The role of Primary Care in enhancing Sexual and Reproductive Health

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Training Course in Sexual and Reproductive Health Research
Geneva 2011

PHC
1978 - Alma Ata declaration

" PHC **relies**, **at local and referral levels, on health workers,** including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as **traditional practitioners as needed, suitably trained** socially and technically to work as a **health team** to respond to the expressed health **needs of the community"**

1978
Primary health care

Addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly;

includes at least:

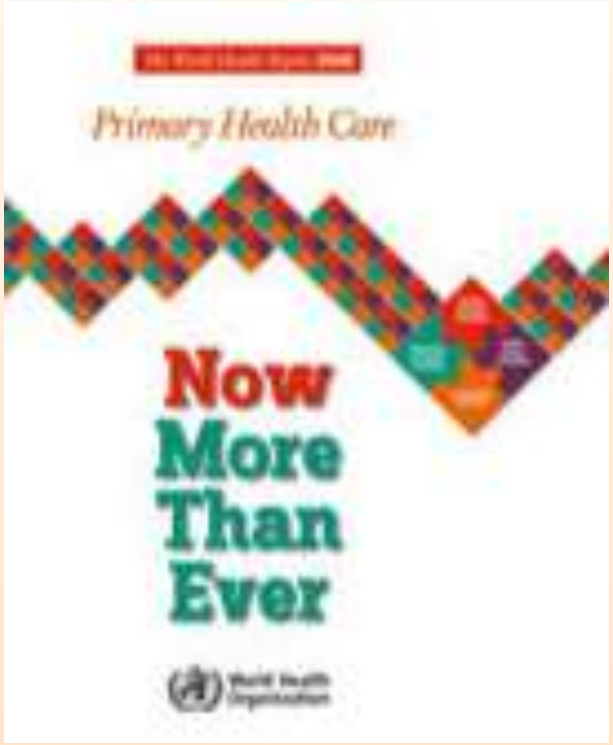
- **maternal and child health care, including family planning**
- **education prevent and control of health problems**
- **promotion of food supply, proper nutrition, safe water and basic sanitation**
- **immunization**
- **prevention and control of locally endemic diseases**
- **treatment of common diseases and injuries**
- **provision of essential drugs**

PHC
2008 – Almaty & The World Health Report

Primary health care ensures that rich, poor and disadvantaged people are able to access the services.

PHC **mobilizes the society and requires community participation** in defining and implementing health agendas, encouraging an **intersectoral approach** to health.

PHC positions health development into the overall social and economic development of countries.



2008: PHC renewal

PHC 2008 puts emphasis on four areas of strategic importance, dealing with current and future challenges to health:

- Addressing health inequalities
- People-centered care
- Better public policies
- Stronger leadership

PHC renewal is focusing on 4 priority areas

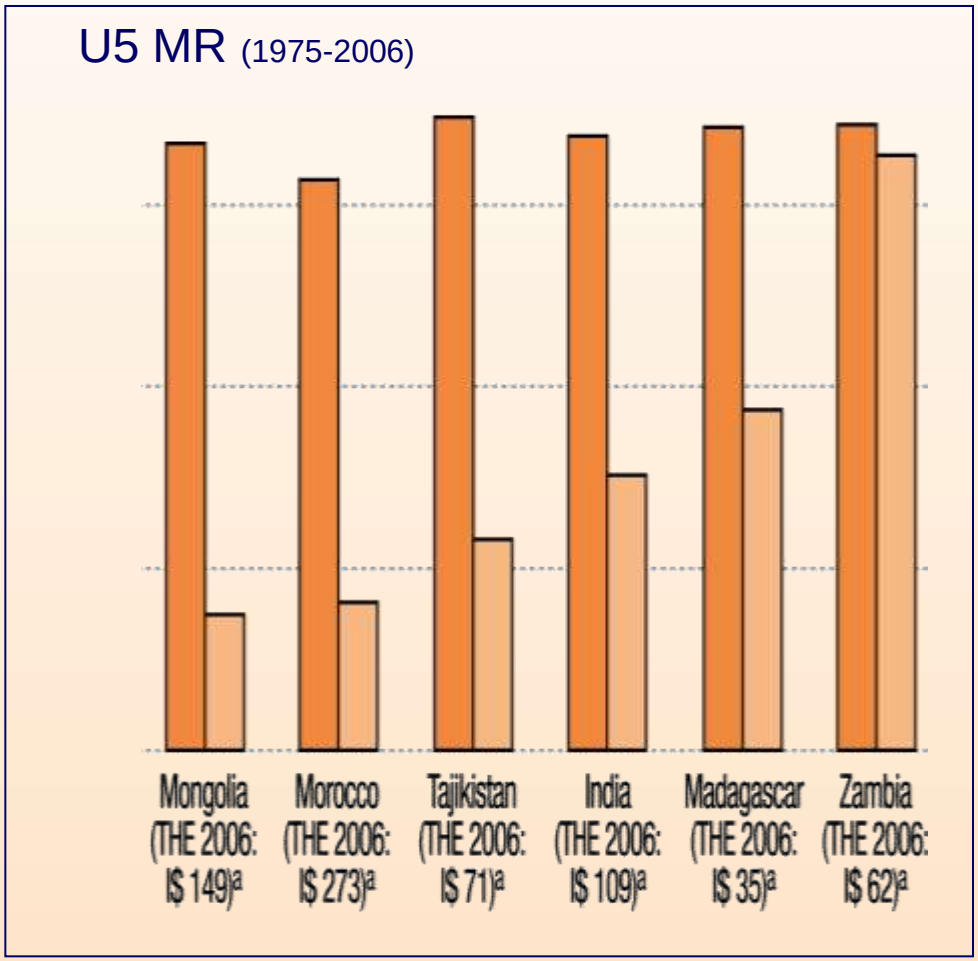
Five reasons for the renewal of PHC

1. Progress is not a given
2. Inequalities
3. New challenges
4. Disconnection between values, expectations, and performance
5. Recognition of the need for leadership and steering

1. Progress is not a given

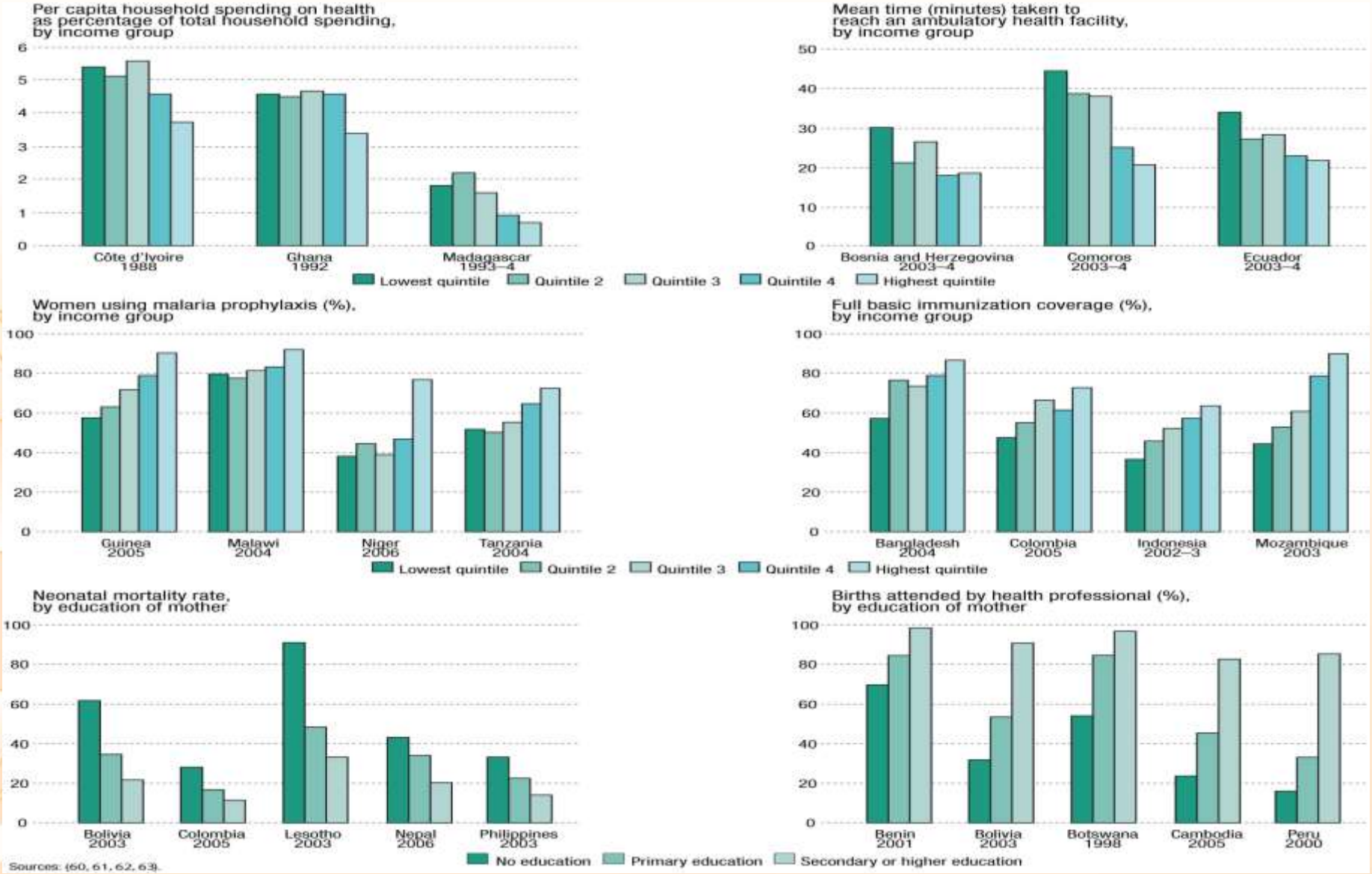
"Uneven and slow progress is associated with disappointing advances in access to health care"

(WHR 2008)

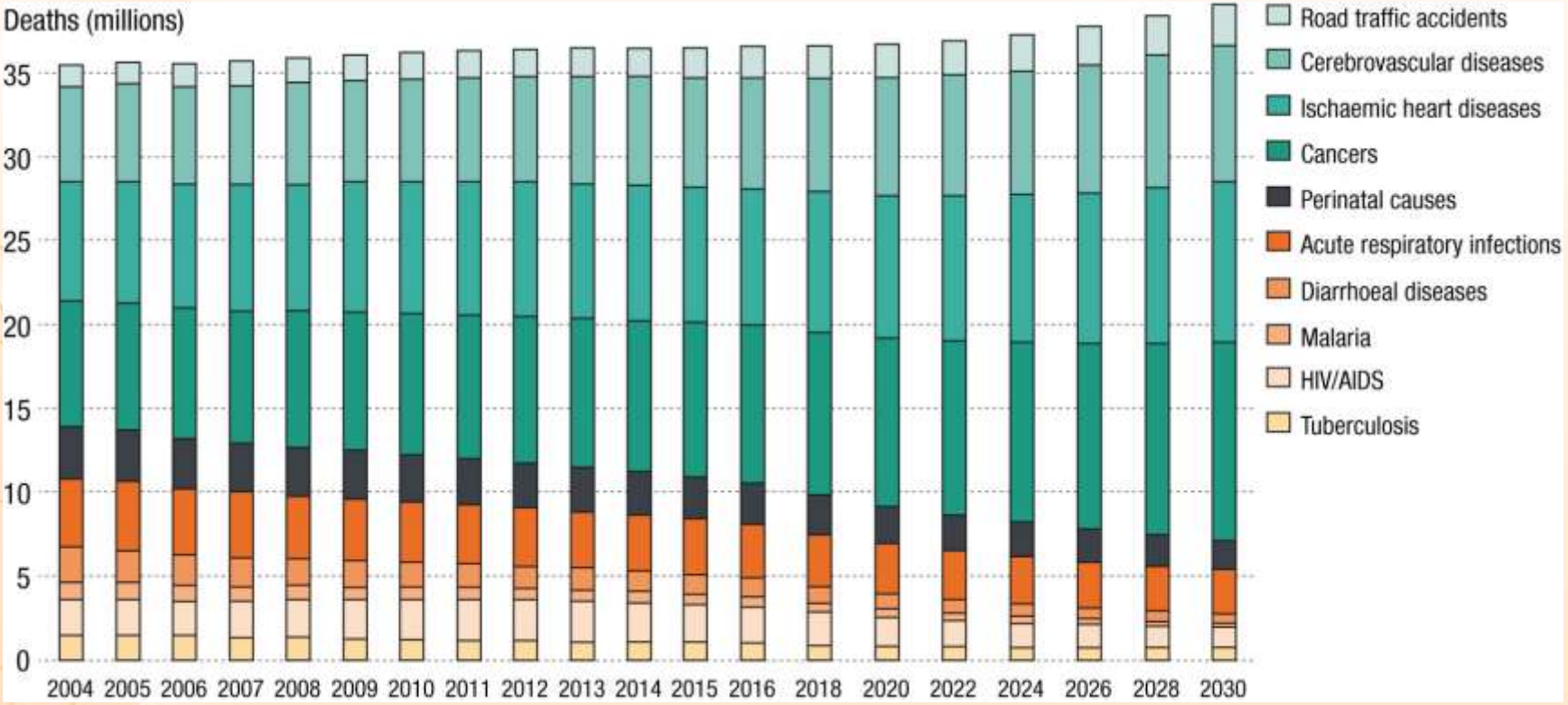


a: Total health expenditure per capita 2006, International $

2. Inequalities



3. New challenges



The shift towards non communicable diseases and accidents as causes of death

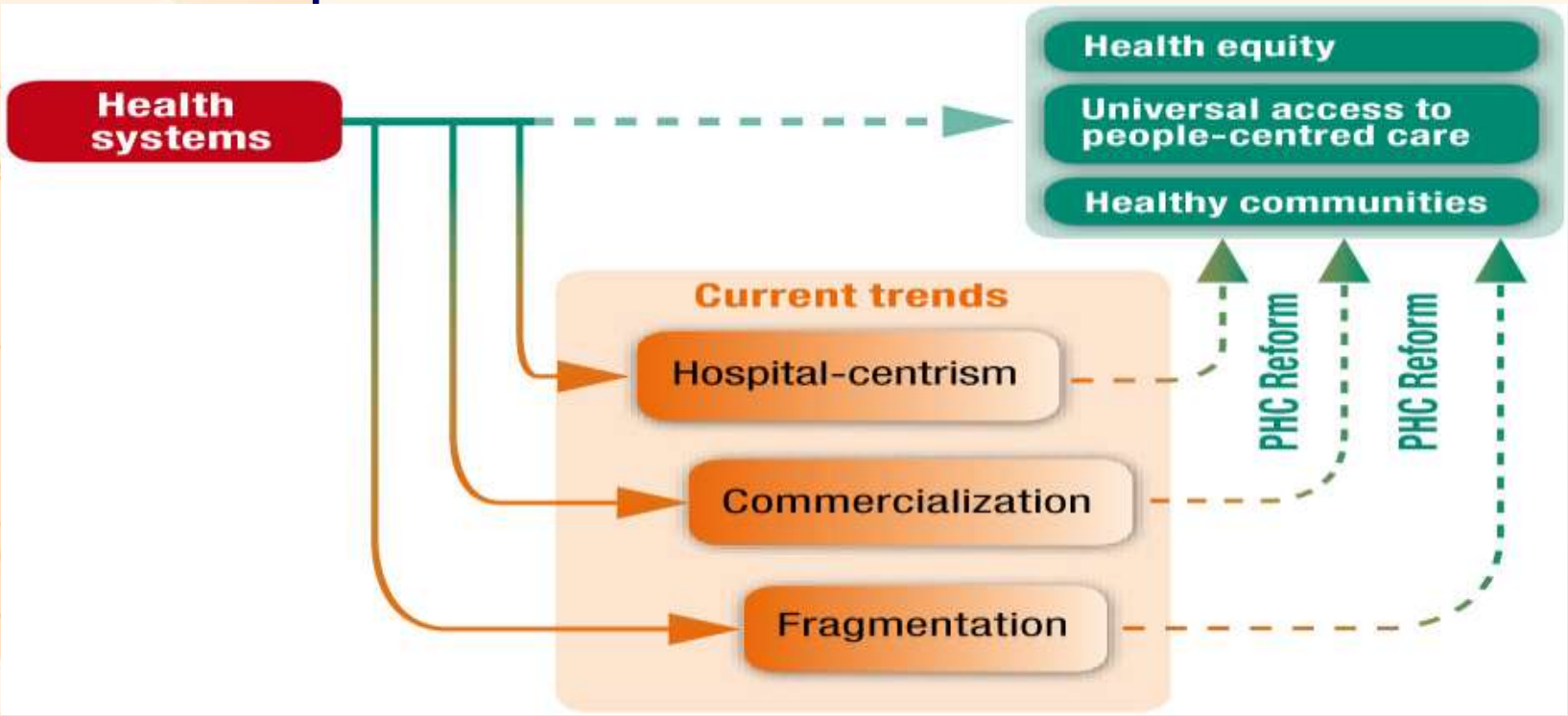
4. Disconnection values, expectations, performances

People across the world increasingly expect:

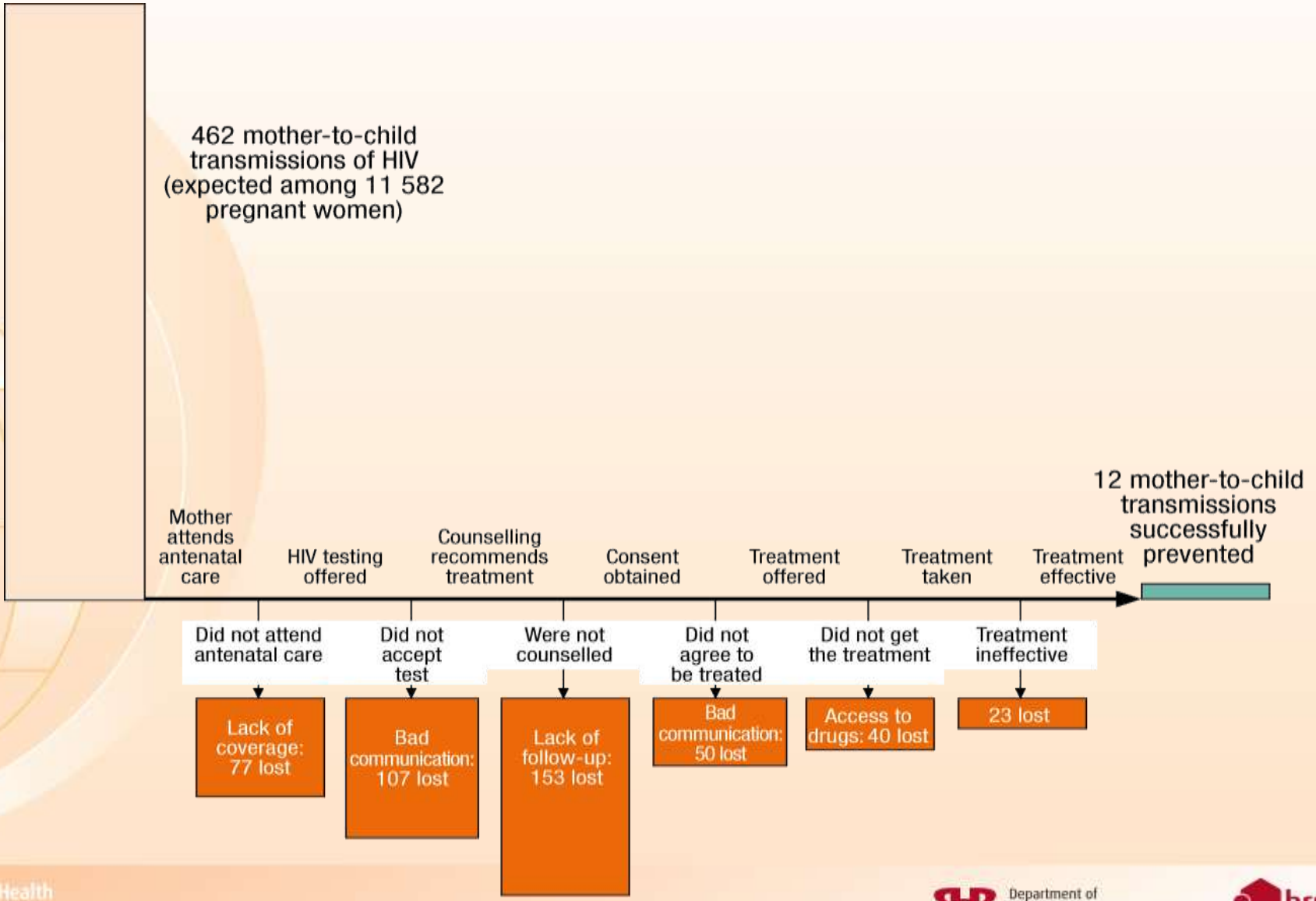
- **To have a say in what affects their lives**
- **Access to quality, people-centred care**
- **Protection of the health of their communities**
- **Health equity, solidarity, social inclusion**
- **Health authorities that can be relied on**

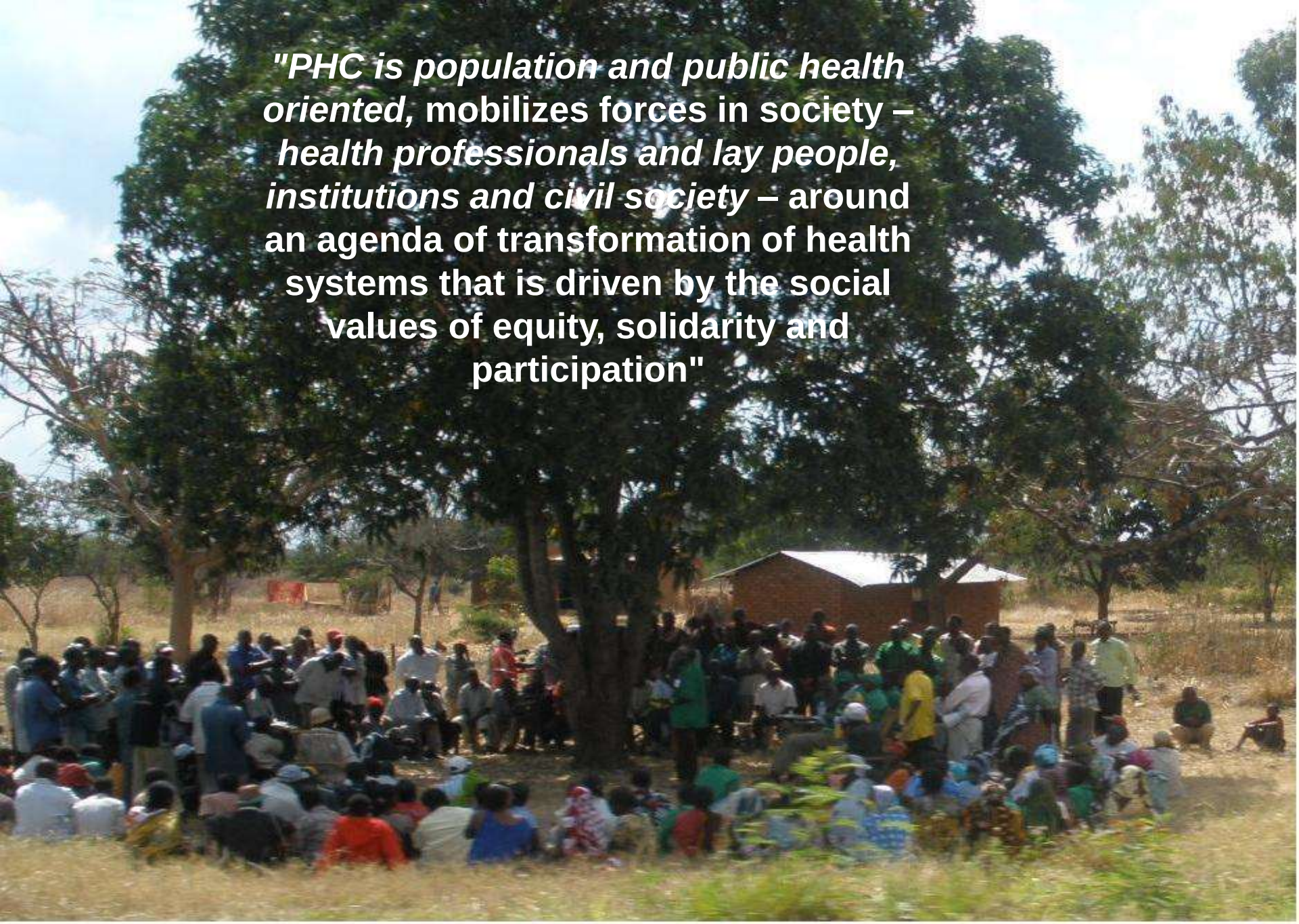
5. The need for leadership and steering

Health systems **are diverted from PHC core values,** they do not gravitate towards meeting social expectations



How the system fails




"PHC is population and public health oriented, mobilizes forces in society – health professionals and lay people, institutions and civil society – around an agenda of transformation of health systems that is driven by the social values of equity, solidarity and participation"

Primary Care what is it?

PC is a component of primary health care

PC refers to the first level of contact people have with the health provider or the health-care team

PC is not disease-oriented

PC is person-oriented, over time, comprehensive and coordinated

Primary care providers

The health provider can be a member of a team, a community health worker linked to health services, a nurse, a midwife or a medical doctor

Primary Care: a clear step in the right direction

In 7 African countries

The highest 1/5 of the population receives well over twice as much financial benefit from overall government health spending (30% vs 12%).

For Primary Care, the poor/rich benefit ratio is much lower (23% vs 15%).

Source: Castro-Leal et al 2000, Gwatkin 2001

Primary Care and Health: Evidence-Based

Countries with strong primary care

- have lower overall costs
- generally have healthier populations

Within countries

- areas with higher primary care physician availability (but NOT specialist availability) have healthier populations
- more primary care physician availability reduces the adverse effects of social inequality

Starfield 09/02

2005 - 60th UN General Assembly

Resolution of all the countries to achieve universal access to Reproductive Health by 2015.

SRH to be delivered through PHC, integrated with the strategies to attain the agreed MDGs, and all to be done within the context of human security and human rights.

The role of PC towards Universal access to Sexual and Reproductive Health

"...for the first time governments acknowledged that every person has the right to sexual and reproductive health. They agreed to put gender equality, reproductive health and reproductive rights at the centre of development... to make sure that all people who want reproductive health care can get it."

Ban Ki-moon, UN Secretary-General, October 2009

Why is SRH positioned within PC?

Historically with its preventive and curative care in perinatal, Family Planning, STI and counselling,

SRH is a key component of PC.

Universal access to Sexual and Reproductive Health




Equal access for everyone with equal needs




PC' barriers to SRH services

- Limited access to vulnerable groups, as rural population, poor, adolescents
- unawareness of the population about the range of SRH services offered
- shortage of skilled and motivated health providers
- unwillingness of health providers to work in remote areas
- conflict situations
- socio-cultural and traditional factors
- rundown health facilities
- shortage of equipment
- poor HIS on SRH indicators – limiting use of data for decision-making

To successfully provide SRH services within PC

The team members should be competent in the different services provided

- Showing proper attitudes built on overall knowledge of ethics and human rights principles
- Community orientation
- Cultural competence

Sexual and Reproductive health core competencies in Primary Care

SRH services to be provided in PC

- Assessment of SRH needs: screening, treatment, referral
- Sexual and reproductive health education and counselling
- Family planning
- STI (including HIV), RTI
- Reproductive tract cancers
- Comprehensive abortion care
- ANC
- Skilled care during birth and PP to the mother and the newborn

SRH services if properly provided in PC

Will strengthen the health system & improve the health of the communities

- Increasing availability, affordability, information, quality and appropriateness
- increasing uptake and usage of services
- expanding coverage and reach

To enhance Sexual and Reproductive Health

REFERENCE

http://www.who.int/reproductivehealth/publications/health_systems/9789241501002

ASSIGNMENT

Design your country profile of the Sexual and Reproductive Health (SRH) services available at PC level.

Different aspects can be taken in consideration:

- **Where they are located, how the services are offered**
- **Who are the human resources who provide the SRH services**
- **The competencies the staff (team) have to provide the SRH services**
- **Which SRH services are NOT provided at PC level?**
- **Are specific groups of people not allowed to access SRH services (e.g., adolescents, single women, etc.)?**
- **Which are the barriers to access SRH services in your country?**