Primary health care: Is it a decorated bride?

I had the opportunity to look at an official report issued by the Ministry of Health of Saudi Arabia, on the role of the private sector in the running of primary health-care (PHC) centers. It was an opportunity for me to discuss both the PHC concept and its privatization.

In the Alma-Ata conference held by the WHO at Kazakhstan in 1978, there was consensus of representatives from about 120 countries and international organizations indicating that PHC was the cornerstone of health care in any society, in Western Europe or in the middle of Africa. The salient features of PHC as defined by the Alma-Ata declaration are as follows:

- The aim of PHC is to provide comprehensive health care, including health education, environmental sanitation, nutritional programs, early detection of diseases, maternal and child health care, prevention of infectious and chronic diseases, as well as the care of the sick
- Crucial to the success of PHC is the voluntary participation of individuals in the community in planning, implementing, monitoring, and evaluating these activities
- PHC does not depend on expensive buildings or equipment but on the preparation of the health team for the performance of their duties
- PHC activities are conducted from the health center, as well as within the community
- If properly managed, PHC can cover up to 85% of health needs of the people.

Consequently, Sweden is closing some of its hospitals but expanding PHC activities. I can confidently state that most Arab countries if not all do not adequately prepare their health personnel for the provision of proper PHC services.

The following are the reasons for the deficiencies of the PHC in our region:

- We often concern ourselves with appearances rather than real matter. In other words, we exhaust our resources on fancy buildings and expensive gadgets but fail to give adequate education and training to the health personnel
- We try to cure people when they are sick rather than deal with the root causes of the health problems
- Medical education in both undergraduate and postgraduate programs has little relevance to the actual health problems in the community
- Our criteria for measuring success in health services are the number of patients treated and the number of hospitals, health centers built, and the doctors and nurses graduated. Whereas the proper measurement should be the reduction in morbidity and mortality rates.

Some concerns raised about the Ministry of Health report are:

a. The forty-page report in English should have been published in Arabic to give it wider readership coverage and circulation
b. It states that the primary function of PHCs is to alleviate the pressure on hospitals. This is a misrepresentation of the actual role of PHCs – that of assisting people to adopt a healthy lifestyle
c. The report states that the Kingdom should be proud of the access of patients to health centers. Let us not quibble about this point. However, it denies other important aspects such as the outreach activities of PHCs in the community and the active participation of the community in the health activities
d. The report rightly underlined the fact that the deficiency of the PHC setup is the result of the lack of proper preparation of the health personnel including physicians for their role in health care
e. The privatization of PHCs will be overseen by a Department in the Ministry of Health called Primary Care Business Unit. This idea in itself will turn the concept of PHC into a profit-making venture rather than a service for change in the health of the community
f. When managed by the private sector, PHC will be evaluated by (a) patient satisfaction, (b) the level of performance, and (c) the reduction of the financial burden on the Ministry of Health. Undoubtedly, the financial burden on the Ministry of Health will be reduced. However, a look at the other two criteria shows that (i) it is easy to assess people’s satisfaction. All that is required is for someone to stand at a street corner, in a city, or a village and ask a sample of people what they want from health care. Their answers are sure to be the need for more doctors and nurses (preferably round the clock), ample amount of medicines (injections mostly), and X-ray and

© 2019 Journal of Family and Community Medicine | Published by Wolters Kluwer - Medknow

141
laboratory equipment (magnetic resonance imaging is highly sought after)! Nothing will be said of their actual health needs including a healthy environment, healthy nutrition, early detection of diseases, health education, maternal and child health care, oral hygiene, and other preventive and developmental programs. In short, people’s satisfaction is not a proper measure for the success of PHC. (ii) The measurement of performance is crucial. However, measuring performance by the number of patients treated, the number of drugs dispensed or the number of procedures done defeats the purpose. A reliable tool for measuring PHC performance is the reduction in morbidity and mortality achieved.

Here are some of my personal ideas on PHC. We should endeavor to bring the standard of our PHCs to international level, the standard of Alma-Ata declaration.

- PHC could be delivered adequately by well-trained personnel at ordinary health centers, in buildings donated by the community as a gesture of their active participation in health care
- I came across excellent examples of PHC set-ups in such countries as Iran (in the 1970s), China, Puerto Rico, Brazil, Finland, and Sweden located in simple buildings. Instead of spending all our resources on buildings and equipment, we should spend them on the outreach activities of PHC
- We should actively encourage the participation of the community in the planning, implementation, and evaluation of PHCs
- We should be able to persuade insurance companies to invest in disease prevention, for the gains in the reduction in the cost of treatment is worthwhile
- PHCs should not be placed under the authority of hospitals. This tends to emphasize the curative aspect of PHC at the expense of comprehensive care. I suggest that we refer to the WHO Technical Report Series No. 744 entitled “Report on the role of Hospitals at the first referral level” which describes the strong relationship between hospitals and PHCs.

- The curricula of medical colleges, health institutes, and postgraduate programs should be closely related to community health problems
- Graduates of Family Medicine programs should be well trained to function as team leaders, health promoters, and educators
- If the private sector becomes involved in running PHCs, the right balance should be struck between profit making and the provision of comprehensive health care.

I really commend the Saudi Ministry of Health for raising the issue of PHC as a matter of priority. Apparently, there are some differences of opinions on the objectives and methods of PHCs. The question “what can be done to raise PHCs to international standards?” may easily be resolved through a round table discussion between representatives of medical schools and health services authorities.

**Summary**

The World Health Organization conference in Alma-Ata, Kazakhstan, in 1978, was attended by representatives of more than 120 countries and organizations. PHC was declared by consensus, as the cornerstone of health care in any country, irrespective of its social and economic development. Some of PHC features, as outlined by the Alma-Ata declaration, were:

- PHC does not rely on expensive buildings or equipment, but rather on a well-trained and dedicated health personnel
- PHC services should be carried out in the community with the active participation of the people
- Activities provided by PHC include health education, environmental sanitation, healthy nutrition, early detection of diseases, and maternal and child care
- If PHC is appropriately implemented, it could meet about 85% of the community health needs.

At present, health-care systems in the Arab countries are not carried out as they should be. Vision 2030 provides the Kingdom of Saudi Arabia as well as other countries in the region a golden opportunity to remodel their PHC systems and points them in the right direction.

**Financial support and sponsorship**

Nil.

**Conflicts of interest**

There are no conflicts of interest.

**References**

1. Ministry of Health, Saudi Arabia. Private Sector Participation (PSP) in Health Care. Model Development and Action Plan, Primary Health Care Initiative. Riyadh: Ministry of Health; 2017.
2. World Health Organization. Declaration of Alma-Ata.
Sebai ZA. Primary health care: Is it a decorated bride?. J Fam Community Med 2019;26:141-3.