

**DISEASE CONTROL
PRIORITIES PROJECT**



Revitalizing Primary Health Care: Strengthening Health Systems

By

George Alleyne

Arusha, Tanzania; September, 2008

INVESTING IN GLOBAL HEALTH “BEST BUYS” AND PRIORITIES FOR ACTION IN DEVELOPING COUNTRIES

www.dcp2.org



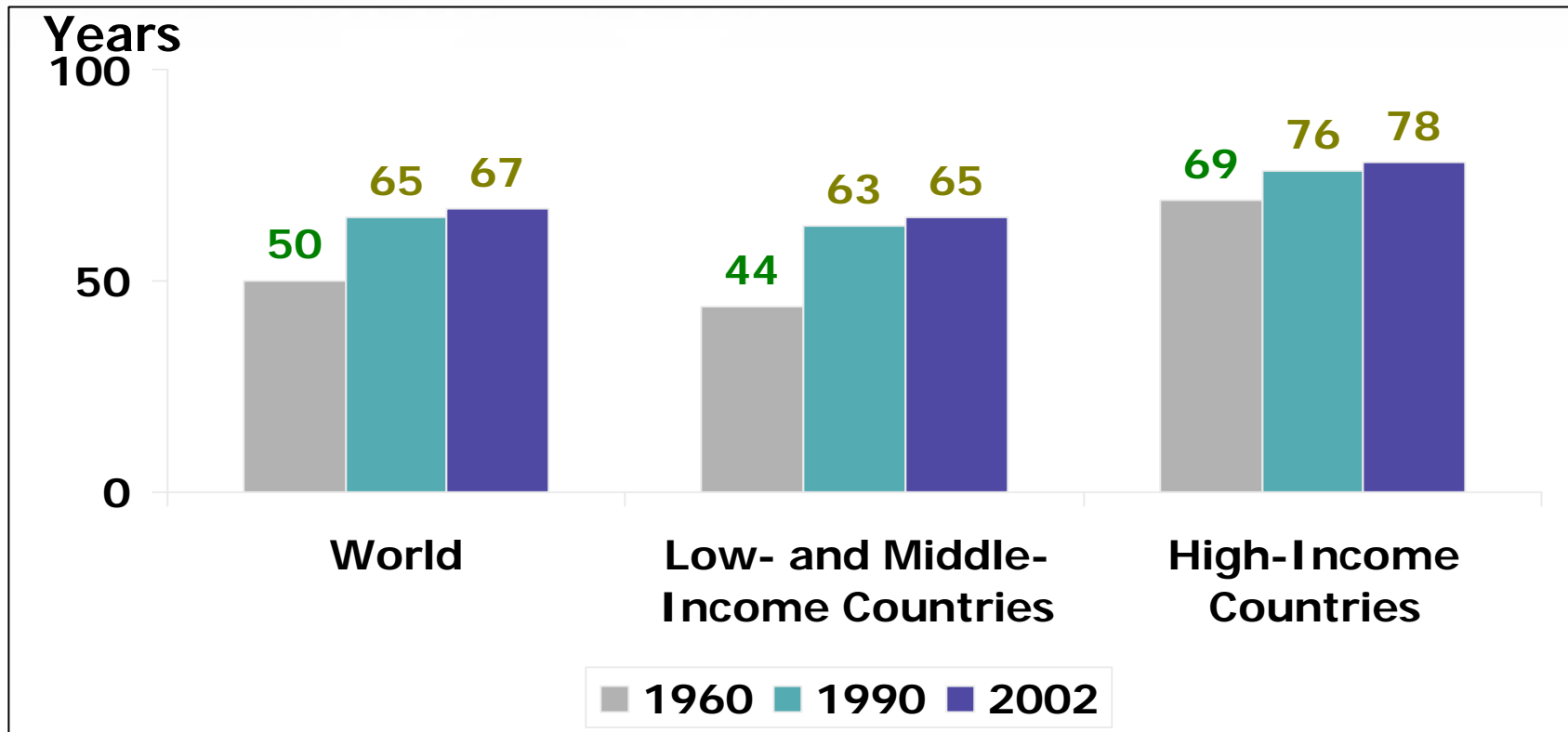
The basic thesis:

- ❖ The heterodoxy of PHC of 1978 must not be the orthodoxy of health improvement or reduction of health inequities of 2008
- ❖ Strengthening of the health systems is necessary but not sufficient for achieving the 2008 objectives of PHC

Major changes in the past 30 years

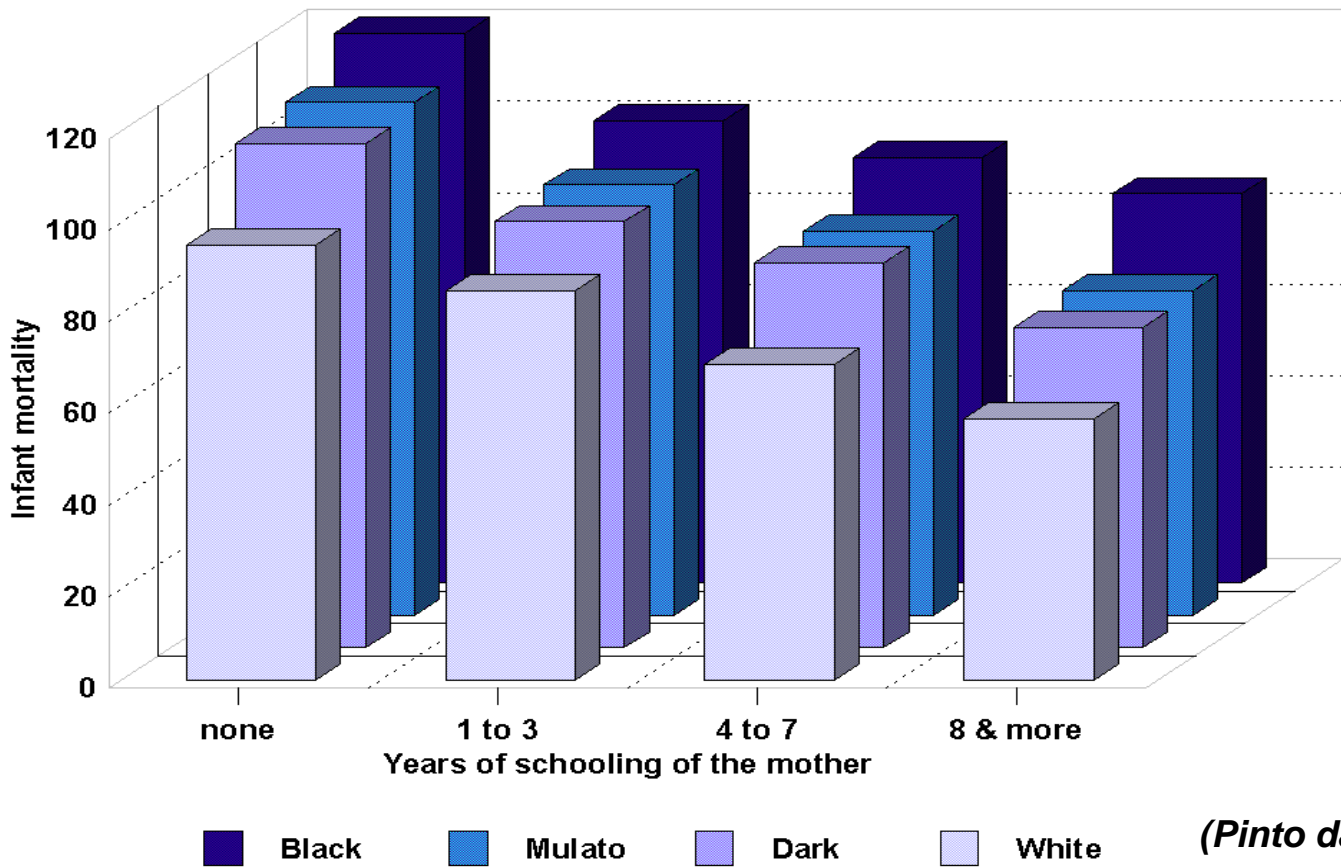
- Improvement in health status generally
- Increased recognition of and concern for health equity
- Change in the epidemiological profiles-the NCDs, **BUT** a large unfinished agenda
- The appearance of HIV/AIDS
- The growth of health pluralism

Changes in Life Expectancy, 1960-2002 By Country Income Level



Source: *Disease Control Priorities in Developing Countries*, second edition, 2006. Table 1.1

Infant mortality in Brazil by race and mother's education, 1990

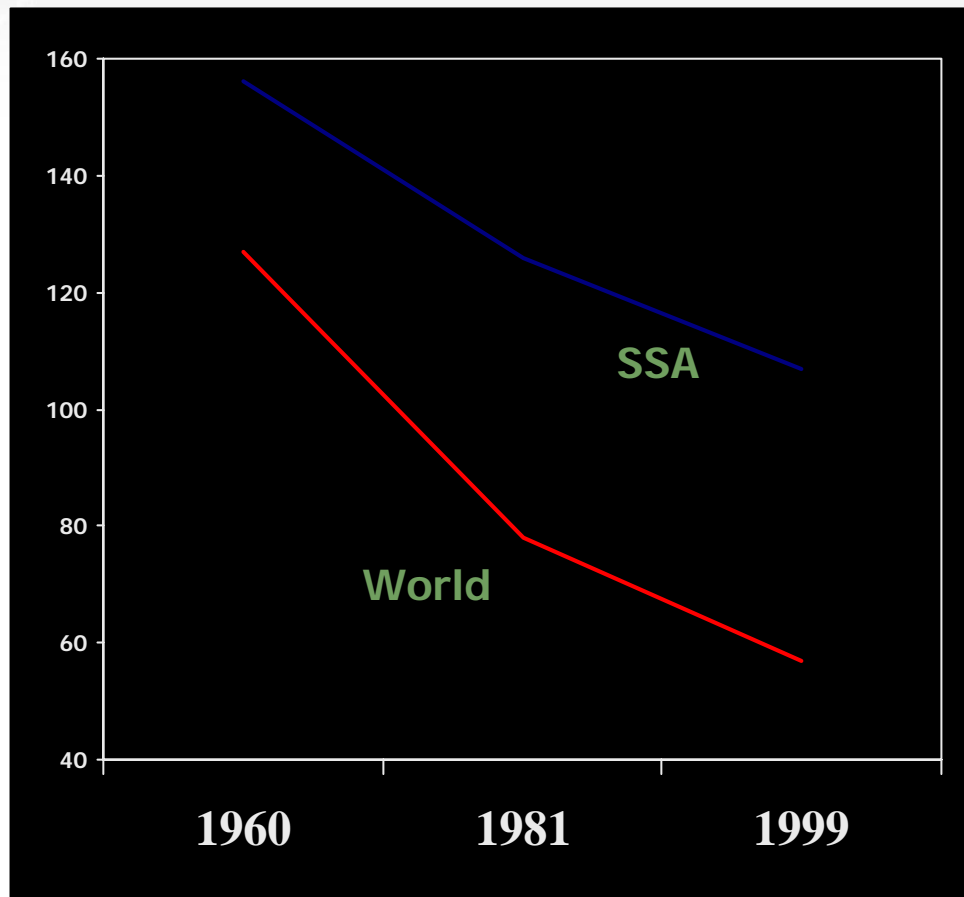


(Pinto da Cunha, 1997)

Growing inequalities in global health: the widening gap in infant mortality experience

IMR: babies dying before age 1 per thousand born live

IMR decline (Percent)	1960-1981	1981-1999
World	38.5	26.9
Sub-Saharan Africa (SSA)	19.2	15.1

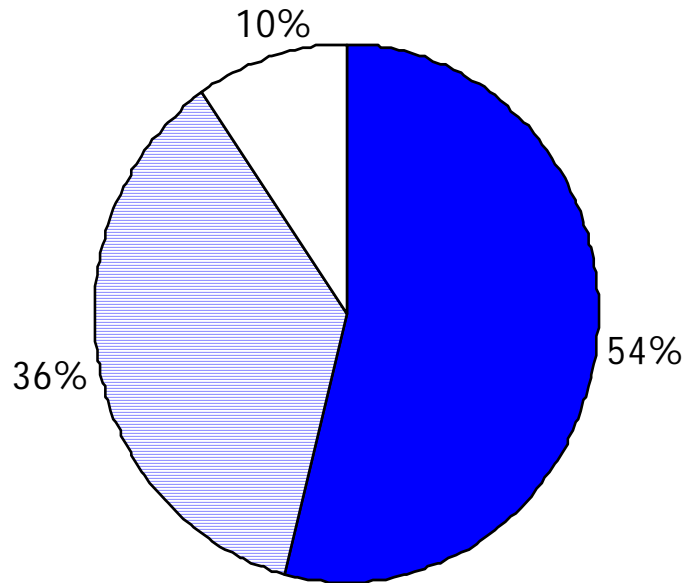


(UNICEF, 2003)

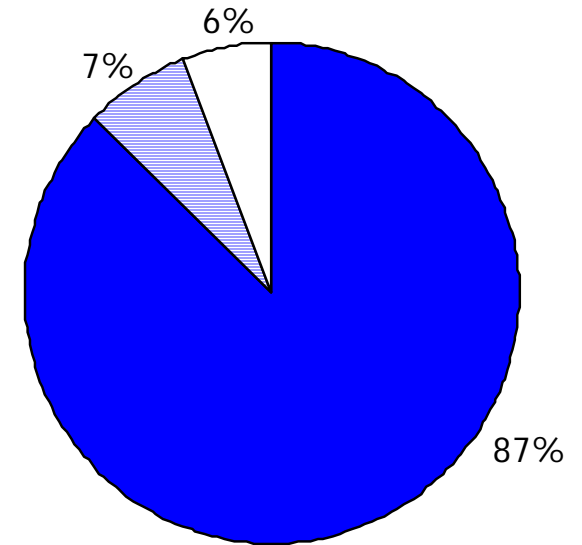
Developing countries carry a double disease burden

Percentage of deaths by cause

Low- and Middle-income countries



High-income countries



- non-communicable diseases
- ▨ communicable diseases
- injuries

The heterodoxy of PHC of 1978

❖ *The Alma Ata definition of PHC and its “contradictions”;*

--essential care universally accessible

BUT

--first level of contact and first element of a continuum of care

Framing of PHC within the social economic development of the community

Multiplicity of interpretations of PHC

1-A package of interventions (8)

(Education; Food and nutrition; Water and sanitation; MCH & family planning; Immunization; Prevention and control of local endemic disease; Treatment of common diseases and injuries; Essential drugs)

2-An approach/strategy

(Community participation, Intersectorality, Appropriate technology)

3-A level of care

Note the strenuous efforts to distinguish PHC from primary care

“The multiplicity of meanings and their often contradictory implications for policy help explain why there is no one model of primary (health) care, and why it has been difficult to follow the successful examples of the countries or states that provided the first evidence that a substantial improvement in health could be achieved at affordable cost”

World Health Report 2000



Multiplicity of meanings and contradictory implications

If there is primary health care, should there not be secondary health care?

The constant need to make a distinction between primary health care and primary care

The attempts to define a selective primary health care

The Orthodoxy of 2008

I propose that the revitalization of PHC accept the deficiencies in the term and focus on it as a strategy for improving the health of people and reducing the reducible health inequalities.

It must focus not only on people's needs, but also on their demands.

The Orthodoxy of 2008

- ❖ In order to achieve the goals of a revitalized primary health care strategy, it is critical to deal with the competencies and attributes of:
 - a) the health sector
 - b) those other sectors whose activities are not primarily directed to health, but which impact on health and health equity

NB *Those competencies and attributes of the health sector are encompassed within the health systems.*

NB. The competencies and attributes of the other sectors and actors which impact on the ultimate goal of achieving health equity and how these should be addressed are dealt with in the Report of the Commission on Social Determinants of Health.

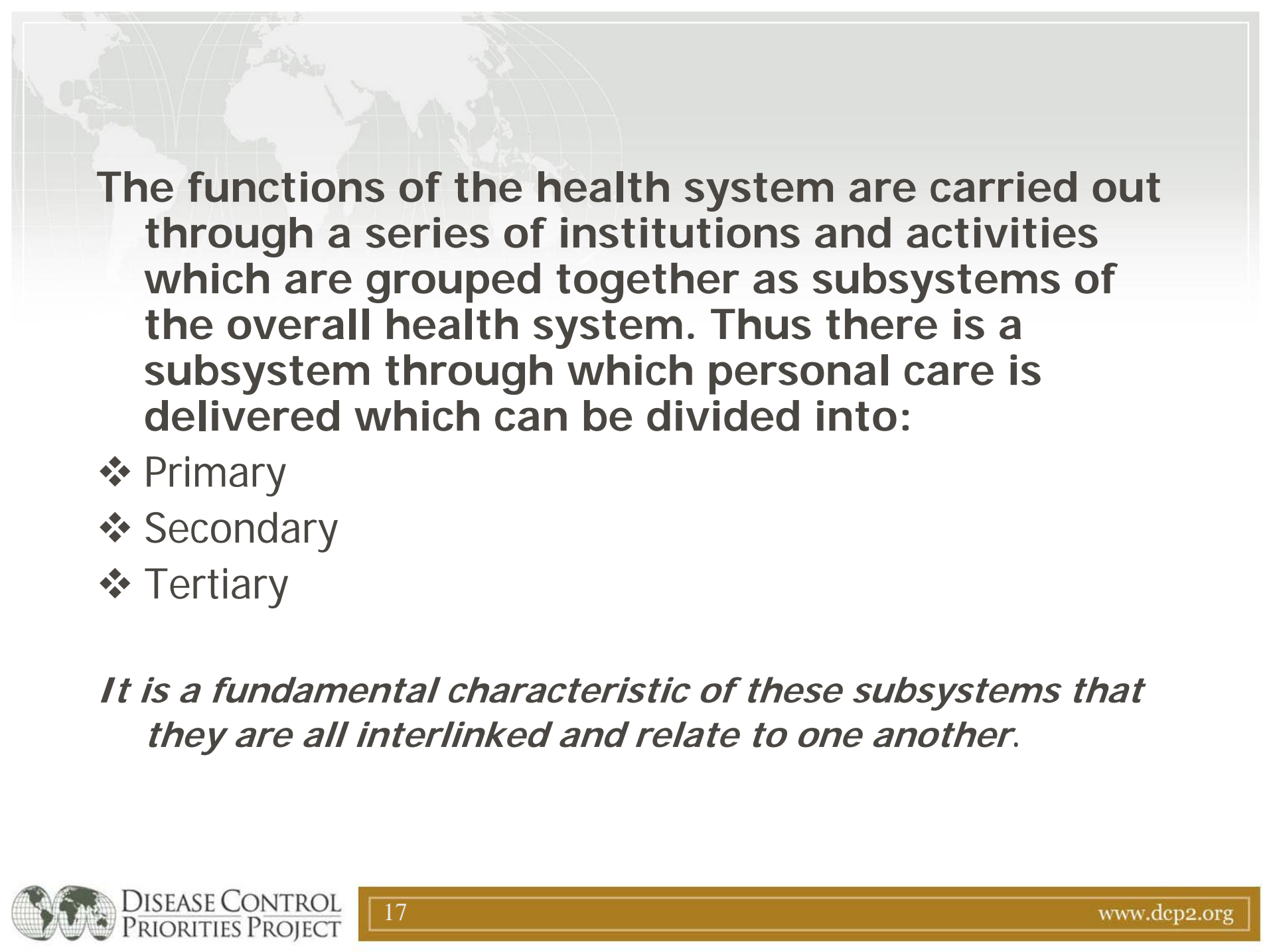
What is the health system?

Definition:

The health system comprises all the activities and resources whose primary purpose is to promote, maintain or restore health and to reduce health inequalities.

Strengthening of the health systems must be based on an understanding of:

- a) The functions the system performs:
 - provision of services-personal and population
 - provision of necessary resources
 - financing
 - stewardship
- b) The objectives of the system:
 - health
 - responsiveness to the people's expectations
 - fairness of financial contribution



The functions of the health system are carried out through a series of institutions and activities which are grouped together as subsystems of the overall health system. Thus there is a subsystem through which personal care is delivered which can be divided into:

- ❖ Primary
- ❖ Secondary
- ❖ Tertiary

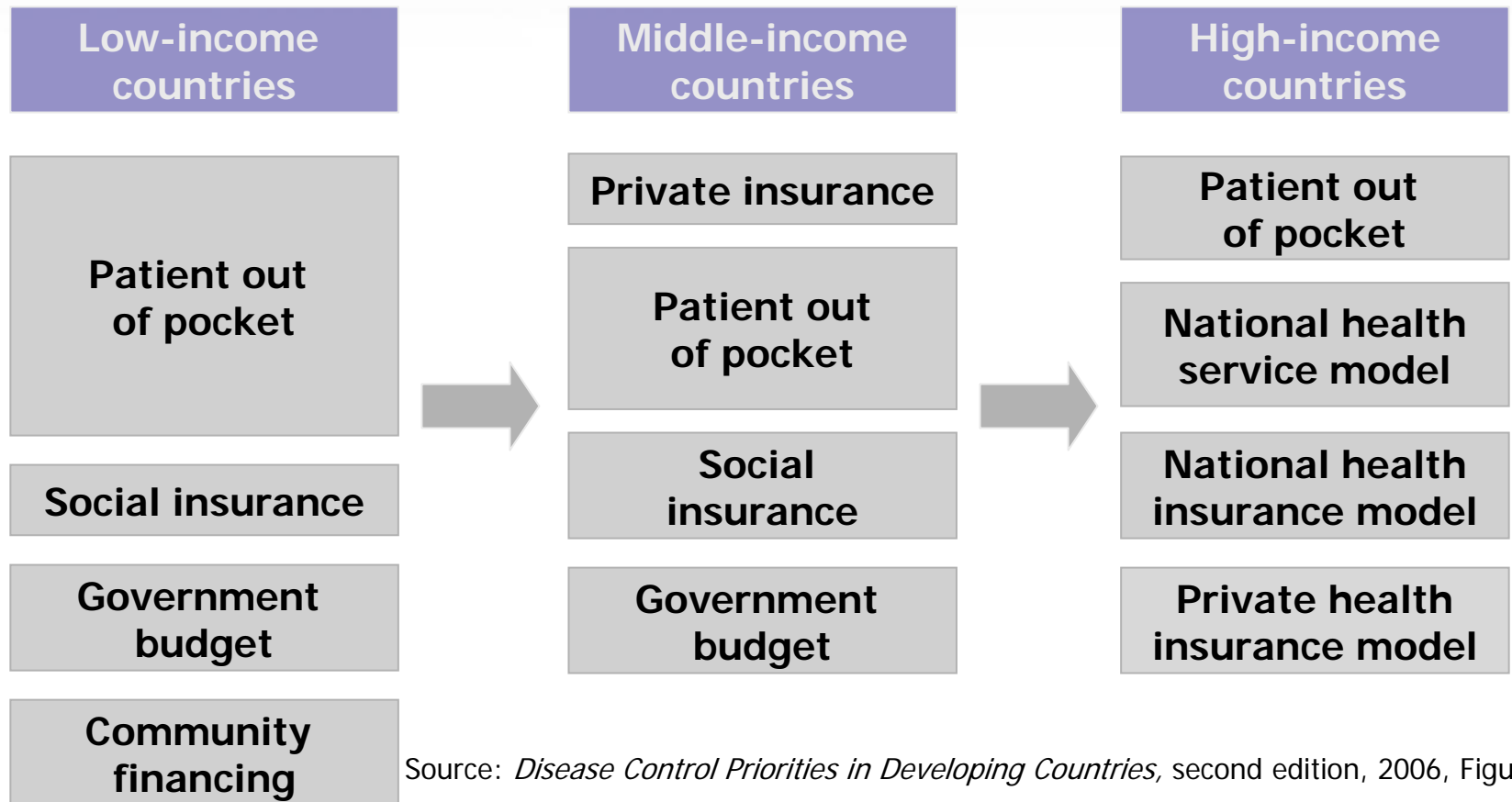
It is a fundamental characteristic of these subsystems that they are all interlinked and relate to one another.

The human resources (sub) system can be disaggregated into the following parts:

- ❖ Planning
- ❖ Training
- ❖ Disposition/deployment
- ❖ Management

There is a world-wide shortage of the health workforce which will not be addressed fully unless there is attention to all parts of the system. Persistent complaints about the brain drain will not solve the problem.

Health Care Financing System Trends by Country Income Level



Source: *Disease Control Priorities in Developing Countries*, second edition, 2006, Figure 12.2

Composition of Health Financing by Country Income Level, 2001

Country Income Level	Total Health Expenditures as a % of Gross Domestic Product (GDP)	Public Health Expenditures as a % of Total Health Expenditures	Private Health Expenditures as a % of Total Health Expenditures	External Provision for Health as a % of Total Health Expenditures
High-income countries	7.7	70.1	29.9	0.1
Middle- income countries	5.8	61.7	38.3	3.4
Low-income countries	4.7	51.7	48.3	20.0

Source: *Disease Control Priorities in Developing Countries*, second edition, 2006, Table 12.1



Strengthening of the health systems also requires:

- Information on the state of each one of the subsystems
- Information on the objectives of the system as the only way to determine if the system has improved its function or not—information that is not normally collected in traditional “health information systems”.

“The attributes and competencies of other sectors” - **Intersectoral collaboration**

This critical approach to ensuring the efficiency and effectiveness of PHC will occur ONLY when:

- a) Health is not a mendicant at the table
- b) When decisions for coordination are made above the level of any one sector



The goal is improving global health BY:

Addressing the competencies that lie within
the health sector—Health Systems

Addressing the determinants of health that
lie essentially outside the unique
competencies of the health sector

***Thus achieve some measure of health
for all***