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Feature: Primary health care

Primary health care (PHC) refers to the provision of basic health care built on technically sound and socially adequate approaches that are universally accessible and affordable to all individuals.

The International Conference on PHC, held at Alma-Ata in 1978 set out the essential components of PHC that form part of a comprehensive national health system. These include the provision of services that address the main health problems in the community and provide promotive, preventative, curative and rehabilitative care.

On the thirtieth anniversary of the Alma-Ata Declaration, donors and national governments face challenges in providing and financing PHC. Inadequate resources, lack of health workers and a focus on providing a limited disease intervention package rather than strengthening health systems, means that millions of people in low- and middle-income countries still do not have access to basic, good quality health services.

Demand-side barriers also persist. These include physical, financial, cultural and social factors such as lack of knowledge about appropriate care, or distance to health centres. Overcoming these barriers requires new and innovative approaches that prioritise the needs of the poorest and most vulnerable people.

Policymakers in donor agencies and recipient countries need to ensure that adequate funding is allocated to the entire health sector rather than specific sectors. They also need to channel new funding sources through pooled mechanisms, such as SWAps, and use established government systems, policies and planning processes.

This health systems reporter is based on id21 insights health 12, on Financing Primary Health Care.

More information:

- Id21 insights, Primary health care <http://www.id21.org/insights/insights-h12/index.html>
- Declaration of Alma-Ata http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf

Recommended readings

1. Primary health care comes of age: looking forward to the 30th anniversary of Alma-Ata

Authors: A. Haines; R. Horton; Z. Bhutta

Publisher: The Lancet, 2007

This comment published in the Lancet, describes the vision of primary health care (PHC) in the Alma Ata declaration and highlights some of the tensions between this and the selective approach to PHC, which promotes a few cost-effective interventions. The authors show that despite movements towards selective packages of care and health-care reforms the idea of PHC as described in the Alma Ata declaration is attracting renewed interest. There are several reasons for this: shortages in health workers, especially in sub-

Saharan Africa, have renewed interest in the role of community-health workers; also, many programmes that address specific diseases have been shown to interact adversely with each other and lead to inefficient use of limited resources.

The article also highlights the growing research evidence about the cost-effectiveness of some components of PHC, such as the role of community participation improving neonatal and maternal mortality in Nepal. PHC is also better able to address pervasive health inequalities, poor coverage of basic health care, and lack of engagement by communities in health systems. Finally, the article lists several questions that remain to be addressed. These include: how should scarce resources be prioritised and how can sufficient health workers be recruited, trained, and retained?

Please note: To read this article, you will first need to register with The Lancet. This process and access to the article is free of charge.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=36835&type=Document>

2. Review of primary health care in the African region

Authors: WHO, 2008

Publisher: WHO

This World Health Organisation review examines the implementation of primary health care (PHC) in Africa and identifies strategic interventions that are required to cope with the new challenges facing the health systems in the 21st century. The review addresses PHC policy formation and implementation, the resources that are available for PHC implementation, monitoring and review.

The review finds that PHC policy formation had been well articulated in the national health policies by most countries, however, the extent to which PHC policies encompassed equity, community participation, inter-sectoral collaboration and affordability is still questionable. Factors delaying PHC implementation include weak structures, inadequate attention to PHC principles, inadequate resource allocation and inadequate political will.

The key recommendations of the review include to:

- harmonise health sector reforms with PHC to ensure that initiatives promote equity and quality in health services
- improve the fairness of financing policies and strategies and service coverage for the poor
- support countries to address their particular human resource needs through clear articulation of human resources policies, plans, development and strengthening of national management systems and employment policies

- support countries to identify and put in place mechanisms for attracting and retaining health personnel

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=36616&type=Document>

3. Renewing primary health care in the Americas

Authors: J. Macinko; H. Montenegro; C. Nebot

Publisher: Pan American Health Organization , 2007

This document states the position of the Pan American Health Organization on the proposed renewal of primary health care (PHC) in the Americas. It highlights reasons for adopting this renewed approach. These include: the rise of new epidemiologic challenges that PHC must evolve to address, and the growing recognition that PHC can strengthen society's ability to reduce inequities in health. The document examines the concepts and components of PHC and the evidence of its impact. It finds that PHC represents a source of inspiration and hope for most health personnel and also the community at large. There is a need to reinvigorate PHC in the region so that it can realise its potential to meet current and future health challenges.

The proposed mechanism for PHC renewal is the transformation of health systems so that they incorporate PHC as their basis. This system entails an overarching approach to the organisation and operation of health systems that makes the right to the highest attainable level of health its main goal. The health system should be composed of a core set of functional and structural elements that guarantee universal coverage and are equity enhancing. This requires a sound legal, institutional, and organisational foundation as well as adequate and sustainable human, financial and technological resources.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=36836&type=Document>

4. Primary health care for older people: a participatory study in 5 Asian countries

Publisher: HelpAge International Asia, Pacific Regional Development Centre, 2008

This study documents the perceptions of older people, care-givers, and health service providers in terms of knowledge of active and healthy ageing, access and quality of Primary Health Care (PHC) services. It particularly looks at the increasing experiences of older people in managing stroke and diabetes conditions. Recommendations to improve PHC services are provided to support policy development in the Asian context.

The five countries in the study are Cambodia, India, Indonesia, Singapore, and Vietnam. These countries represent the variety of socioeconomic conditions in the region. This

study also examines the conditions in rural, urban and tsunami affected areas (in India and Indonesia) in order to provide additional insight into possible geographical discrepancies in provision of PHC services for older people.

The research teams found that the majority of the disadvantaged older participants in the study had low expectations of the access and quality of PHC services. Most experienced their conditions with a sense of fate, and were not aware of the interventions that could improve their health conditions. There were also socio-cultural factors, such as education and ethnicity, which lent to a mind-set of accepting existing conditions as part of their life struggle.

The study highlights the need for governments and civil society to work together to support the delivery of comprehensive primary healthcare. It recommends:

- eliminating physical barriers to accessing primary healthcare by ensuring that there are enough easily accessible centres reducing the cost of accessing primary healthcare by ensuring national-level budgeting of services for older people, improving income security of older people, and mainstreaming ageing into community health and disaster risk reduction planning
- improving the quality of primary healthcare services through training, provision of age-friendly services and exchange of experience among health professionals
- integrating age-specific medical and social support services into institutions and communities

With particular respect to diabetes and strokes, the role of the informal caregiver is highlighted:

- in the case of older persons with stroke, informal caregivers should be trained in fall prevention, rehabilitation exercises and disease management due to the frequent occurrence of falls in the older population. It is estimated the older the person, the more likely they will fall
- in the case of an older person with diabetes, health education should be focused on the early signs of complications, as well as eating a regular, balanced and nutritious diet. For those with more advanced disease, the informal caregiver in the home should be trained to provide insulin injections at regular intervals while making sure that the older person eats at regular intervals

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=35089&type=Document>

5. Protecting efficient, comprehensive and integrated Primary Health Care: principles and guidelines for inter-governmental contracting/service agreements

Authors: D. McCoy; E. Buch; N. Palmer

Publisher: Health Systems Trust, South Africa, 2000

The devolution of primary health care delivery to local government means that intergovernmental relations are emerging as a critical issue in the transformation of South Africa's health system. The role of contracts or service agreements in helping to define the nature of these inter-governmental relationships is important and complex. This document, produced by the Health Systems Trust, considers the nature of inter-governmental relationships, the type of contract most likely to be appropriate in helping to define and control them, as well as some of the potential pitfalls of an 'overly zealous' approach to contracting for a service such as primary health care (PHC).

More specifically, this paper introduces the advantages and disadvantages of contractual relationships within the public health sector, examines different types of contracts, describes the nature of inter-governmental relationships in South Africa and features of the PHC Approach and District Health System model integral to the South African health system, and discusses how these factors will influence and potentially be influenced by the use of contracts. It also emphasises the importance of integrated district and provincial health planning as the basis for contracts. In addition, this paper discusses the issues raised and draws conclusions of interest to those involved in the process of establishing contracts.

The paper makes the following recommendations for a successful inter-governmental contractual relationship for the provision of PHC:

- Work from a national / provincial strategic and policy framework, and from a comprehensive and integrated area-based PHC plan.
- Adopt a relational approach to contracting that encourages partnership, and emphasises trust, mutual support and a shared vision.
- Adopt contract specifications that are broad and flexible, and which stress constructive monitoring and evaluation procedures.
- Start slowly and build capacity.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=29090&type=Document>

[Latest additions from the Health systems resource guide](#)

1. Turnover of health professionals in the general hospitals in West Nile region

Authors: O. Paul

Publisher: Health Policy and Development Journal, 2008

This paper, published in Health Policy and Development journal, compares the attrition rates of health professionals in three private not-for-profit and three government general hospitals in West Nile Region, Uganda, between 1999 and 2004. It also examines the destination to which the health professionals were lost, the reasons for their leaving and the source of new staff.

The paper finds that the annual attrition rate of health professionals are high especially in private hospitals. The most frequent reasons for attrition are poor conditions of service, low pay and poor relationships between the staff and the managers. Most replacements come from training institutions, which impacts on the quality of services in terms of the skills needed for service delivery.

The paper offers recommendations to the Ministry of Health. These include to:

- offer well managed additional monetary incentives to health workers service in the rural areas
- put more funds into the health sector in order to fill in staffing gaps
- invest funds in training of health service managers for better management of health service.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=36839&type=Document>

2. Guidelines and mindlines: why do clinical staff over-diagnose malaria in Tanzania? A qualitative study

Authors: C. I. R. Chandler; C. Jones; G. Boniface

Publisher: Malaria Journal, BioMed Central, 2008

This paper published in the Malaria journal examines the reasons behind malaria over-diagnosis in Tanzania. Malaria over-diagnosis in Africa is widespread and costly both financially and in terms of morbidity and mortality from missed diagnoses. It is based on a study of clinical practice in two hospitals in Tanzania involving over 2000 patients and 34 clinicians. The paper identifies four spheres of influence on malaria over-diagnosis: initial training; the influence of peers; pressure for doctors to conform to perceived patient preferences; and the quality of diagnostic support.

The paper finds that rather than following national guidelines for the diagnosis of fever, clinical decisions appeared to follow ‘mindlines’ – these are shared rationales constructed from the different spheres of influence. It finds that clinicians over-diagnosed malaria because: it is easier to diagnose than alternative diseases, it is a more acceptable diagnosis, and missing malaria is indefensible. The paper recommends that interventions to move ‘mindlines’ closer to guidelines need to take the variety of social influences into account. [adapted from author]

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=36828&type=Document>

3. Health governance: concepts, experience, and programming options

Authors: HealthSystems2020

Publisher: US Agency for International Development , 2008

This policy brief produced by USAID provides an overview of governance in health systems. This refers to developing and putting in place effective rules for policies, programmes and activities related to fulfilling public health functions. The paper identifies health governance issues and challenges and reviews some experience with interventions to improve health governance. Interventions aimed to: improve the policy process in the health sector by promoting more effective stakeholder engagement, enhancing participation at a variety of levels to promote more effective governance of health programmes, and improving accountability and transparency and reducing corruption in the health sector.

The paper concludes that good health governance emerges from the actions and linkages among the state, providers of health services and citizens. Health governance improvements – through their impacts on rules, roles, responsibilities and institutions – affect the availability, quality, distribution and utilisation of health services. Efforts to increase the quality of health governance constitute worthwhile and effective undertakings for improving health systems functioning and for increasing the provision and utilisation of health services.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=36831&type=Document>

4. Health service delivery in fragile states for US\$5 per person per year: myth or reality

Authors: London School of Hygiene and Tropical Medicine

Publisher: Merlin, 2007

This report highlights the findings from a conference on health service delivery in fragile states that took place in October 2007, organised by Merlin and the London School of Hygiene and Tropical Medicine. The conference aimed to improve understanding about how health service delivery can be strengthened in fragile states, and to examine how realistic it is to expect that basic health services can be delivered for US\$ 5 per person per day. It covered several themes including: an examination of the cost of basic health packages; the amount of development aid for health available; and the use of service delivery innovations such as contracting and performance based financing.

A key conclusion was the recognition that US\$ 5 per person per year may be a reality in terms of the amount of funds actually available to provide health services in many countries. However, it is a myth that this amount of money can do more than cover partial primary health care service delivery. Financing for health systems needs to be more substantial, especially in countries where health systems have been degraded as a result of war or political neglect.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=36833&type=Document>

See the complete list of latest additions at: www.eldis.org/healthsystems

Announcements

Conference: HDI at the Geneva Health Forum

Dates: 25 May 2008 - 28 May 2008

The IDS Health and Development Information Team will be attending the Geneva Health Forum from the 25-28 May, 2008. Please come and meet members of the Team and learn more about our services in the Forum's marketplace. A range of HDI resources and other materials will be available at the booth.

Conference: Alma-Ata Symposium - The future of primary health care, 11-12 September 2008, Brunei Gallery, London

Dates: 11 September 2008 - 12 September 2008

In recognition of the historical importance of the Alma-Ata declaration, and of the abiding interest in Primary Health Care (PHC) from a range of stakeholders, the London School of Hygiene & Tropical Medicine are holding a 30th anniversary symposium. A range of leading speakers will use the available evidence to address both the promise and the pitfalls of PHC from a range of perspectives and discuss the continuing relevance of such concepts to improvement of world health.

Key objectives of the Symposium include to:

- highlight successes & failures of PHC in the last 30 years
- discuss how to apply the lessons learned to strengthen health systems for future challenges
- look at the threats / challenges to the PHC approach and how to combat them
- outline the tensions between disease specific programmes and PHC approaches (how can they be addressed?)

- identify Alma-Ata values and how they can be translated into programmes
- consider the implications of PHC for decision makers (donors, governments, research funders, academic institutions) in the future.

Book before 30 May 2008 for a discounted rate of GBP125.00. The full conference rate after this date will be GBP149.00. The conference rate includes attendance at both days of the event and includes all refreshments, lunch and delegate materials. It also includes the Symposium supper to be hosted by the London School of Hygiene and Tropical Medicine on Thursday 11 September.

For more information about how to register, and conference programme, please follow this link: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=37190&type=Item>

See the complete list of announcements at: <http://www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements>

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The IDS Health and Development Information team promotes health and equity in developing countries through the provision of high quality, accessible information to policymakers and practitioners. IDS Health and Development Information currently has three flagship products:

- Health Resource Guide - <http://www.eldis.org/health/index.htm>
- Health Systems Resource Guide - <http://www.eldis.org/healthsystems/index.htm>
- HIV and AIDS Resource Guide - <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids>

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

Eldis currently includes descriptions and links to over 4,500 organisations and over 22,000 full-text online documents covering development and environmental issues. It can be searched or browsed free over the Internet.

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- HIV and AIDS Reporter - to subscribe, send an email to lyris@lyris.ids.ac.uk with "subscribe eldis-hiv aids FirstName LastName" in the body

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