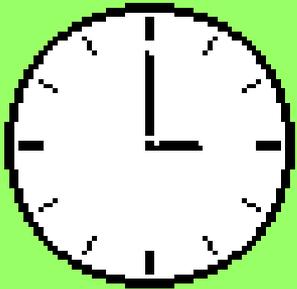
PHC is;



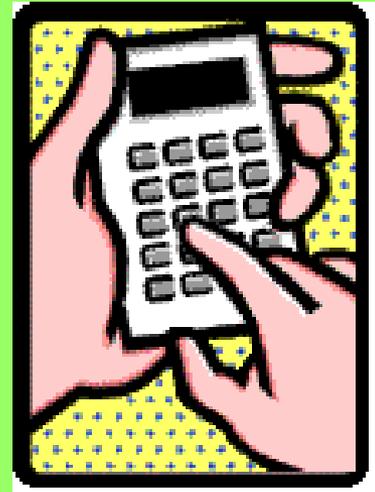
**The first contact
with health care
system**

PHC is;

**Accessible and
acceptable to all
population**



PHC is;



**Feasible for
countries with
low income**



PHC is;



**Reach all people
especially in rural areas
and urban slums**

PHC is;



**Ensure
community
participation**

PHC is;

Use

**appropriate
technology**



PHC is;



**Require cooperation
of other health
related sectors**

Support needed at various levels of PHC:

- **Planning of health care delivery in its multiple dimensions**
- **Defining of appropriate curricula for the training and in-service training of all categories of health personnel using modern educational methodology**
- **Establishing of carefully planned schedule for provision of supplies and equipment and provision of the right type of logistic support**
- **Organizing on a straight basis of a system of maintenance of vehicle and equipment of all kinds**

Inter-sectoral cooperation

PHC activities require joint efforts of health sector and other health related sectors to provide their activities. This means that most of the abilities in the community should put their efforts on the health of the population to affect health at various levels, and they are not part of medical system.

- **Safe water supply sector**
- **Sewage disposal sector**
- **Refusal disposal sector**
- **Electricity supply sector**
- **Ministry of Trade** → food, supply, and equipments
- **Ministry of Education** → raise the general level of education in the community, eradicate illiteracy, as the educated population value health and maintain health better than illiterate population
- **Ministry of Agriculture** → Food, fresh vegetables, and fruits etc..
- **Ministry of Higher Educations** → graduating doctors, engineers, etc...
- **Ministry of Transport** → transporting in and out all foods and goods etc..

Prof. I

Primary Health Care – Definition

- ***Primary Health Care*** is the first level of contact with the health system to promote health, prevent illness, care for common illnesses, and manage ongoing health problems.

Dr. AL Deen

Primary Health Care- Definition

- Primary Health Care includes:
 - Primary Care (physicians, midwives & nurses);
 - Health promotion, illness prevention;
 - Health maintenance & home support;
 - Community rehabilitation;
 - Pre-hospital emergency medical services; &
 - Coordination and referral to other areas of health care.

Primary Health Care – Definition

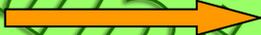
- Primary Health Care is different in each community depending upon:
 - Needs of the residents;
 - Availability of health care providers;
 - The communities geographic location; &
 - Proximity to other health care services in the area.

Primary Health Care - Benefits

- PHC focuses on keeping people healthy & addressing illness early so as to increase probability of cure;
- PHC is client focused;
- Individuals have access to appropriate care;
- Services are matched to community needs;
- Targeted services will have a positive impact on the utilization of health and social services.

Primary Health Care Reform

Medical model

- Treatment 
- Illness 
- Cure 
- Episodic care 
- Specific problems 
- Individual practitioners 
- Health sector alone 
- Professional dominance 
- Passive reception 

Primary Health Care

- Health promotion
- Health
- Prevention, care, cure
- Continuous care
- Comprehensive care
- Teams of practitioners
- Intersectoral collaboration
- Community participation
- Joint responsibility

Strategies to PHC:

- 1-Intersectoral co-operation:** PHC programs should be set in a context of integrated development; housing, transport, agriculture, communications, education, etc..
- 2-Basic infrastructure:** Some basic health facilities should be established within reach of every family. This distance will depend on terrain, roads, and available transport. but an acceptable average walking distance is usually taken to be 5 Km.
- 3-Referral system:** The health facility need to be connected through a referral mechanism to the hospital service.
- 4-Auxiliary health workers:** Need to be trained to work in the health facilities.
- 5-Village health workers:** Need to be trained to work in the community.
- 6-Traditional medical system:** Researches is needed into the effectiveness of some traditional remedies. Training of TBAs is proving successful co-operation with and training of other traditional medical workers should be encouraged.
- 7-Health education:** Is fundamental to PHC. Only through understanding the basis of a healthy life, can people make rational decisions concerning their needs and life style.
- 8-Community participation:** Each community should be involved in the PHC services through the functioning of an active responsible health committee.
- 9-Health care should be relevant to the main health problems of each community.**
- 10-Essential drugs for treating common conditions should be provided.**
- 11-Cost-effective and self-reliant:** As a country and community develops, the provision of health care should grow. That is, the level of health care should reflect the total development and be within the means of the community.

PHC

```
graph TD; PHC((PHC)) --- Agriculture[Agriculture:]; PHC --- Water[Water:]; PHC --- Education[Education:]; PHC --- Comm[Commerce & Industry:]; PHC --- Transport[Communication & Transport:];
```

Agriculture:

- *Investing in small-holder agriculture
- *Recognizing and supporting the role of women in food production
- *Incorporating nutrition promotive activities into agriculture project
- *Planning for adequate food production and not only cash crops

Water:

- *Investing in water development and ensuring easy access
- *Planning for adequate water for household use as well as cattle, irrigation and industry

Education:

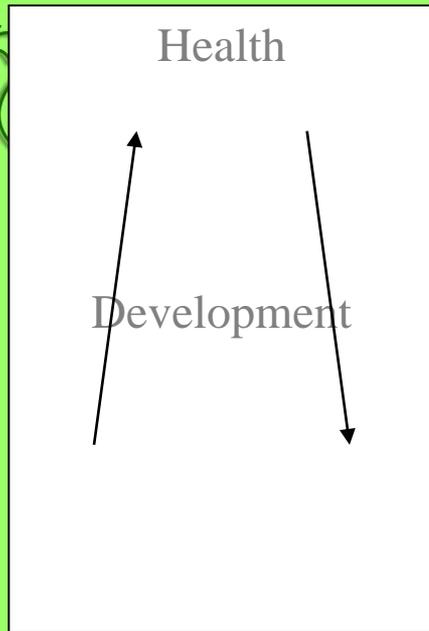
- *Planning for training of requisite to number and type of health workers, agriculture, and water technicians
- *Curriculum development and reform in training institutions
- *Supporting health education and child to child programs in schools
- *Promoting literacy programs especially functional literacy
- *Investing in the production of relevant texts for all health education activities

Commerce & Industry:

- *Equitable supply of food & drugs
- *Regulating price Planning for industrial production of basic necessities (clothing, milling, cement, hard ware)
- *Planning establishment of health related industry (pharmaceuticals, equipment)

Communication & Transport:

- *Planning for infrastructure of roads and communication network
- *Supporting community self-help projects for feeder roads
- *Investing in radio programs for distance learning



- **Increase income**
- **better nutrition**
- **better housing**
- **better education**
- **better access to health services**

Pr
nia
Dnia ALDeen

This bottom-up approach can not be minimized, as it constitutes the key to success e.g. as community health workers e.g. TBA.

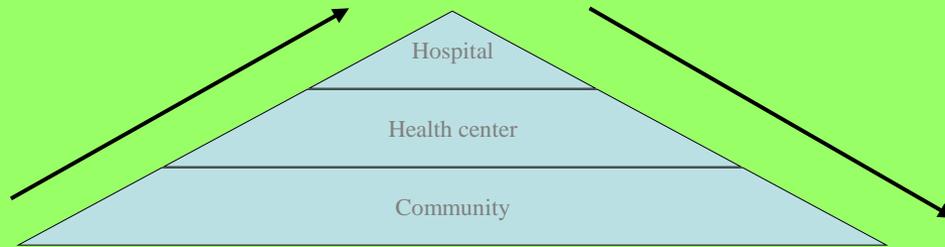
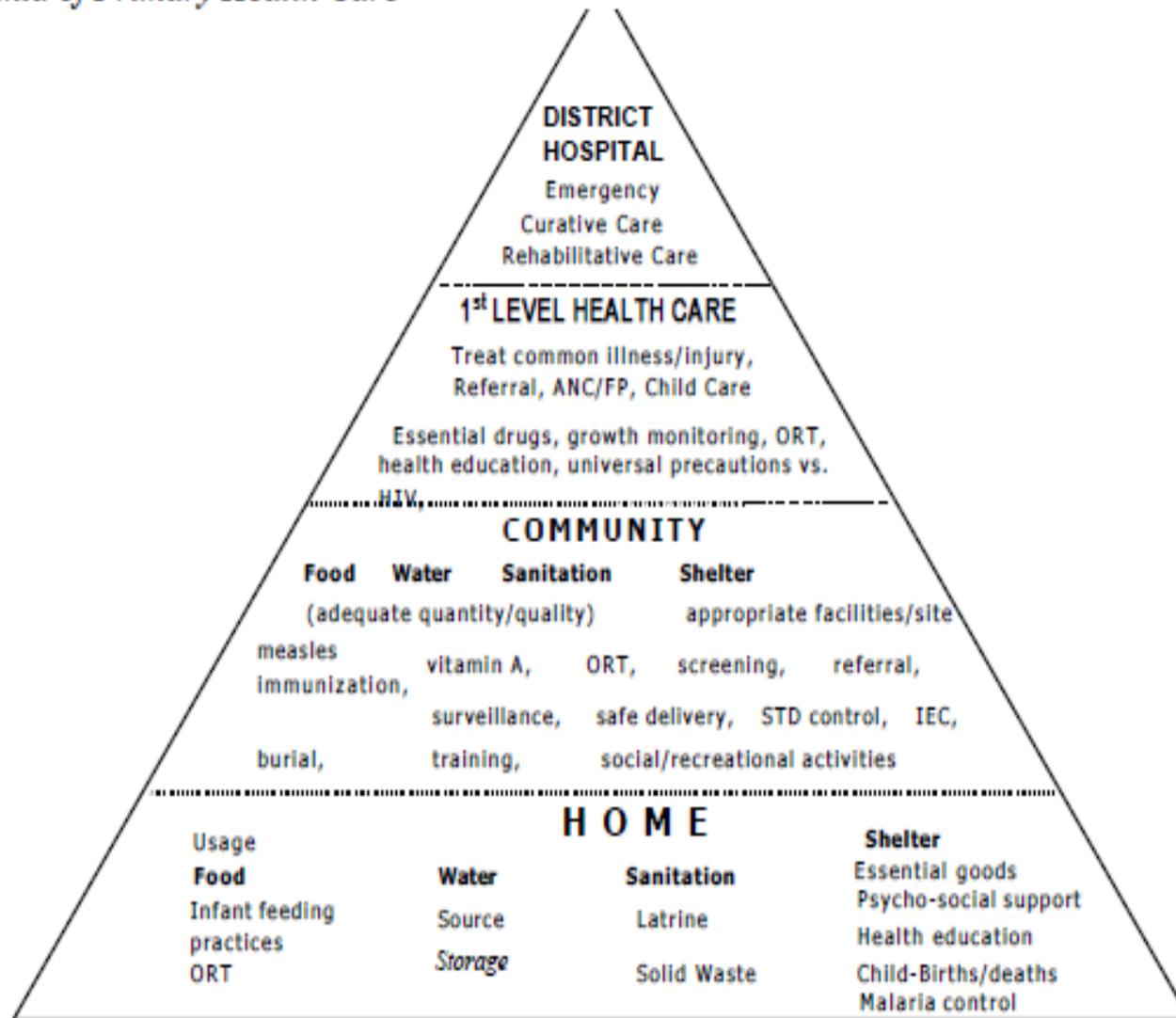


Figure 8-1: Pyramid of Primary Health Care



5. **Health Promotion and Prevention** — PHC requires a comprehensive approach that is based on the following interventions:

Table 8-2: Comprehensive Framework of Primary Health Care

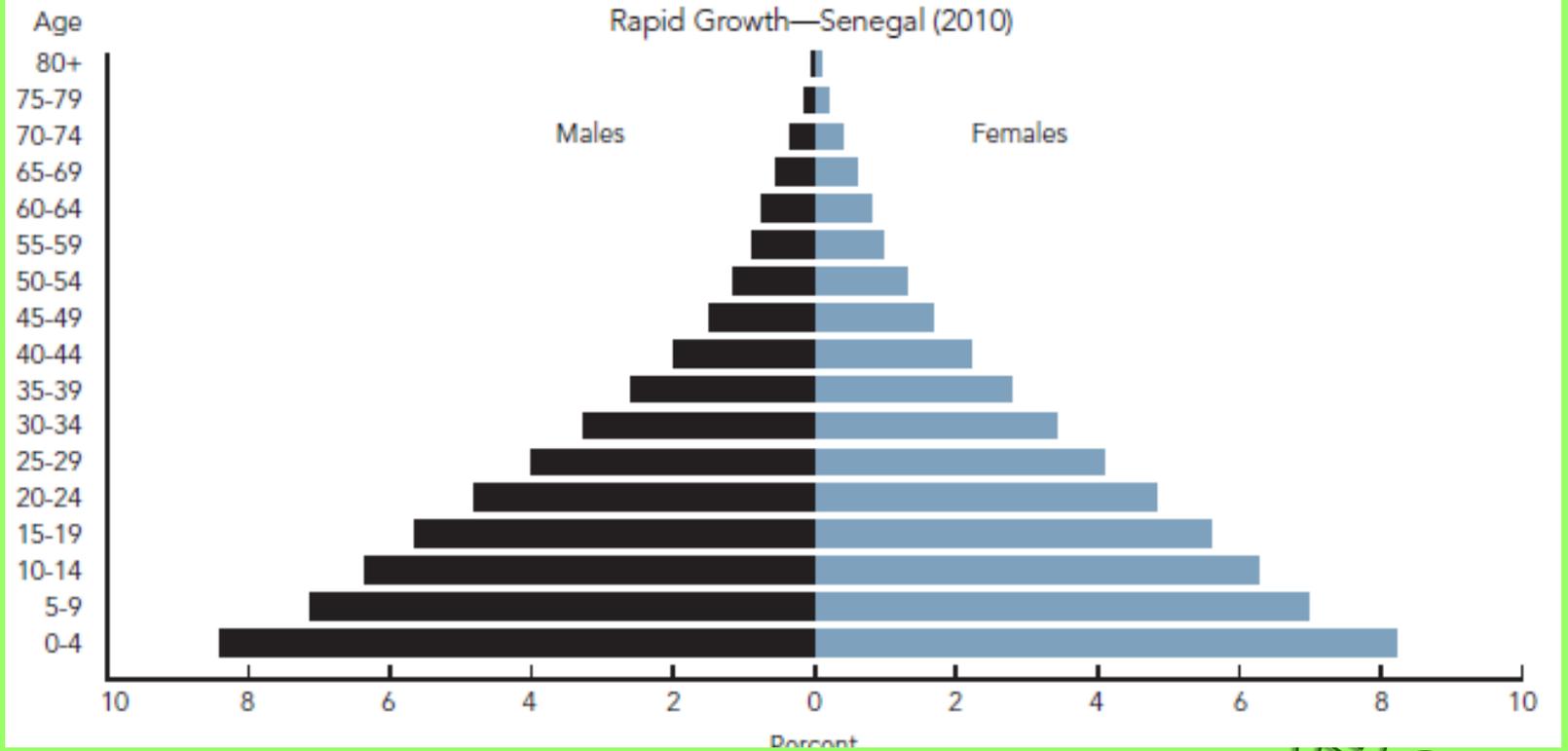
DISEASE/ INTERVENTION	PROMOTIVE	PREVENTIVE	CURATIVE	REHABILITATIVE
Diarrhoea	Safe water, basic sanitation, food security, health education, child care	Education (on personal hygiene), breast feeding, measles immunisation	Oral rehydration, nutrition support, (drug therapy)	Nutrition rehabilitation, special ORS
Pneumonia	Good nutrition, adequate shelter, clean air, health education	Immunisation, breast feeding, vitamin A supplement	Drug therapy	Nutrition rehabilitation
Measles	Good nutrition, ventilated housing, health education	Immunisation	Drug therapy, nutrition support	Nutrition rehabilitation
Malaria	Good nutrition, vector control, health education	Mosquito nets, drug prophylactics	Drug therapy	Nutrition rehabilitation
Anaemia	Vector/parasite control, Good nutrition, health education	Screening, Iron/folate prophylactics, de-worming	Dietary supplement, blood transfusion, nutrition support	Nutrition rehabilitation (iron-rich food)
Tuberculosis	Good nutrition, ventilated housing, health education	Immunisation, contact tracing	Drug therapy, family counselling, nutrition support	Social integration

Comprehensive PHC requires health workers to identify solutions that involve the community, as follows:

1. It is not enough to provide oral rehydration solution and medical treatment to a sick child with

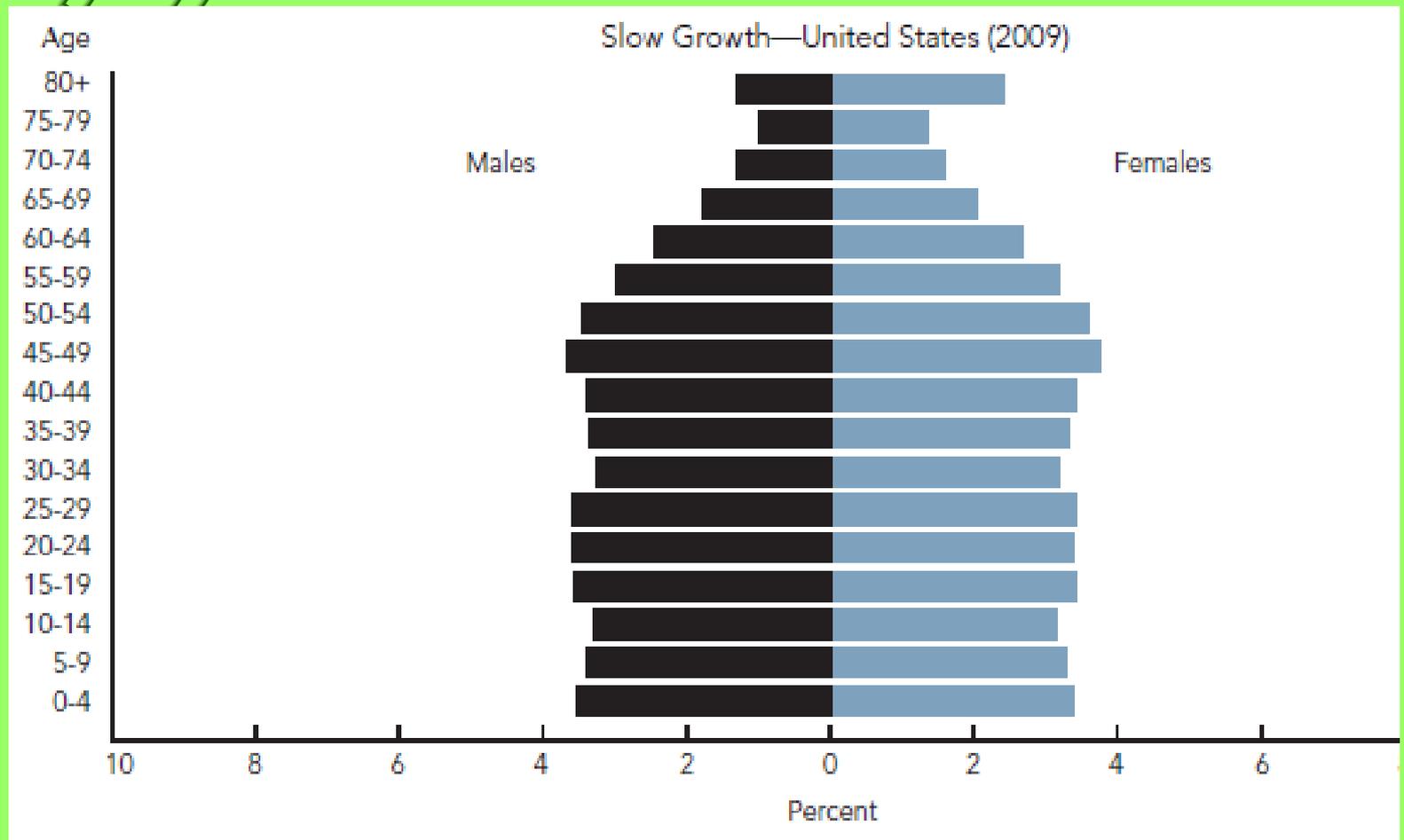
Pro

Population Pyramids: Senegal, United States, and Italy

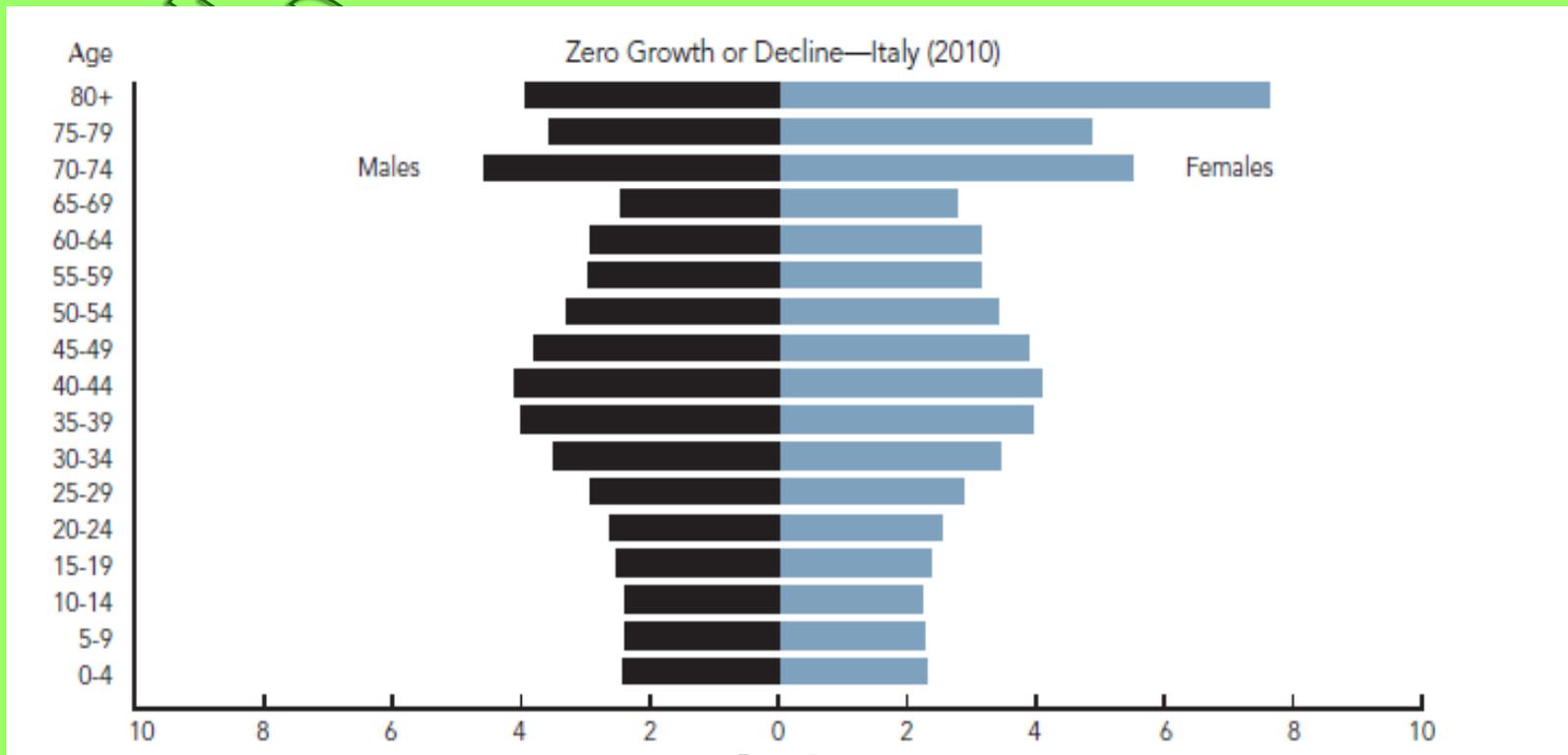


Gen

Prof. J

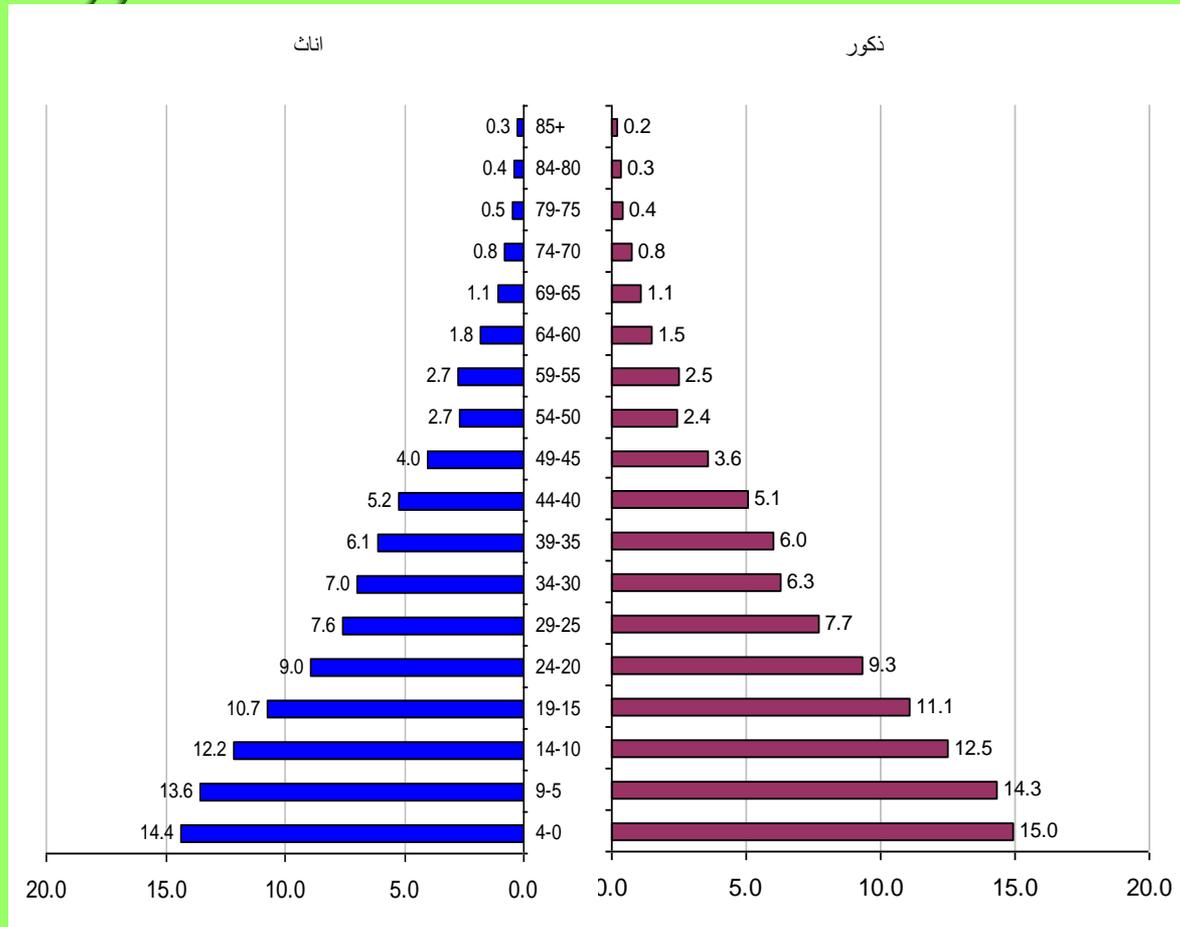


Prof. I. ...



en

التوزيع العمري للسكان 2011



**Developing and
maintaining a
functioning
referral system:**

I) Referral system:

When

Referral is the process in which the family physician at the family health unit or center who has inadequate skills due to his qualification and/ or lesser facilities at his level to manage a clinical condition.

He seeks the assistance of a better equipped and qualified specialist, with better resources at the higher level to guide him in managing a clinical condition.

Referral does not mean transferring responsibility; it is sharing responsibility in patient care.

How

Whom

What

The Benefits of referral System

- Early detection of cases.
- Avoid loss from one hospital to another.
- Save time and effort.
- Draw the attention of the specialist.

- learning and training process.
- Gaining self confidence.
- Help in organizing follow-up services.
- Improve the image of the health center.
- Increase communication between the health personnel.

- Save time and effort so relief hospitals from the burden.
- Can gather data about the patient leading to improve the quality of the patient's management.

1-Referral protocol:

Specifying when and to where should be an essential part of the standard management protocols developed for all health workers involved in maternal care (when something goes wrong, it is normal to look for someone to blame).

- There should be an agreement between health center and hospital about the cause of referral e.g. selection of high risk patients e.g. complication of pregnancy or labour.
- There should be special place in the protocol for the feedback (The results of the referral should be delivered to certain employee from the health center for the purpose of feedback).

2-Functional links with referral centers:

Communications are important so that to build a link between health center and hospital. The referral protocol should include details of the information or records that should be sent with the patient to the referral center and on patient return.

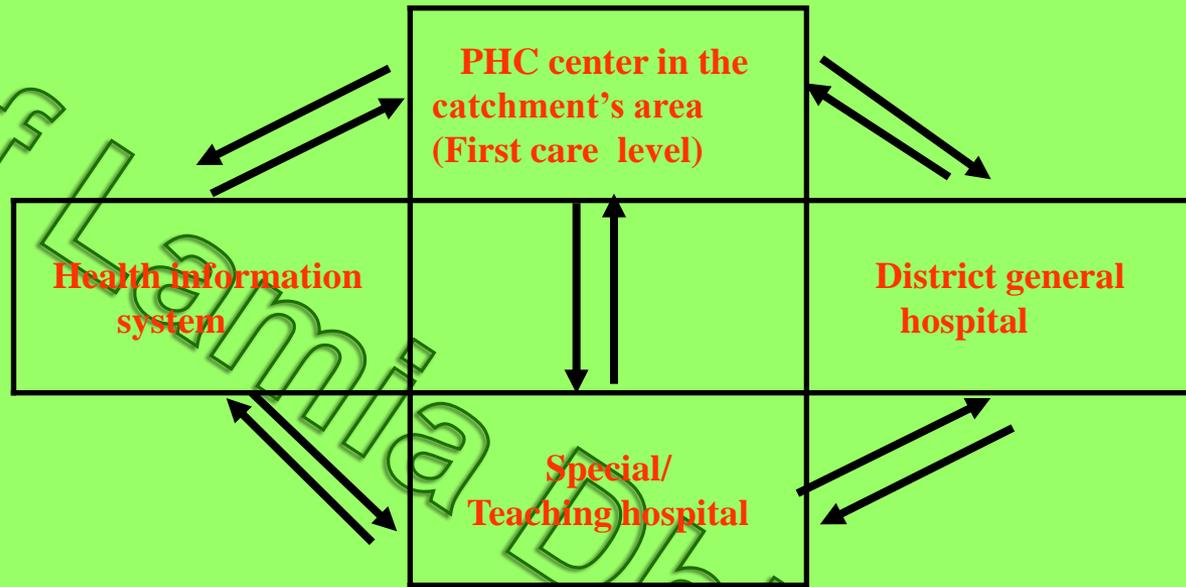
3-Active supervision and consulting education:

Thoroughly feedback on cases and formal in-service training sessions help to build the link between centers.

Prof Laimona Dina ALEDeen

- **4-Reception of referral cases in referral centers: It is important to receive referred cases, that should be treated properly in the hospital (self-referral is common to by pass the rural facilities→ overcrowding and overload in the hospital)**

Referral system in PHC



PHCC ↔

General Hospital ↔

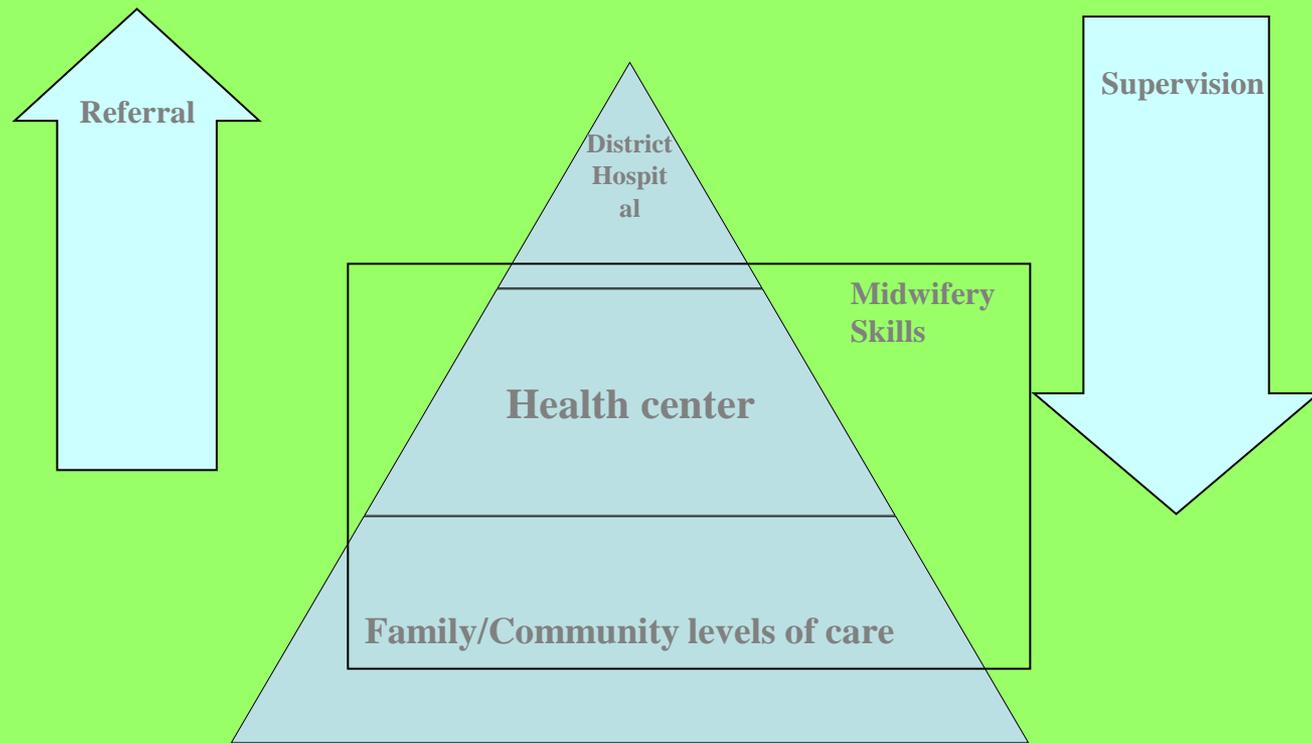
3rd level special hospital

It is two ways system

*There are two types of referral systems in PHC strategy;

- First is the clinical referral system which includes supervision of performance at lower levels.
- Second is an administrative referral system usually the district health officer. This is the level involved in planning, management, and supervision of activities related to sanitation, health education/information, disease control campaigns etc..

District Health System (DHS): A schematic model of the ideal health care pyramidal linking (3) levels;



The health care pyramid at district level

- In order to facilitate access to a higher level of care, health services should be available as close as possible to where people live.
- Health centers vary greatly in size, staff, level of resources, services and size of populations they are expected to cover;
- The district hospital, first referral level, is the facility to which a women at high risk is referred prenataly or for emergency obstetric care.

Classifications of health centers:

I-Dispensary Type I Health center Health sub-center	<ul style="list-style-type: none">- Limited ambulatory and curative services-Community development-No beds possibly one maternity bed-Staffed by auxillary nurse-midwife. Population served < 10 000
II- Type II Health center	<ul style="list-style-type: none">- Ambulatory and curative services- Health promotion, prevention, education.- Support for sub-center- Maternity and observation beds- Outpatient operating room- Staffed by multidisciplinary team of professional and auxiliary health workers -Population served maximum 100 000

Integration of health services has three dimensions:

1-Vertical integration (as above Δ).

2-Horizontal integration: Providing all the services in the same health center (supermarket

approach) e.g. MCH, FP, Treatment of anemia, STD screening etc..

3-Integration across time (continuity of care) e.g. ANC, GM, Child care, Home based mothers' records etc...

Note;

- *Retention of patients in referral center should be as brief as possible, as soon as they recovered, they must return to community, accompanied by clear information as clinical findings, care provided and guidance about further care required.
- *There is need to review the functions, staffing, planning, design, equipment, organization, and management of health center and district hospital to support PHC.
- *Sometimes, unnecessary transportation can be avoided if advice can be given (communication link by whatever means exist or can be provided at lower cost).
- *Most important thing is the establishment of program in the district with agreed goals and objectives, standard protocols, performance targets, and annual or semi-annual review sessions (more comprehensive link with health center).
- *We need community based system of organizing transport. e.g. maternity waiting homes which is built in the proximity of the hospital or health center to meet the needs for the expected mothers.
Such facility may actually be run by the local women's group rather than the hospital authorities.
- *e.g. Obstetric first aid → The most important responsibility of health workers before referring patient is to maintain vital functions and minimize further damage e.g. APH, PET, and Sepsis (antibiotics as routine).