



## **L5-PHC principles and health system in Saudi Arabia**



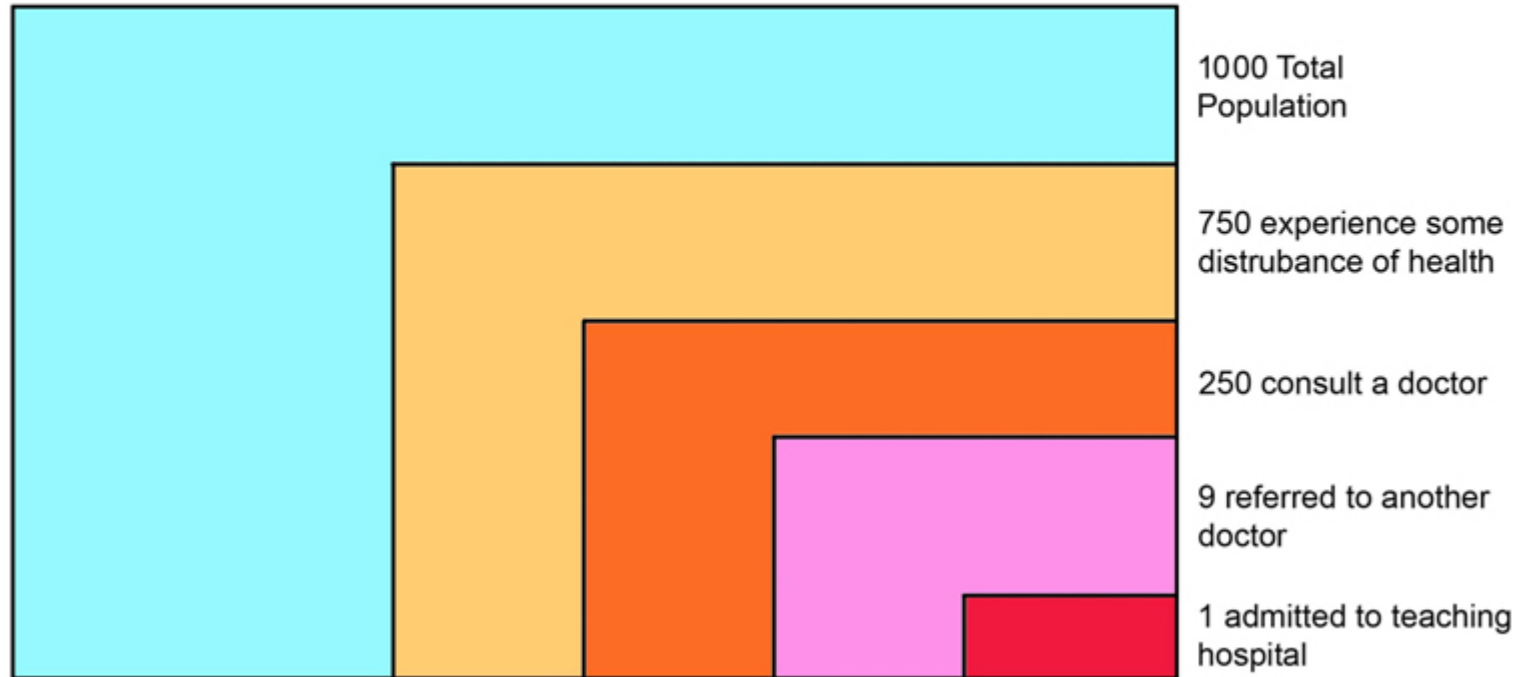
## In Developed Countries

- diseases of modernisation.
- over eating & non balanced diets.
- Alcoholism.
- Smoking.
- overuse of hard drugs.
- Worry & distress.

## In Developing Countries

- Third did not have access to safe water.
- Quarter suffered from malnutrition.
- Diarrhoea.
- High infant mortality rate 150-250 per 1000.
- High maternal rate 3-15 per 1000 .

# THE HEALTH EXPERIENCE OF A POPULATION OVER A PERIOD OF ONE MONTH



**\*International study of health of all people in  
1973  
results were worse than that of 1960**

## Generally adverse situation due to:

- In Both Developed and Developing Countries, there is low access to comprehensive services.
- In some countries one out of two see health worker once/year.
- Services were urban based.
- Services were curative oriented.
- Planning not related to needs.
- Absent statistics leading to maldistribution.
- No community participation.
- Lack of coordination.
- Economical deterioration.

## PHC as a Tool for HFA

- Member of WHO & signatory of HFA declaration.
- PHC has become a national strategy development plan.
- 1980 A Ministerial decree was issued, consolidating dispensaries, health offices and MCH centers into PHC centers.
- Health coverage reached 99 % .

### Cardinal Features of PHC(WHO 1978)

**PHC** is essential health care based on practical, scientifically & socially acceptable methods & technology made universally accessible to individuals & families in the community through their full participation and a cost that the country can afford to maintain self-reliance and self-determination. It forms an integral part of health system & the overall social & economic development of the community. First level of contact, close as possible to people & constitutes continuing care

# PHC ELEMENTS



(1) Health education.



(2) Promotion of nutrition.



(3) Environmental sanitation.



(4) Maternal and child care.



(5) Immunization.



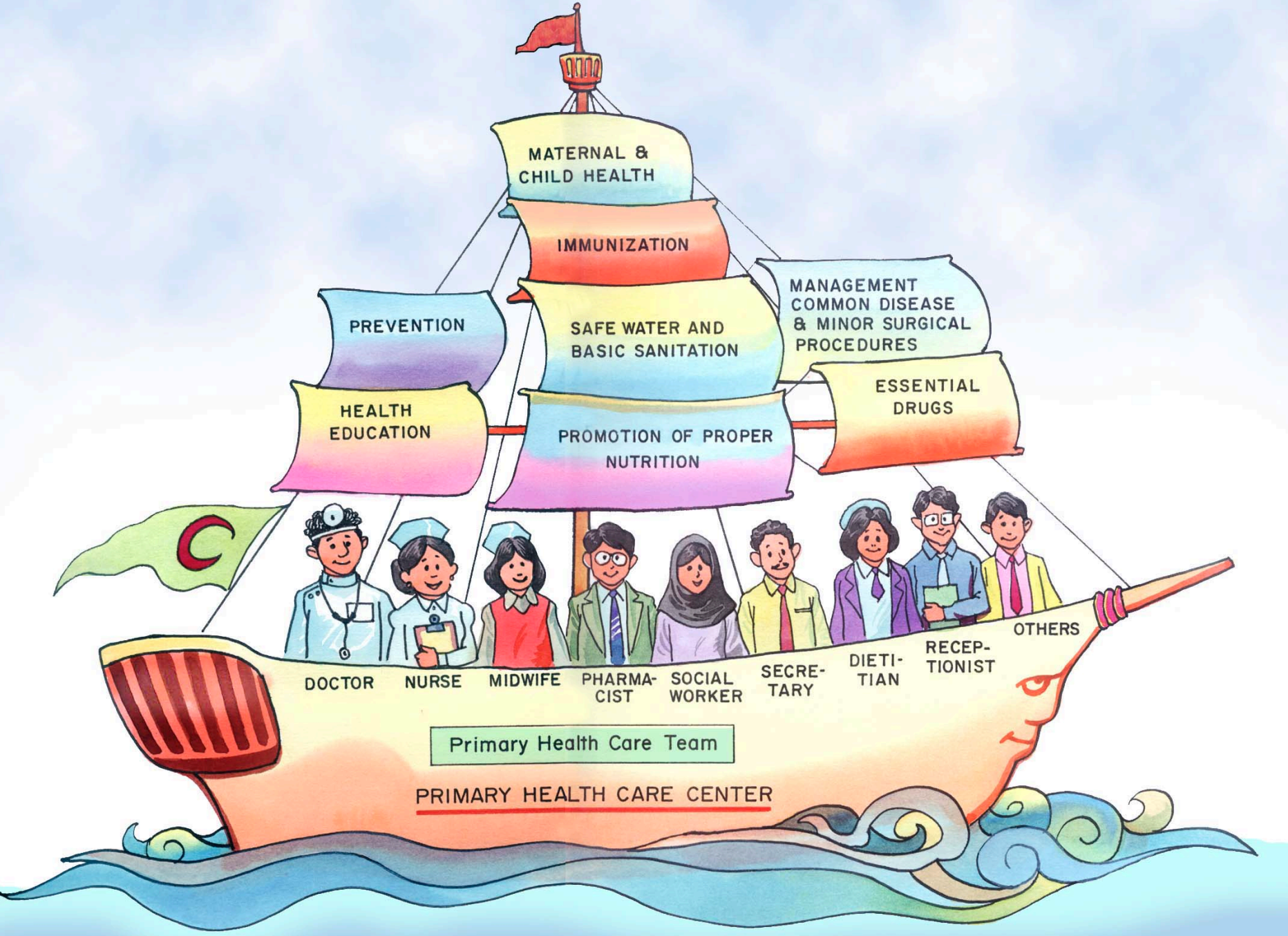
(6) Prevention, control & eradication.



(7) Treatment of common diseases.

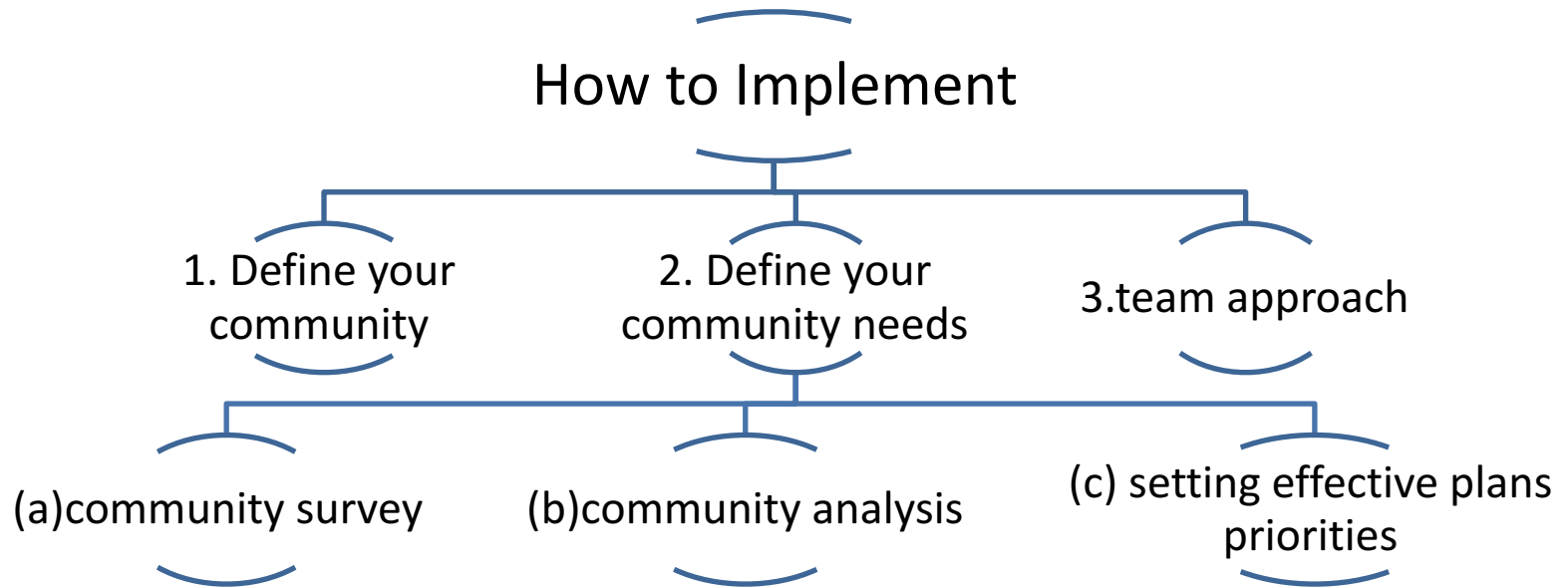


(8) Essential drugs.



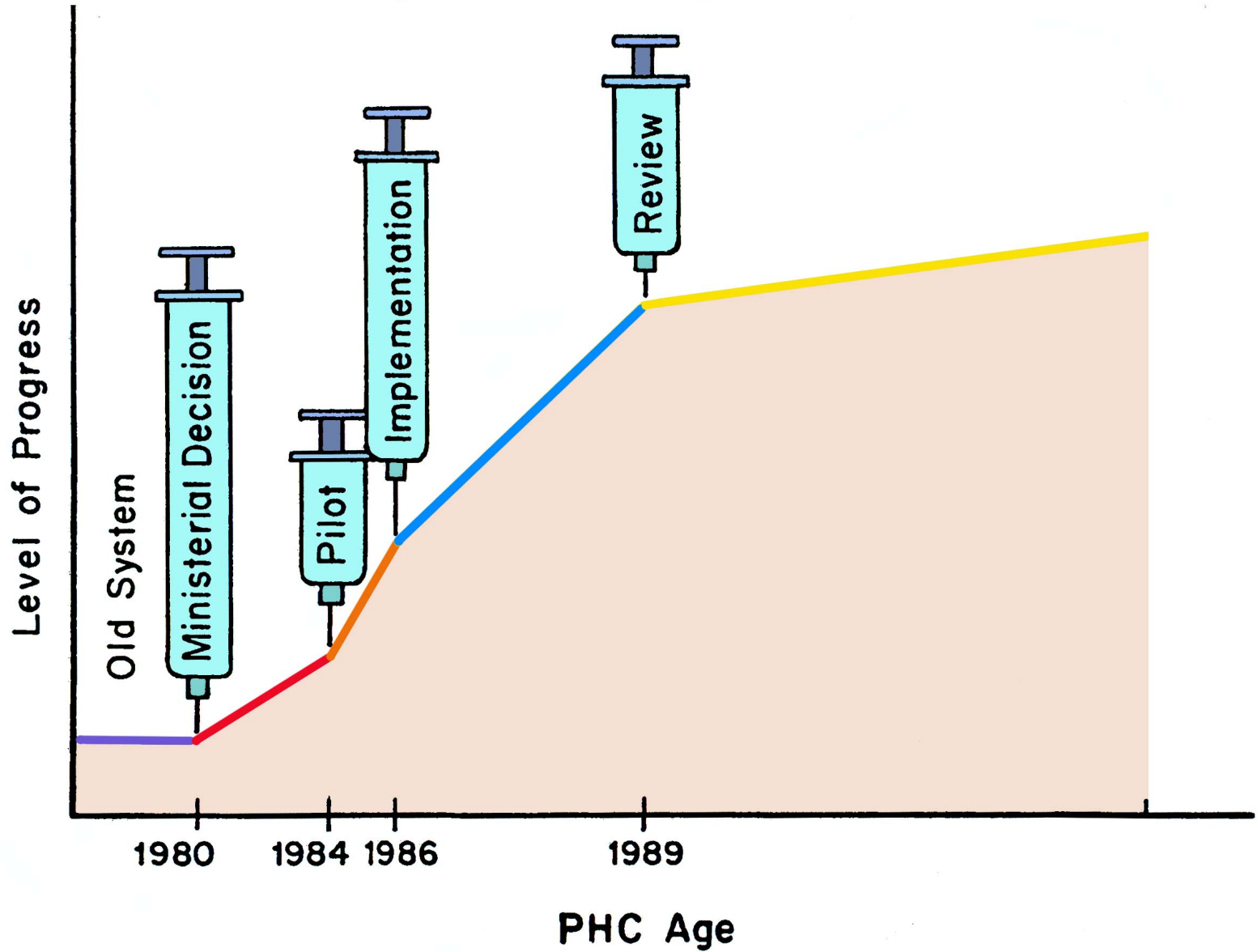
# Strategies for PHC

1. Expansion and efficiency.
2. Better relations with community.
3. Comprehensive health care.
4. Integration of preventive and curative.
5. Promotion of health awareness.
6. Coordination with secondary and tertiary care.
7. Coordination with academic institutions.
8. Multisectorial coordination.
9. At risk approach.



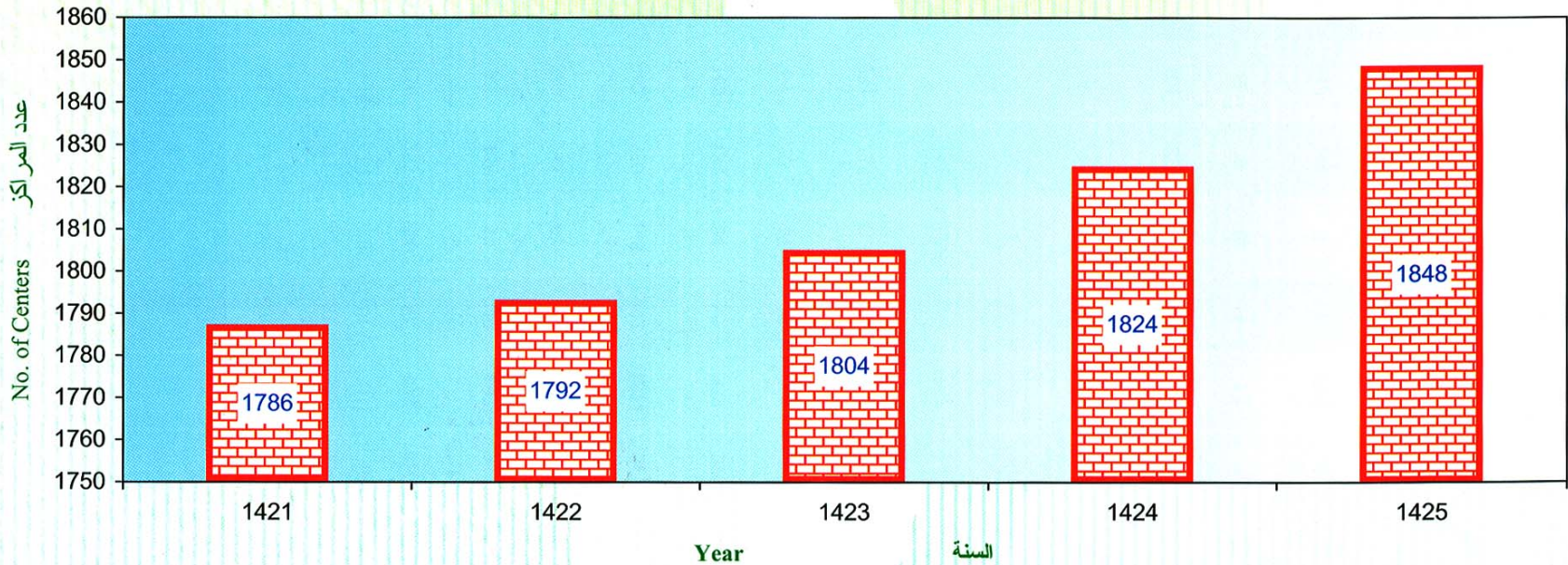


# Chronological Development of PHC



# Development of PHC/FM

شكل 2-2 تطور عدد المراكز الصحية بوزارة الصحة 1421-1425هـ  
Fig 2-2 Trends in No. of Health Centers, MOH 1421-1425H



- 1982
- 300HCs
- No Family physicians
- No undergraduate
- No postgraduate
- No commission

- 2016
- >2000HCs
- $\approx$ 1000 FPs
- All universities
- About 20 training centers
- SCFHS

64,114,758

visits

3 visits / Person / Year



83.5 %  
PHC Centers



16.5 %  
Hospitals

According to W. Fabb and J. Fry, good primary health care must include the following “9As” It must be:

1. Available
2. Accessible
3. Affordable
4. Acceptable
5. Adaptable
6. Applicable
7. Attainable
8. Appropriate
9. Assessable



Patient Safety

# Contrast between Primary and Specialist Care

## Primary Care

### regarding contact:

- consultations, contact is initiated by the patient.

### regarding accessibility:

- Pt, relative & Dr are readily accessible to each other, often over many years. This provides opportunity for:
  - Extended observation
  - Extended diagnosis
  - Comprehensive care
  - Continuing care
  - Preventive care

### regarding Presenting problems :

- 'Undifferentiated'
- At early stage of development,
- Not a major threat to life or function.

## Specialist Care (Hospital)

### regarding contact:

- Contact is usually initiated by referral from another doctor.

### regarding accessibility:

- Accessibility is often restricted, resulting in:
  - The need to elicit maximal information in as few consultations as possible.
  - A concern with physical or psychological diagnosis.
  - Care reflecting Dr interests / referral
  - Continuing care restricted
  - Preventive care not feasible

### regarding Presenting problems :

- Selected.
- Deferred in presentation.
- A major threat to life or function.
- frequently requiring elaborate technology in assessment and/or management.

**Family medicine** is well-suited to lead health care reform in this era.

Superior patient outcomes, at a lower total cost, with greater patient satisfaction, over a wider variety of conditions than other types of medical service.

These values will be appreciated when rationality returns to health care. Until then, family physicians must work to keep their professionalism and pride intact.

# Why Is Primary Care Important?

**Better health outcomes**

**Lower costs**

**Greater equity in health**

**Overall, countries that achieve better health levels**

- Are primary care-oriented
- Have more equitable resource distributions
- Have government-provided health services or health insurance
- Have little or no private health insurance
- Have no or low co-payments for health services

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