

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

الحمد لله رب العالمين والصلاة والسلام
على سيدنا محمد الصادق الوعد الأمين أما
بعد..

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What is health?



Definitions

- “Health is a state of complete Physical, mental & social well being & not merely the absence of disease or infirmity”. (WHO)
- Recent definition: health is a dynamic state of complete physical, mental & social & spiritual well being & not merely the absence of disease & infirmity.(WHO)

Hans's Definition-
adaptation

Maslow's definition-
satisfaction of
physiological needs.

HEALTH DIMENSIONS

- Physical well being
- Mental well being .
- Social well being is.
- Spiritual well being: focuses on self, consciousness, intuition.
- Environmental well being
- Emotional well being

Physical dimension

Includes perfect body functioning, physical fitness, Activities of Daily Living (ADL), a state in which every cell and every organ is functioning at optimum level, and in perfect harmony with the rest of the body.

Mental dimension

- Ability to think clearly, reason objectively. A state of balance between the individual and surrounding world.
- Free from internal conflict
- Aware about himself
- Having a good self control
- Coping with stress

Emotional dimension

–Self-efficacy and self-esteem

Social dimension

Ability to have satisfying relationships

spiritual dimension

Feeling as part of a greater spectrum of existence

Environmental dimension

Appreciation of the external environment and one's role in caring for it.

spectrum of Health

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graph TD; A[Positive health] --> B[Better health]; B --> C[Freedom from disease]; C --> D[Unrecognized disease]; D --> E[Mild disease]; E --> F[Sever disease]; F --> G[Death];
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Positive health

Better health

Freedom from disease

Unrecognized disease

Mild disease

Sever disease

Death

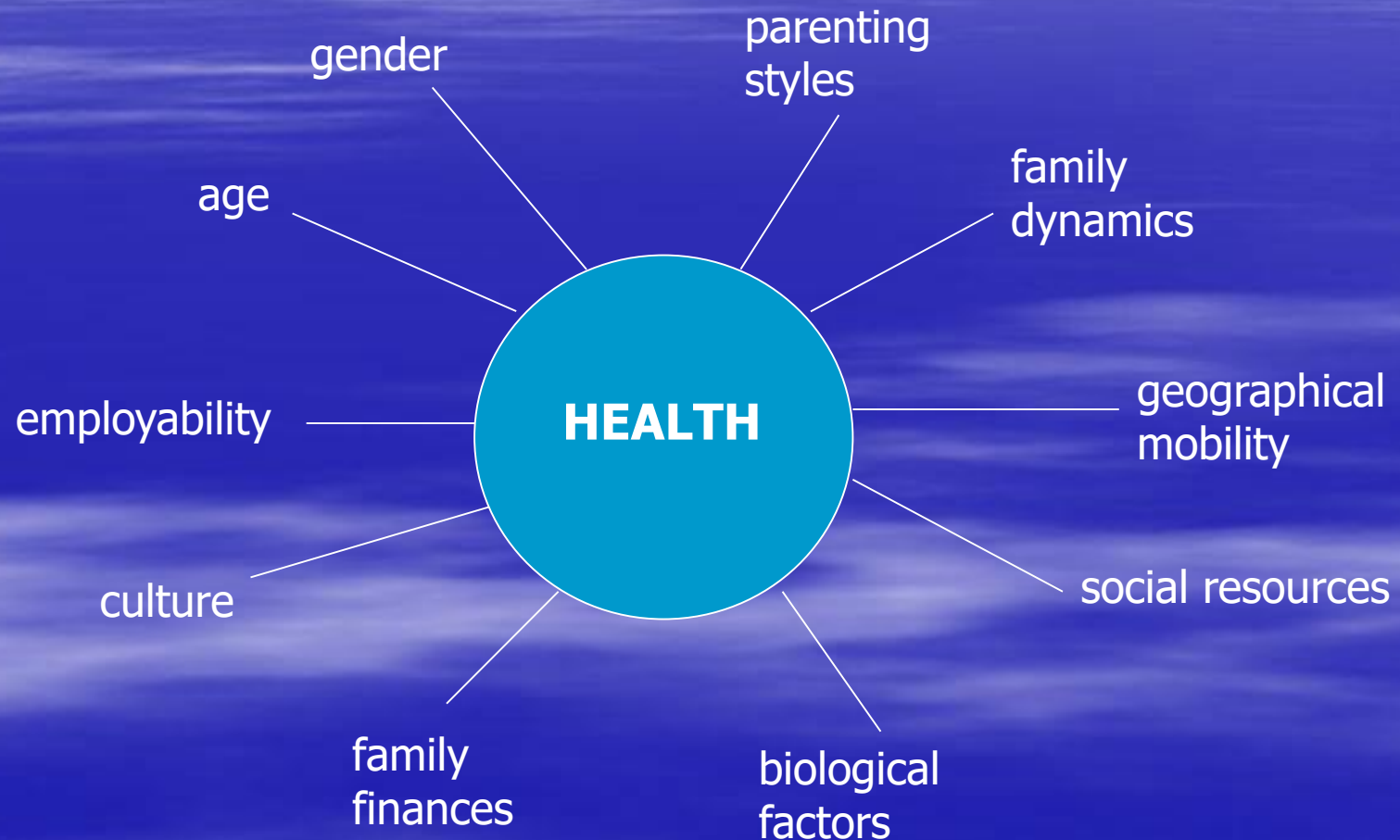
DETERMINANTS OF HEALTH



Social determinants of health

- Income and social status
- Stress – control over our life
- Early childhood development and education
- Employment and work conditions
- Social support
- Addiction
- Physical environment
- Exercise and transport
- Diet and lifestyle choices

Factors affecting health



- Declaration of Alma-Ata International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978

- The International Conference on Primary Health Care, meeting in Alma-Ata this twelfth day of September in the year Nineteen hundred and seventy-eight, expressing the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world, hereby makes the following

ALMA ATA DECLARATION

- Health is a fundamental human right and that the attainment of the highest possible level of health is a most important world wide social goal.
- The existing gross inequality in the health status of the people particularly between developed and developing countries is politically, socially and economically unacceptable.

- Economic and social development, based on a new international economic order is of basic importance to the fullest attainment of health for all.
- The people have the right and duty to participate individually and collectively in the planning and implementation of their health care.

- Government have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social; measures.
- All government should formulate national policies, strategies and plans of action to launch and sustain primary health care.
- All countries should cooperate in a spirit of partnership and service to ensure PHC for all people.

- An acceptable level of health for all the people of the world by the year 2000 can be attained through a further and better use of the world's resources

GOALS TO BE ACHIEVED BY 2000

- Health for All By:
- REDUCTION OF IMR
- RAISE THE EXPECTATION OF LIFE
- REDUCE THE CDR(Crude death rate – the total number of deaths per year per 1,000 people)
- REDUCE THE CBR
- ACHIEVE A NET REPRODUCTION RATE OF ONE
- TO PROVIDE POTABABLE WATER TO ENTIRE RURAL POPULATION

Comprehensive primary health care

- Complete physical, mental and social wellbeing
- Addresses issues of equity and social justice
- Considers the impact of education, housing, food and income
- Acknowledges the value of community development
- Recognises the expertise of individuals over their own health

Comprehensive Primary Health Care

Acknowledges other factors that contribute to poor health including:

- social influences which look at the
 - impacts of the key determinants of health which leads to the social determinants of health

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**
- 

What is Primary Health Care ?



What is Primary Health Care?

PHC is essential health care that is a socially appropriate, universally accessible, scientifically sound first level care provided by a suitably trained workforce supported by integrated referral systems and in a way that gives priority to those most in need, maximises community and individual self-reliance and participation and involves collaboration with other sectors. It includes the following:

- health promotion
- illness prevention
- care of the sick
- advocacy
- community development



THE FUNCTIONS OF PRIMARY HEALTH CARE

1. To provide continuous and comprehensive care
2. To refer to specialists and/or hospital services
3. To co-ordinate health services for the patient
4. To guide the patient within the network of social welfare and public health services
5. To provide the best possible health and social services in the light of economic considerations.



Principles for PHC

- PHC based on the following principles :
 - Social equity
 - Nation-wide coverage
 - Self-reliance
 - Inter-sectoral coordination
 - People's involvement in the planning and implementation of health programs

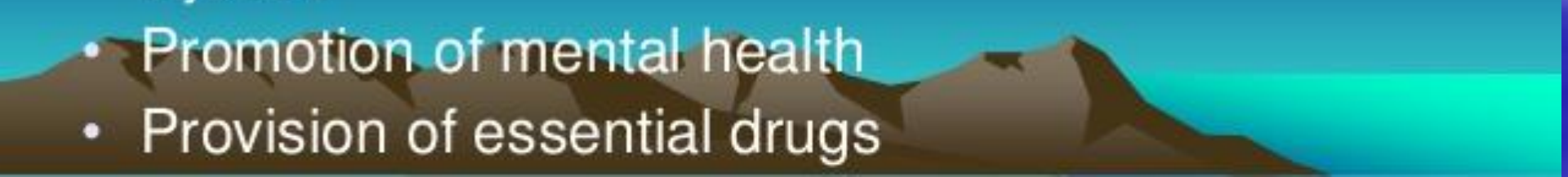


Core Activities for PHC

There is a set of CORE ACTIVITIES, which were normally defined nationally or locally. According to the 1978 Declaration of Alma-Ata proposed that these activities should include:



BASIC ELEMENTS OF PRIMARY HEALTH CARE

- Health education
 - Identifying & controlling prevailing health problems
 - Food supply and proper nutrition
 - Provision of safe water and basic sanitation
 - Maternal & child health care, including family planning
 - Immunization
 - Prevention and control of endemic disease
 - Appropriate treatment of common diseases and injuries
 - Promotion of mental health
 - Provision of essential drugs
- 

1. Education concerning prevailing health problems and the methods of preventing and controlling them



2. Promotion of food supply and proper nutrition



3. An adequate supply of safe water and basic sanitation



4. Maternal and child health care, including family planning



5. Immunization against the major infectious diseases



6. Prevention and control of locally endemic diseases



7. Appropriate treatment of common diseases and injuries



8. Basic laboratory services and provision of essential drugs.



9. Training of health guides, health workers and health assistants.



10. Referral services



- Mental health
- Physical handicaps
- Health and social care of the elderly



Contd.

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

The Basic Requirements for Sound 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**



Acceptability

- Acceptability of care depends on a variety of factors, including satisfactory communication between health care providers and the patients, whether the patients trust this care, and whether the patients believe in the confidentiality and privacy of information shared with the providers.



Availability

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



Assessability

- Assessability means that medical care can be readily evaluated.



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.



Continuity

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



To Summarize

Primary care is an approach that:

- Focuses on the person not the disease, considers all determinants of health
- Integrates care when there is more than one problem
- Uses resources to narrow differences



- Forms the basis for other levels of health systems
- Addresses most important problems in the community by providing preventive, curative, and rehabilitative services
- Organizes deployment of resources aiming at promoting and maintaining health.



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

Conclusion

Primary Health Care:
Working Together for Better Health



PHC team?

- **A team** : A group of people who make different contribution towards the achievement of common goal.
- Family health services, which are administered by FHSAs, and include the four practitioner services
 - GPs
 - Dental practitioners
 - Pharmacists
 - Opticians

- Community health services, which include:
 - Community doctors
 - Dentists
 - Nurses, midwives, and health visitors
 - Other allied professions such as chiropody and physiotherapy

- - Counseling social workers, psychologists, and psycho-therapists.
- Administrative
- - Reception of clients/ making appointments
- - Secretarial / clerical work

Essential characteristics of team work :

- - The members of a team share a common purpose which binds them together and guides their actions.
- - Each member of the team has a clear understanding of his own functions and recognizes common interests.
- - The team works by pooling knowledge skills, and resources: and all members share the responsibility for outcome.

Current health status and health care in Jordan

- 1- Health status has improved significantly during the past quarter century. Some important indexes to go with that are:
 - a. Life expectancy at birth increased from 49 in 1965 to 66 years in 1990 to 72 in 2004 to 73 (71.6 males and 74.4 females) in 2012
- 73.5 (72.8 males and 74.2 females) in 2017
Ranging from 57 in developing countries to 78 years in developed countries).

- b. Infant mortality decreased from 130 in 1960 to 35 per 1000 live births in 1992 to 22 in 2002 to 19 in 2007 to 17 in 2012
- Stayed 17 per 1000 live births in 2017.

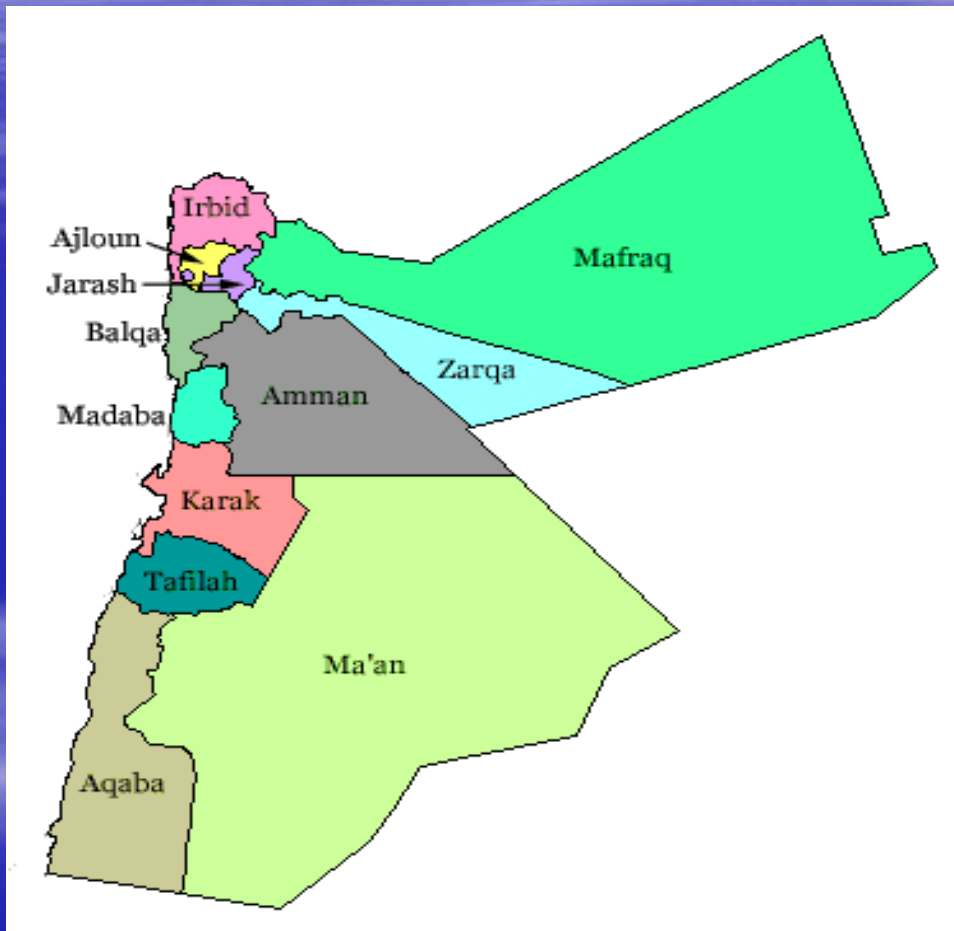
- C. Total fertility rate dropped from 7 to 5.6 to 3.7 to 3.6 to 3.5 to 2.7 on 1988 and 1994 and 2002,2007,2012,2017 respectively
- d. Small – Pox was eradicated on 1979
Measles, polio prevalence rates were decreased a lot other rates will be mentioned later

- Selected Indicators ٢٠١٧
- Total Population 10,053.0
- Population Growth Rate(%) 2.4%
- Population Doubling Time (years) 29
- Population Less Than 15 Year of Age (%) 34.3
- Population Age 65+years(%) 3.7
- Urban Population (%) 90.3
- Life Expectancy at Birth (years) 73.5 Male 72.8
Female 74.2
- Singulate mean age of females at first marriage is 26.3 years

Primary Health Care Provision in Jordan: Summary and Update

Jordan Governorates

Syria



Iraq

West
Bank

Arabia

A country in demographic and fertility transition

- Over the next 50 years, Jordan's **demographics will change dramatically** – This will pose great challenges for the country (resources and services).
- The country's population is growing rapidly, doubling over the last 20 years and likely to double again by 2029. However, it is undergoing a demographic transition : moves from high fertility and mortality, to low fertility and mortality (David Bloom, "Demographic Transition and Economic Opportunity: The Case of Jordan," April 2001).

- **Fertility declines** in Jordan have contributed to slowing the population growth rate down to 3.2 percent in the second half of the 1990s, and to **2.8** percent in 2002.(JPFHS, 2002) to 2.2 % in 2012
- Latest 2.4% 2017 increased due to increased in immigrants.

- The **urban population** increased by 14 percent between 1980 and 1994, increasing from 70 to 79 percent. (JPFHS, 2002) to 82.6 % 2012)to **90.3% in 2017.**
- Results of the 1994 census indicate that the **age structure of the population** has changed considerably since 1979 – the result of changes in fertility, mortality, and migration dynamics.

- The proportion of the population under 15 years of age **declined from 51 percent in 1979 to 39 percent by 2002 to 37.3% by 2012 to 34.3 by 2017**, while the proportion of those age 65 and over has been rising from 2.1% (JPFHS, 2002) to 3.2 % by the year 2012 to **3.7% by the year 2017.**

- **The Ministry of Health (MOH), through its Maternal and Child Health Centers (MCH), provided optional and predominantly free family planning services as an unofficial and indirect intervention in the population policy. The efforts made by the Jordan Association of Family Planning and Protection (JAFPP), as well as by some voluntary nongovernmental organizations, were invaluable in this regard.**

Challenges

- While low infant mortality rates and high life expectancy - are among the best in the region, the population growth rate continues to be a major development constraint - especially when analyzed in light of the **quantity and quality of services to be provided** to accommodate this rapid increase in population.

■ .

Primary Health Care Initiatives Project

- 380 PHC clinics
- Renovation and provision of furniture and specialized medical equipment
- Clinical training of service providers,
- Establishment of performance improvement review systems
- Improvement of the management information system

Primary Health Care in Jordan



- It follows that for a community like JORDAN were
- The population is small and highly urbanized .
- Highly qualified medical personnel are abundant.
- Intermediately qualified paramedical staff are scarce .
- Piped water and safe waste disposal are almost universal

Three main reasons for PHC in Jordan 1986 MOH study visits are :

- a. 33% respiratory diseases
- b. 14% infectious and parasitic diseases
- c. 10% digestive diseases

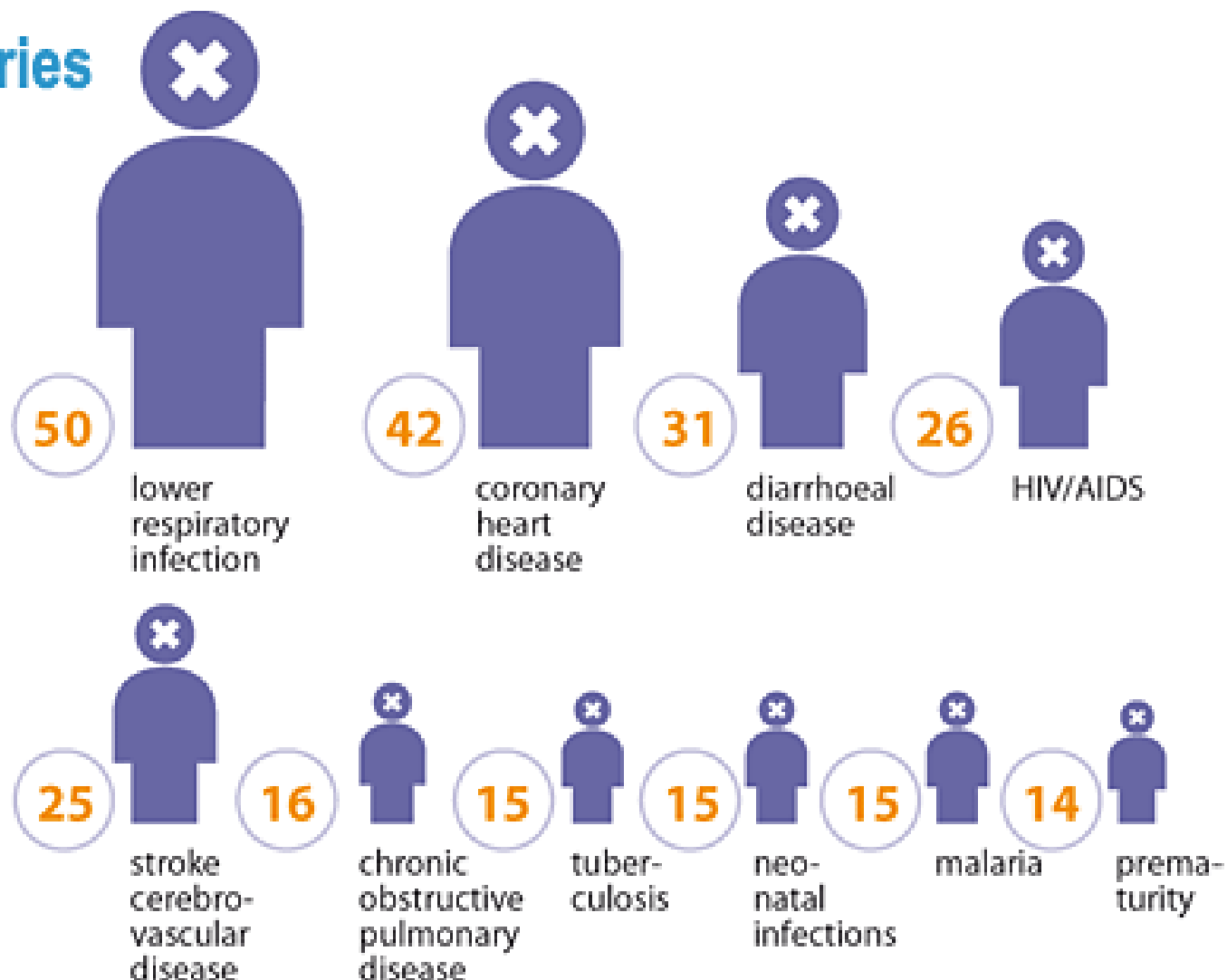
مديرية الرعاية الصحية الاساسية

قسم النهوض بالصحة العامة	قسم صحة البيئة	قسم مكافحة الامراض السارية	قسم العيادات ومراكز الرعاية الصحية الاولى
الصحة المدرسية	الهندسة الصحية	المalaria والبلهارسيا	
رعاية الامومة والطفولة	رقابة البيئة	الامراض الصدرية	قسم التدرن
التغذية	الصحة الصناعية	التطعيم	
التثقيف الصحي		الاستقصاء الوبائي والصحة العامة	
تمريض الصحة العامة		شعبة الاسهالات والكوليرا	
شعبة الطب الرياضي		برنامج الايدز الوطني	

What would be the top 10 causes of their deaths?

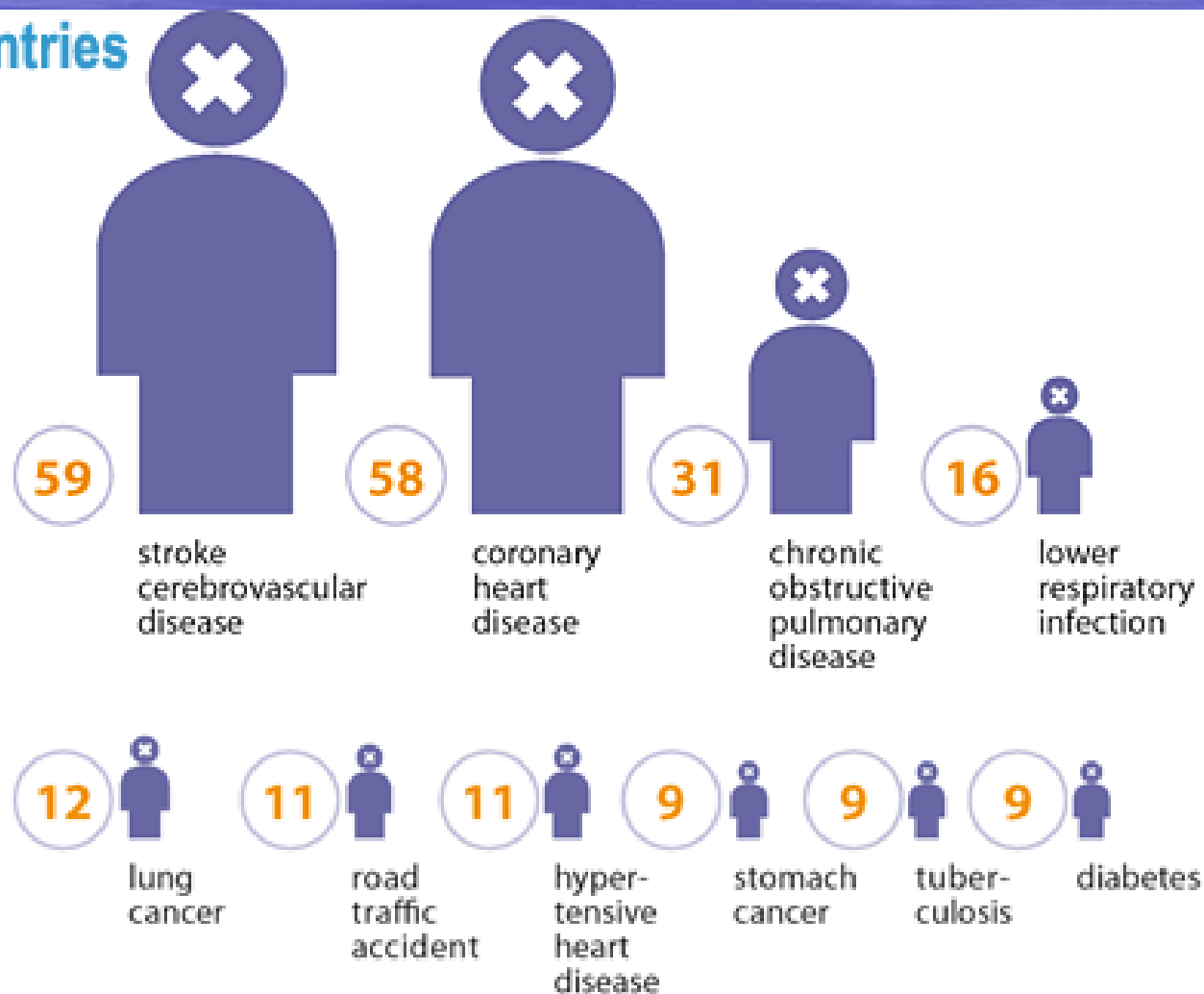
Low-income countries

447 of 1000



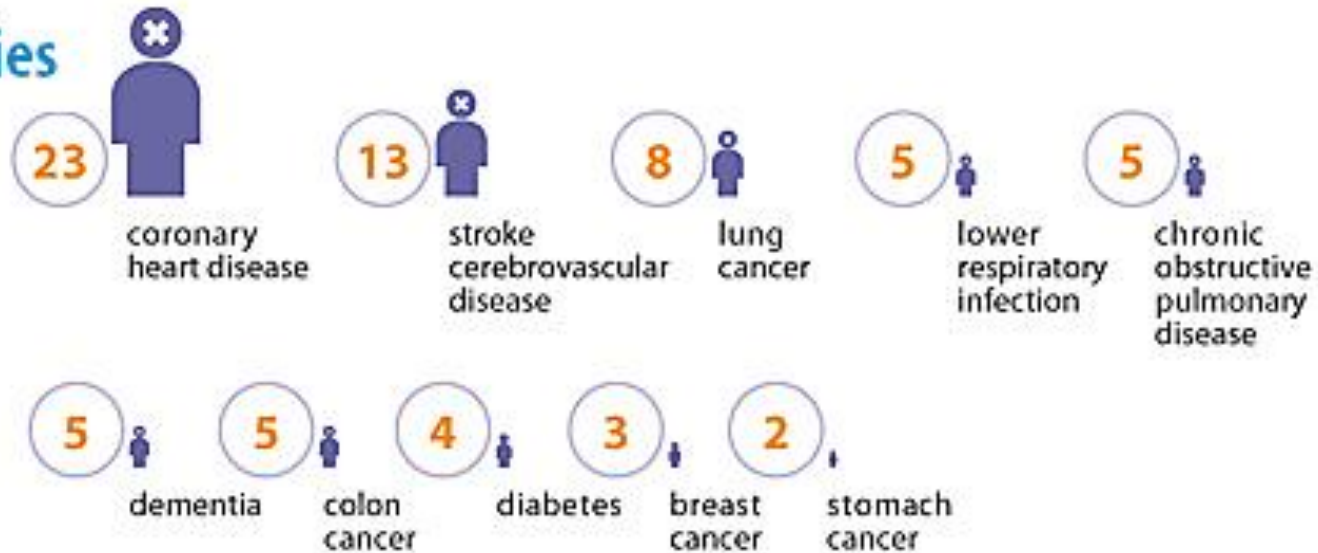
Middle-income countries

415 of 1000



High-income countries

138 of 1000



الاسباب الرئيسية للوفاة في الاردن

اما الاسباب الرئيسية للوفاة في الاردن لجميع الاعمار فقد كانت عام ١٩٧٩ كما يلي :-

المرض	النسبة المئوية %
امراض القلب والدورة الدموية	٢٣
امراض الجهاز التنفسي	٢٠
الاسهالات	١٦
الحوادث	٩
تعقيدات الحمل والولادة	٦
السرطان	٥
سوء التغذية	٣
اخرى	١٩
المجموع	١٠٠

جدول رقم (٥٤)
اسباب الوفاة الرئيسية للبالغين موزعة
بنسب مئوية حسب الجنس خلال عام ١٩٩١ م

اسباب الوفاة	ذكور	النسبة	اناث	النسبة	المجموع	النسب
امراض القلب والشرابين وضغط الدم	٢٩١٥	٤٣,١	١٥٥٥	٣٤,٥	٤٤٧٠	٣٩,٧
الحوادث بانواعها	٧٠٦	١٥,٤	٣٠٣	٦,٧	١٠٠٩	٨,٩
الاورام الخبيثة	٢٠٢	٣	١٣٧	٣	٣٣٩	٣
الالتهابات الرئوية	٣٣٨	٥	١٨٠	٤	٥١٨	٤,٦
امراض الكلى	١٢٧	١,٩	١٤٨	٣,٣	٢٧٥	٢,٣
امراض الكبد	١٠١	١,٥	٦٣	١,٤	١٦٤	١,٥
امراض سارية	١٧	٣.	١٦	٣.	٣٣	٣.
اسباب غير محددة	٢٣٥٢	٣٤,٨	٢١٠٨	٤٦,٧	٤٤٦٠	٣٩,٦
المجموع	٦٧٥٨	%١٠٠	٤٥١٠	%١٠٠	١١٢٦٨	%١٠٠

Proportionate Mortality Ratio by order of magnitude

Disease of circulatory system	41.97
Neoplasm's	13
Accidents and adverse effects	10.5
Conditions originating in the perinatal period	7.39
Disease of respiratory system	6.24
Congenital malformations, deformities and chromosomal abnormalities	4
Cause could not be determined	4.02
Cause of urinary system	3
Diseases of digestive system	3
Ill-defined and unknown causes	3
Infectious disease	2.4
Endocrine and metabolic disorders, diabetes	1.5
Diseases of the nervous system	0.6
Diseases of the blood and forming elements	0.2
Pregnancy , childbirth, and the puerperium	0.11

Top 10 Causes of Death in Jordan

center for disease control and prevention

(CDC 2010)

1. Ischemic Heart Disease		18%	6. Chronic Kidney Disease	4%
1. Cancer		15%	7. Road injuries	4%
1. Stroke		12%	8. Lower-Respiratory infection	3%
1. Diabetes		7%	9. Pre-Term Birth Complications	2%
1. Congenital Abnormalities		4%	10. Chronic Obstructive Pulmonary Disease	2%

Thank you for your attention!