GOOD AFTERNOON
HEALTH CARE delivery
HEALTH PROBLEMS

- Communicable disease problems
- Nutritional problems
- Environment sanitation problems
- Medical care problems
- Population problems
Health care

✓ “Health care” embraces a multitude of services to individual or communities by agents of the health services or professions, for the purpose of promoting, maintaining, monitoring, or restoring health.

✓ “Medical care”
Characteristics of health care

- Appropriate
- Comprehensive
- Adequacy
- Availability
- Accessibility
- Affordability
- Feasibility
LEVELS OF HEALTH CARE
1. PRIMARY CARE LEVEL

- First level of contact of individuals, the family and community.
- It is close to the people, where most of their health problems can be dealt with and resolved.
- In the Indian context, primary health care is provided by the complex of PHC’s and their subcentres through the agency of multipurpose health workers, village health guides and trained dais.
More complex problems are dealt with.

- district hospitals and community health centres.
3. TERTIARY CARE LEVEL

- More specialized level and requires specific facilities and attention of highly specialized health workers.

- Provided by regional or central level institutions.

- "Referral System". It must be a 2-way exchange of information and returning patients to those who referred them for follow up care.
CHANGING CONCEPTS
1. Comprehensive health care

- First used by the Bhore Committee in 1946.

- Comprehensive services: provision of integrated preventive, curative and promotional health services from “womb to tomb” to every individual residing in a defined geographic area.
defined comprehensive health care as:

1. Provide adequate preventive, curative and promotive health services.
2. Be as close to the beneficiaries as possible.
3. Cooperation between the people, the service and the profession.
4. Is available to all irrespective of their ability to pay.
5. Vulnerable and weaker sections of the community.
6. Create and maintain a healthy environment both in homes as well as in working places.
2. Basic health services

* In 1965, this term was used by UNICEF/WHO.

**Drawbacks:**

lack of community participation, lack of intersectoral coordination and dissociation from the socioeconomic aspects of health.
3. Primary health care

- Came into existence in 1978, following an international conference at Alma – Ata (USSR).

- It has all the hallmarks of a primary health delivery, first proposed by the Bhore Committee in 1946.

- Alma-Ata conference definition:

  “Primary health care essential health care made universally accessible to individual and acceptable to them, through their full participation and at a cost the community and country can afford”.
ELEMENTS OF PRIMARY HEALTH CARE

1. Education - 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.
5. Immunization against major infectious diseases.
7. Appropriate treatment of common diseases and injuries.
8. Provision of essential drugs.
PRINCIPLES OF PRIMARY HEALTH CARE
1. Equitable distribution

- Health services must be shared by all people irrespective of their ability to pay, and all must have access to health services.
2. Community Participation

- involvement of individuals, families, communities in promotion of their own health and welfare, is an essential ingredient of primary health care.

- greatly influenced by experienced in China where community participation in the form of “bare-footed doctors” took place on an unprecedented scale.
3. Inter-sectoral coordination

- All related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food industry, education, housing, public works, and other sectors.

- An important element of intersectoral approach is planning – planning with other sectors.
4. Appropriate technology

♣ “technology that is scientifically sound, adequate to local needs, and acceptable to those who apply it and those for whom it is used, and that can be maintained by the people themselves in keeping with the principle of self reliance with the resources the community and country can afford”.
Health care delivery systems
Health care systems

• **Public health sector**
  • Primary health centres
  • Sub-centres

  – **Hospitals/health centres**
  • Community health centres
  • Rural hospitals
  • District hospital/health centre
  • Specialist hospitals
  • Teaching hospitals
– **Health insurance schemes**
  * Employees state insurance
  * Central government health scheme

– **Other agencies**
  * Defence services
  * Railways
• **Private sector**
  – Private hospitals, polyclinics, nursing homes and dispensaries
  – General practitioners and clinics

• **Indigenous systems of medicine**
  – Ayurveda and siddha
  – Unani and Tibbi
  – Homeopathy

• **Voluntary health agencies**

• **National health programs**
Bhore Committee (1943-1946):

✓ Integration of preventive and curative services at all administrative level

✓ The development of primary health centres

✓ Major changes in medical education
Mudaliar Committee (1962):

- Consolidation of advances made in first two five year plan
- Strengthening of the district Hospital
- Each primary health centre not to serve more than 40000 population
Chadah Committee (1963):

- Additional duties of family planning, vital statistics apart from Malaria vigilance
- One basic health worker per 10000 population
- The family planning health assistant will supervise 3-4 basic health workers
Mukerji Committee (1965):

- Appointed to review the strategy for family planning programme
- Basic health services
Jungalwala Committee (1967):

- Elimination of private practice by govt doctors
- Committee on integration of Health Services
Kartar Singh Committee (1973)

- Multipurpose workers under health
- Training for such workers
- Utilization of mobile service units
Shrivastav Committee (1975)

- To device a suitable curriculum for training a cadre of Health Assistants
- Establishment of ‘Referral Service Complex’
- Establishment of Medical and Health Education Commission
Inputs

Health status or health problems

Resources

Health care services

Curative Preventive Promotive

Health care system

Public Private Voluntary Indigenous

Outputs

Changes in health habits
THANK YOU