

Annex XI

ETHIOPIAN PUBLIC HEALTH INSTITUTE (EPHI)

INTERNATIONAL INSTITUTE FOR PRIMARY HEALTH CARE TRAINING

TRAINING MODULE:PRIMARY HEALTH CARE

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Module objectives

- Understand basic principles, concepts and evolution of PHC
- identify approaches and Historical backgrounds of PHC
- Priorities at different periods
- strategies of PHC
- describe major achievements and success factors
- Implementation bottle necks and key challenges in implementing PHC- the Ethiopian context
- Identify the minimum requirements for implementing or establish a successful PHC in a country

PRIMARY HEALTH CARE (PHC)

- **Definition of PHC - adopted at Alma-Ata – in 1978**
 - 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 every stage of their development in the spirit of self-reliance and self-determination.

Primary Health CARE (PHC)....

1. reflects and evolves from the economic conditions and **socio cultural and political characteristics** of the country and its communities
2. addresses **main health problems** in the community, providing promotive, preventive, curative and rehabilitative services

Primary Health CARE (PHC).....

3. includes at least: 8 (Alma-Ata) later few added

- a) education concerning prevailing health problems and the methods of preventing and controlling them
- b) promotion of food supply and proper nutrition
- c) an adequate supply of safe water and basic sanitation
- d) MCH care, including FP
- e) Immunization against the major infectious diseases
- f) prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries;
- g) provision of essential drugs

Primary Health CARE (PHC).....

4. involves, in addition to the health sector:

- a) all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors
- b) demands the coordinated efforts of all those sectors

Primary Health CARE (PHC).....

5. requires and promotes:

- a) maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care
- b) making fullest use of local, national and other available resources; and to this end develops through appropriate education the ability of communities to participate;

Primary Health CARE (PHC).....

6. should be sustained by:

- a) integrated, functional and mutually supportive referral systems,
- b) progressive improvement of comprehensive health care for all, and giving priority to those most in need;

Primary Health CARE (PHC).....

7. relies, at local and referral levels:

- a) on health workers, including physicians, nurses, midwives, auxiliaries and community workers
- b) as well as traditional practitioners as needed, suitably trained to work as a health team to respond to the expressed health needs of the community.

Evolution of Primary Health CARE (PHC):

Phases of public health evolution in Ethiopia	Corresponding historical period
Traditional medicine: immemorial	
Laying the Ground for 'Modern' Medicine, Upto1936	Unification and independence 1855-1896 Decade of consolidation 1896-1906 Power struggle 1908(6?)-1930 Emergence of absolutism 1930-35
The Italian interlude (1936-41)	The Italian occupation 1936-41
The hospital/clinic based period (1941- 1953)	From Liberation to Revolution 1941-74 Reconstruction period (Mosley, Greenfield 1965...) 1941-53
The Basic Health Services period (1953-1974)	From Liberation to Revolution 1941-74
The Primary Health Care period (1974 -1991)	The <i>Derge</i> period (1974-91)
The Sector Wide Approach period (1991 -)	EPRDF regime (1991-)

Evolution of PHC- the period of the 1980's

- The National Democratic Revolution Program that was declared in 1976 included social objective
- 10 years perspective plan was used
- Ministry of Health set a policy that reflected the following important directions:
 - a) emphasis on disease prevention and control;
 - b) priority to rural health services and their expansion; and
 - c) promotion of self- reliance and community involvement in health activities.

PHC under HSDP in Ethiopia

- Between 1995 to 2015..... 20 years
- Four 5 years planning cycle
- PHC has been a central part of the health sector reform
- The aim being to ensure full access to quality health services all people in the country.

Priority areas of PHC under HSDP in Ethiopia:

- Health Services delivery and quality of care including expansion and improvement of the quality of health extension program
- Integrated disease surveillance and public health emergency management; Hygiene and environmental health coverage;
- Strengthening of management of health facility including the hospital reform
- Improving the nutritional status of children <5 years

Priority areas of PHC under HSDP in Ethiopia:

- Prevention and control of communicable diseases including TB, Malaria and HIV/AIDS
- quality and availability emergency medical services; and Promoting and providing family health services
- Strengthening health system including pharmaceuticals, facility expansion and rehabilitation
- Pastoralist health services
- Human resource for Health (HRH)

PHC under Health Sector Transformation Plan (HSTP) in Ethiopia

- Transforming the woreda:
 - improving PHCU
 - Clear development of the HEP: 2nd generation of HEW
 - Strengthening the woreda management capacity
 - Scaling up of Community based Health Insurance
- Improving equity and quality of health services
- Information revolution
- Transforming the health workforce- Caring, Respectful and compassionate HRH

Goals and principles of PHC

- The ultimate goal of PHC is better health care for all
- WHO's 4 key elements to achieving the goal

- a) reducing exclusion and social disparities in health
(universal coverage reforms)
- a) Organizing health services around people's needs and expectations
(services delivery)
- b) Integrating health into all sectors (Public Policy reforms)
- c) Pursuing collaborative model of Policy dialogue (Leadership reforms)

Primary Health Care principles of Ethiopia

1. Inter-sectoral collaboration and coordination
2. Community involvement/community ownership
3. Appropriate technology
4. Equity
5. Focus on prevention of disease & Health promotion
6. Decentralization.

Strategies and components of PHC in Ethiopia

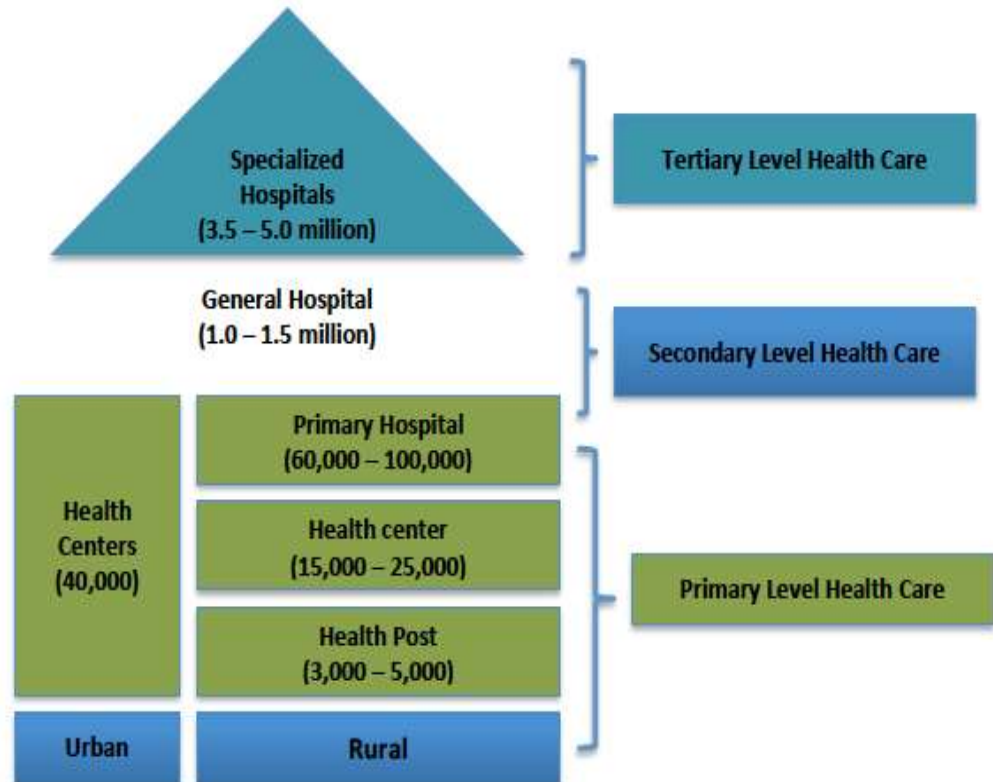
- Reducing the leading risk factors to the population health
- Reducing excess morbidity and mortality of the population with a focus on poor and marginalized populations
- Developing sustainable health system

Three types of activities-PHC

- **Disease oriented PHC,**
 - consists of local efforts to control diseases which constitute a significant disease burden in the population
- **Services-oriented PHC,**
 - consists of efforts to extend basic personal health care services to the entire population
- **Community oriented PHC,**
 - consists of efforts to work in partnership with

Organization of Primary Health Care in Ethiopia

- **Between 1980-1997:** a 6 tier-health service system
- **Between 1998-2010:** a four tier - PHCU (1 HC + 5 HPs), DH, ZH and SH
- At present



- **Management structures**
 - Regional Health Bureaus
 - Zonal Health department
 - Woreda Health office
 - **Primary hospital** , Health center and Health Posts
- **Monitoring and Accountability mechanisms**
 - Governing Boards- Hospital, Health Centers
 - RMNCH Score cards
 - Performance review meetings at different levels
 - Woreda based annual planning

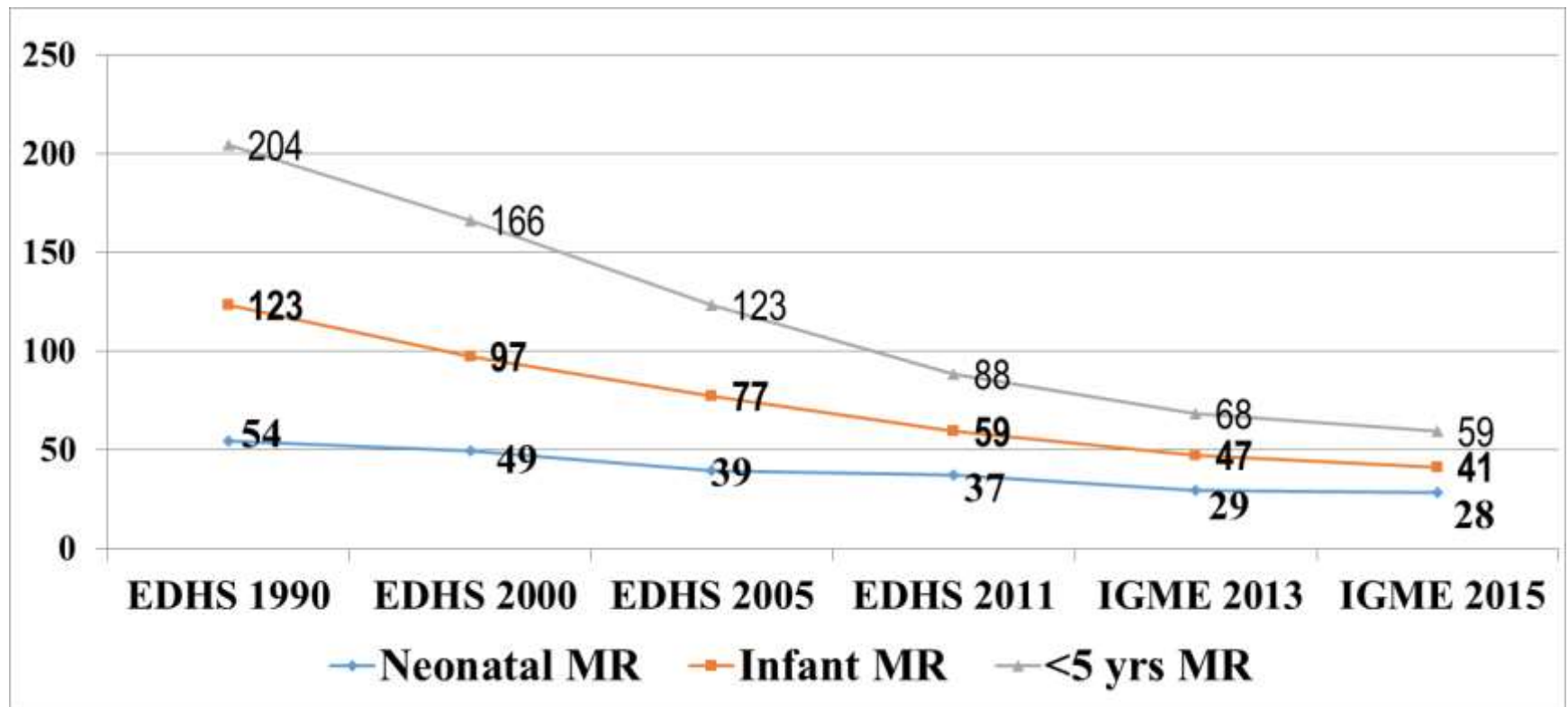
Financing PHC in Ethiopia

- reforms in HCF to protect the poor,
- to introduce equitable financing mechanisms.
- Government's 03 strategies to generate finance
 - government budget allocation
 - fees retention and utilization
 - introduction of CBHI schemes

Achievements and success factors

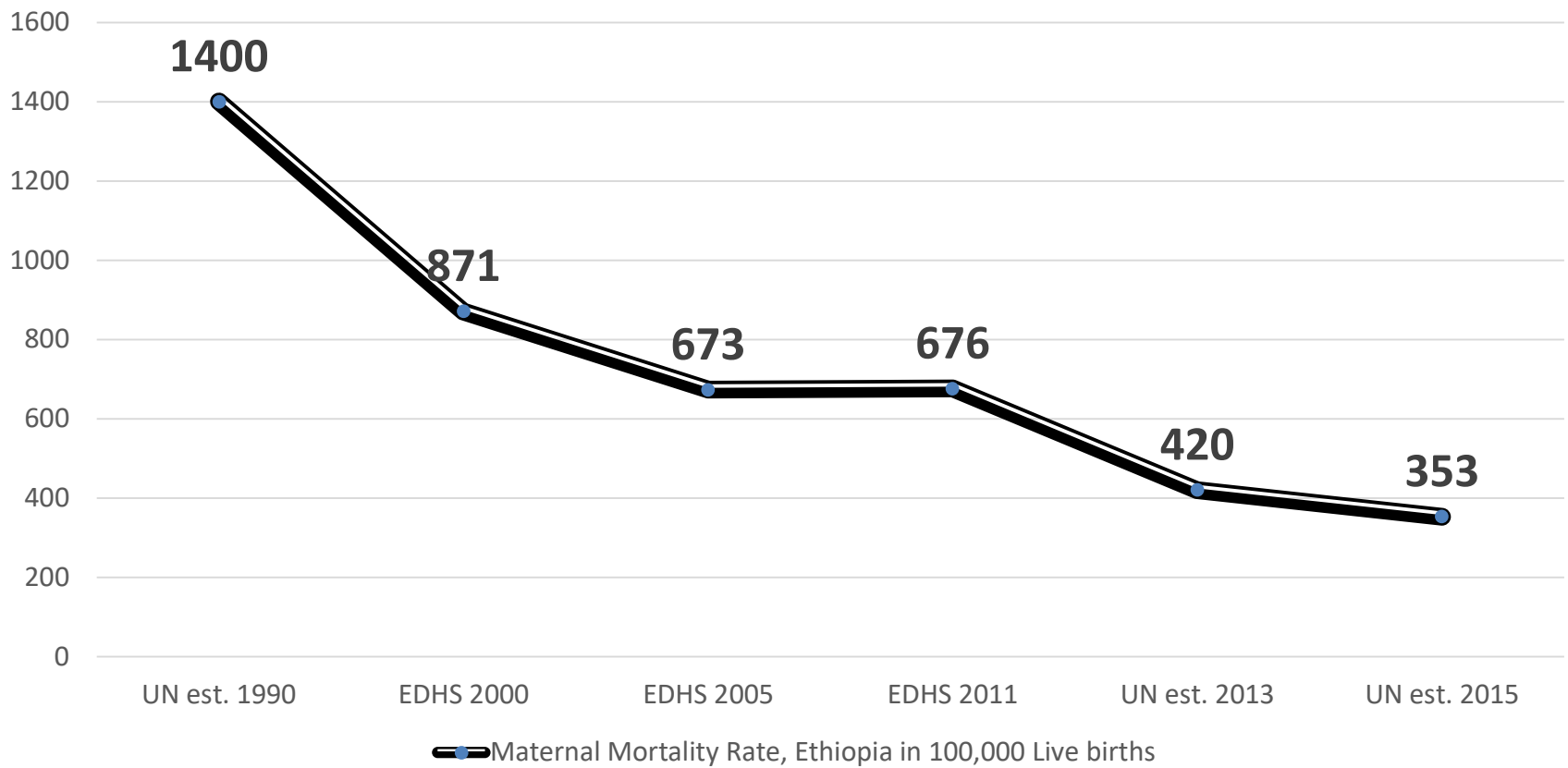
- Improved estimated average life expectancy at birth to 64 from 45 in the 1990's
- Adult mortality rate dropped by > 42% in females and 47% in men based on the 1990's estimate (World Health Statistics Report, 2014)
- MDG targets (Child health, maternal health, malnutrition, HIV, Malaria, access to clean water etc)

Achievements and success factor



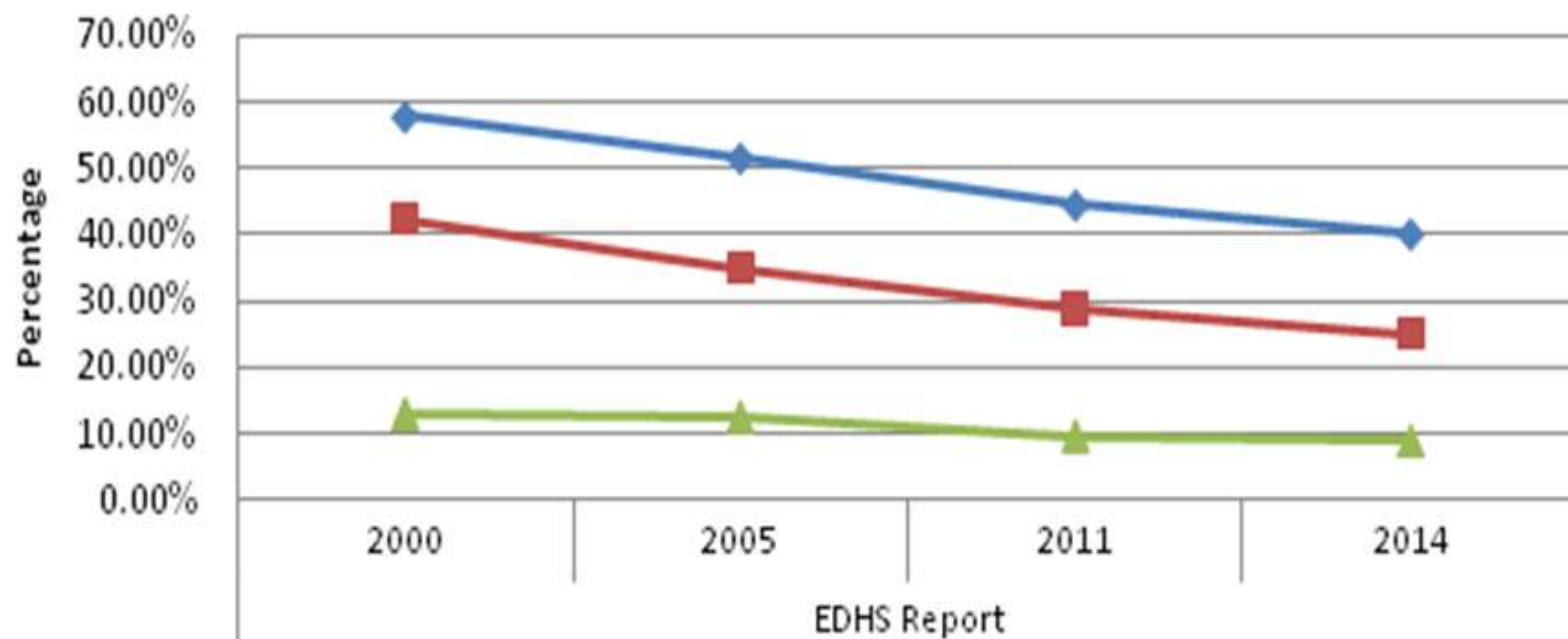
Achievements and success factor

Maternal Mortality Rate, Ethiopia in 100,000 Live births



Achievements and success factor

Trends of nutritional status in Ethiopia



	2000	2005	2011	2014
◆ Stunting	57.80%	51.50%	44.40%	40%
■ Underweight	42.10%	34.90%	28.70%	25%
▲ Wasting	12.90%	12.40%	9.70%	9%

Success factors

- Leadership and strong political commitment
- Improved coverage of PHC services through the HEP
- Improved Economic growth
- Improved literacy
- Solid community platforms for services delivery, promotion and utilization
- Strong partnership and support

Major implementation bottlenecks

- Limited infrastructure at the PHCU level
- Difficulty in achieving intersectoral collaboration
- Inadequate health service coverage and maldistribution for available health services
- High turnover of HRH
- Absence of clear context specific guidelines or directives on implementation – Pastoralist, urban HEP

Major Challenges

- Limited resource allocation – the Abuja target is not yet met
- deep rooted social norms affecting the utilization of health services
- limited enforcement of existing legal rules and regulations

Minimum requirements to replicate a successful PHC system and program implementation

- **Policy level**

- Strong government commitment to mobilize and allocate optimal domestic resources
- Establishing strong partnership and coordination mechanisms to support the planning, implementation and evaluation of PHC systems and programs
- Ensuring solid accountability mechanisms to oversee the functioning of PHC and bringing transparency of governance
- Establishing operational inter-sectoral collaboration mechanisms and platforms

Minimum requirements to replicate a successful PHC system and program implementation

- **Programmatic and Organizational level**

- Clear definition of responsibilities of the structures and the management bodies
- Clear guidelines and standards should be in place for each level the PHC
- Define a clear strategy and approach for bottom up planning and monitoring and decision making

Minimum requirements to replicate a successful PHC system and program implementation ...cont

- **Programmatic and Organizational level**

- Proper strategy to HRH development including career development, training and rotation plans, motivation and retention mechanisms across all levels.
- Reliable supply-chain management capacity at all levels including proper forecasting, procurement and distribution system.
- Better information system for evidence based decision making,

Review questions: policy makers

- Would you say commitments at a government level to realize and achieve PHC approach in one's country?
- If you are in a position to persuade others on PHC approach, how do you go about it? Specific to your role/contribution

Discussion points: policy makers

- **What role/s** of law/policy makers like you should play in the realization of PHC in your Country? And how that can be realized?
- **What laws/policies** do you believe shall be in place and/or be enforced for better PHC in your respective Country?
- **Could you pinpoint and discuss** on laws/ regulations that hinder the proper implementation PHC in your respective Country?