



Concepts of PHC/ PHC in Saudi Arabia

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Primary Health Care

Theory and Practice

Prof. sulaiman al-shammari

Case 1

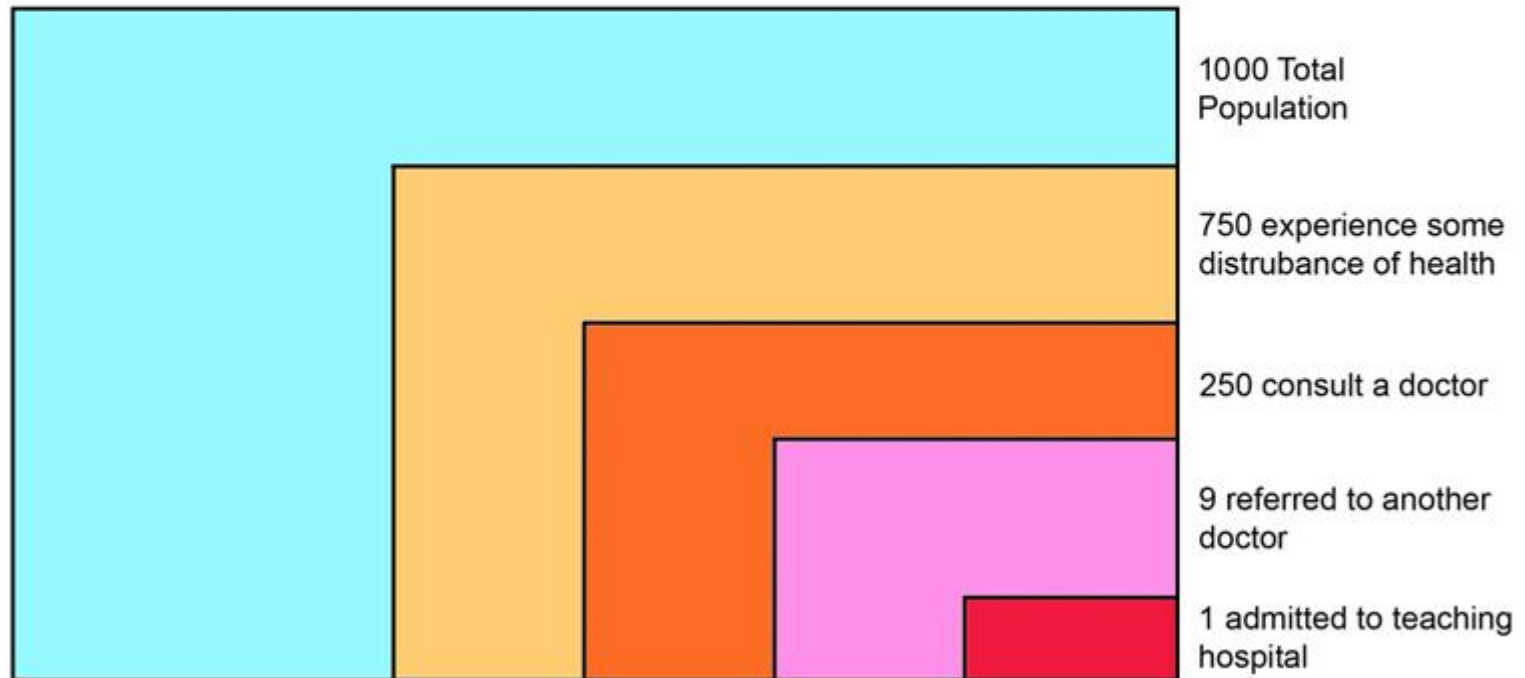
- Sarah a 24year old teacher. She is married and has two children. She complain of abdominal pain for a three days.
- What are the differential diagnoses?
- Where should she seek help?

Case 2

- Sarah a 34year old obese headmistress . She is married to heavy smoking bussinessman and has two children. She complain of abdominal pain for a three days.
- What are the differential diagnoses?
- Where should she seek help?
- What are the opportunities for LSM & prevention



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**

(A) In Developed Countries

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

(B) In Developing Countries

- *Third did not have access to safe water

- *Quarter suffered from malnutrition

- *Diarrhoea

- *High infant mortality rate 150-250per1000

- *High maternal rate 3-15 per 1000

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

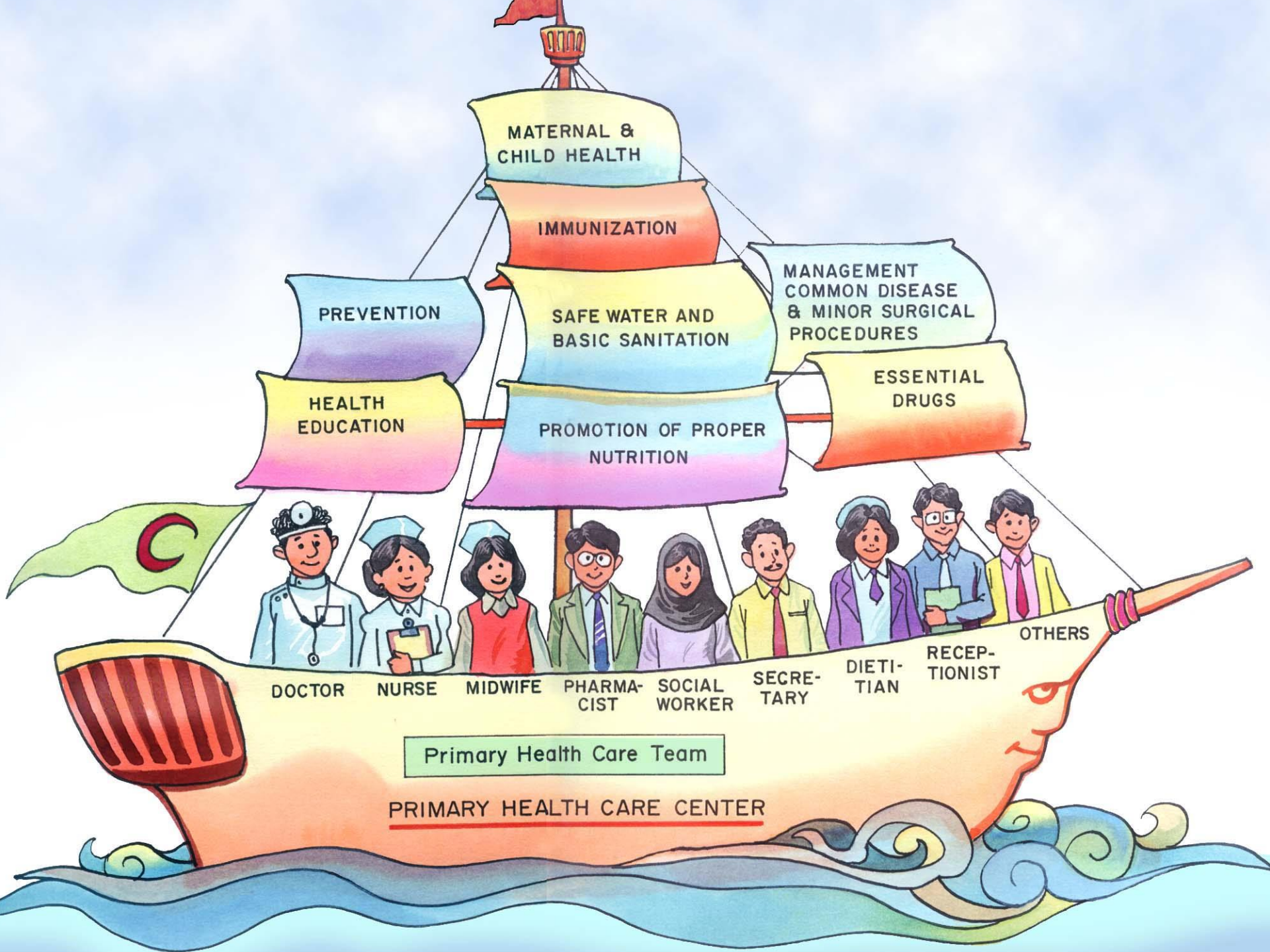
- Member of WHO & signatory of HFA declaration.
- **PHC has become a national strategy development plan.**
- **1980 A Ministerial decree was issued, consolidating dispensaries, health offices and MCH centers into PHC centers.**
- **Health coverage reached 99 % .**

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) Immunisation
- (6) Prevention , control & eradication
- (7) Treatment of common diseases
- (8) Essential drugs





- 1926** **Primary Health Care Centers (Taif & Makkah)**
Health Directorate of Makkah
- 1928** **Health and Emergency Services Directorates**
- 1931** **Ministry of Interior (Department of Health)**
- 1950** **Establishment of Ministry of Health (MoH)**
HRH Prince Abdullah Al Faisal
(First Minister of Health)

Formation of MoH coincided with
establishment of hospitals

- 1950** **The Eye Hospital (Jeddah)**
- 1952** **Isolation Hospital (Jeddah)**
- 1954** **Riyadh Central Hospital (KSMC)**
- 1961** **National Guard Hospital (KAMC)**
- 1967** **Security Forces Hospital**
King Abdulaziz University Hospital
- 1978** **Military Hospital (RMH)**

1978 Arab Board Training Programs

1993 Saudi Council for Health Specialties

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

How to Implement

1. Define your community

2. Define your community needs

(a) community survey

(b) community analysis

(c) setting effective plans priorities

3. team approach

Showing Administrative Divisions

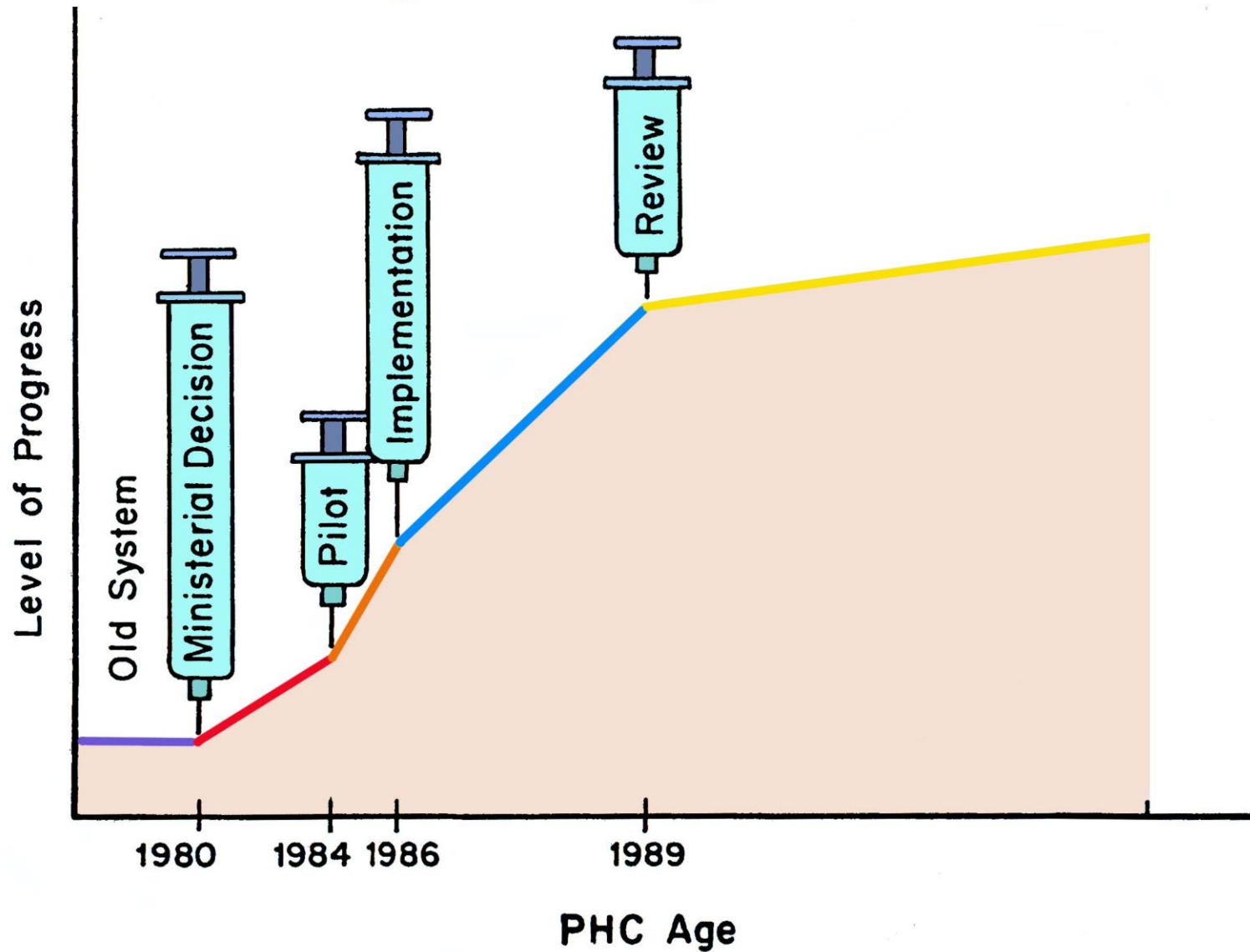


التقسيم الإداري
في
المملكة العربية السعودية

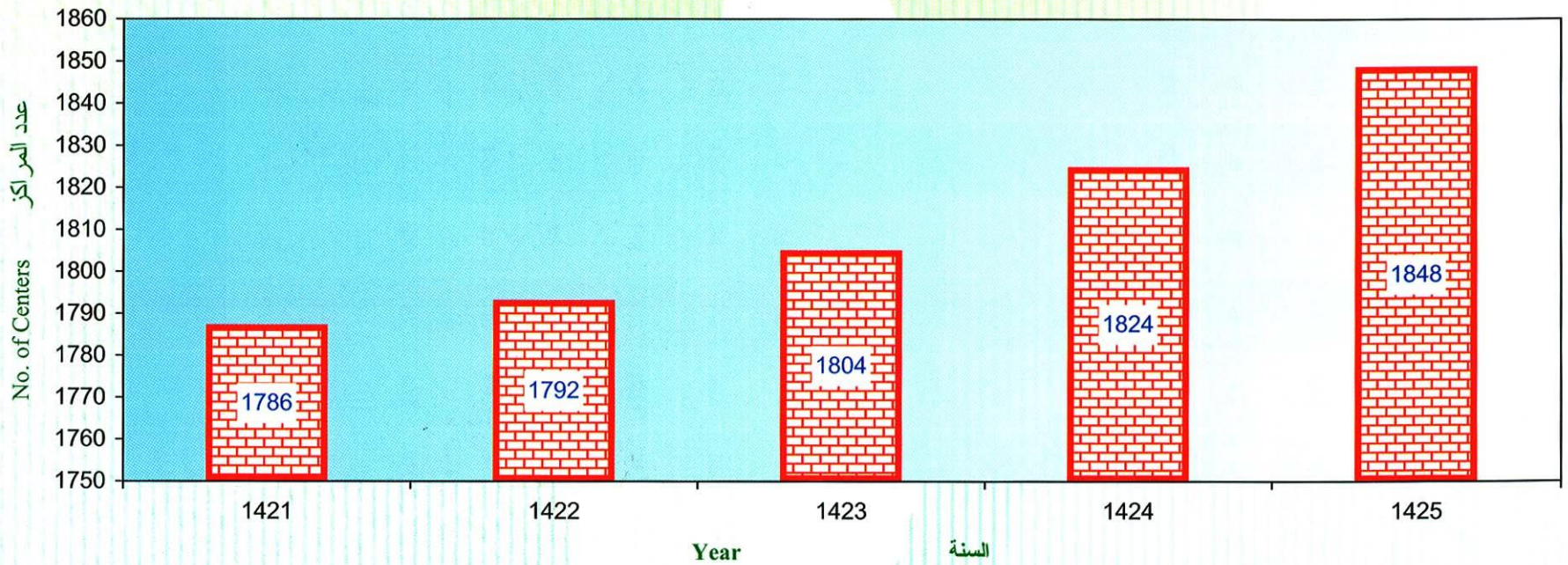




Chronological Development of PHC

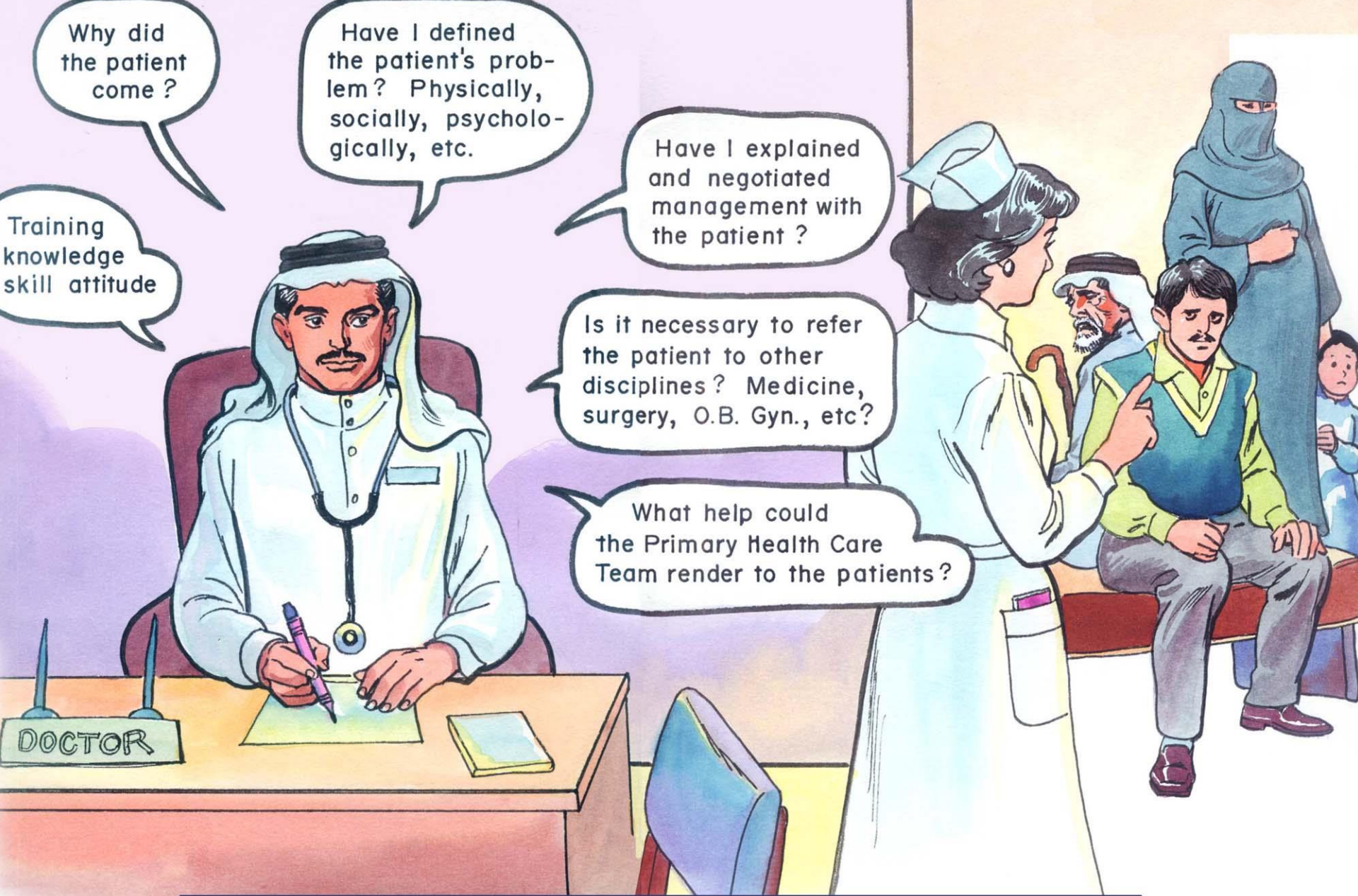


شكل 2-2 تطور عدد المراكز الصحية بوزارة الصحة 1421-1425هـ
Fig 2-2 Trends in No. of Health Centers, MOH 1421-1425H



Development of PHC/FM

- 1982
- 300HCs
- No Family physicians
- No undergraduate
- No postgraduate
- No commission
- 2016
- >2000HCs
- ~1000 FPs
- All universities
- About 20 training centers
- SCFHS



Why did the patient come ?

Have I defined the patient's problem? Physically, socially, psychologically, etc.

Have I explained and negotiated management with the patient ?

Is it necessary to refer the patient to other disciplines ? Medicine, surgery, O.B. Gyn., etc?

What help could the Primary Health Care Team render to the patients ?

Training
knowledge
skill attitude

PERCEPTION OF THE DOCTOR'S ROLE IN THE PRIMARY HEALTH CARE CLINIC

DOCTOR'S OFFICE

THOSE WHO ALREADY SELF-DIAGNOSED THEIR SYMPTOMS ON GOOGLE AND JUST WANT A SECOND OPINION, PLEASE CHECK YAHOO.COM



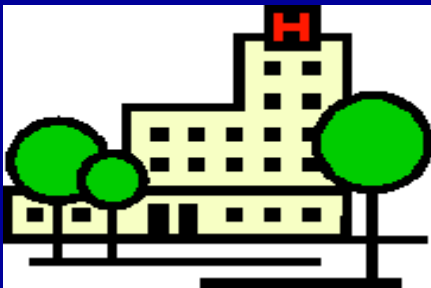
NESEMANO '15

PHC & Hospitals in SA

64,114,758

visits

3 visits / Person / Year

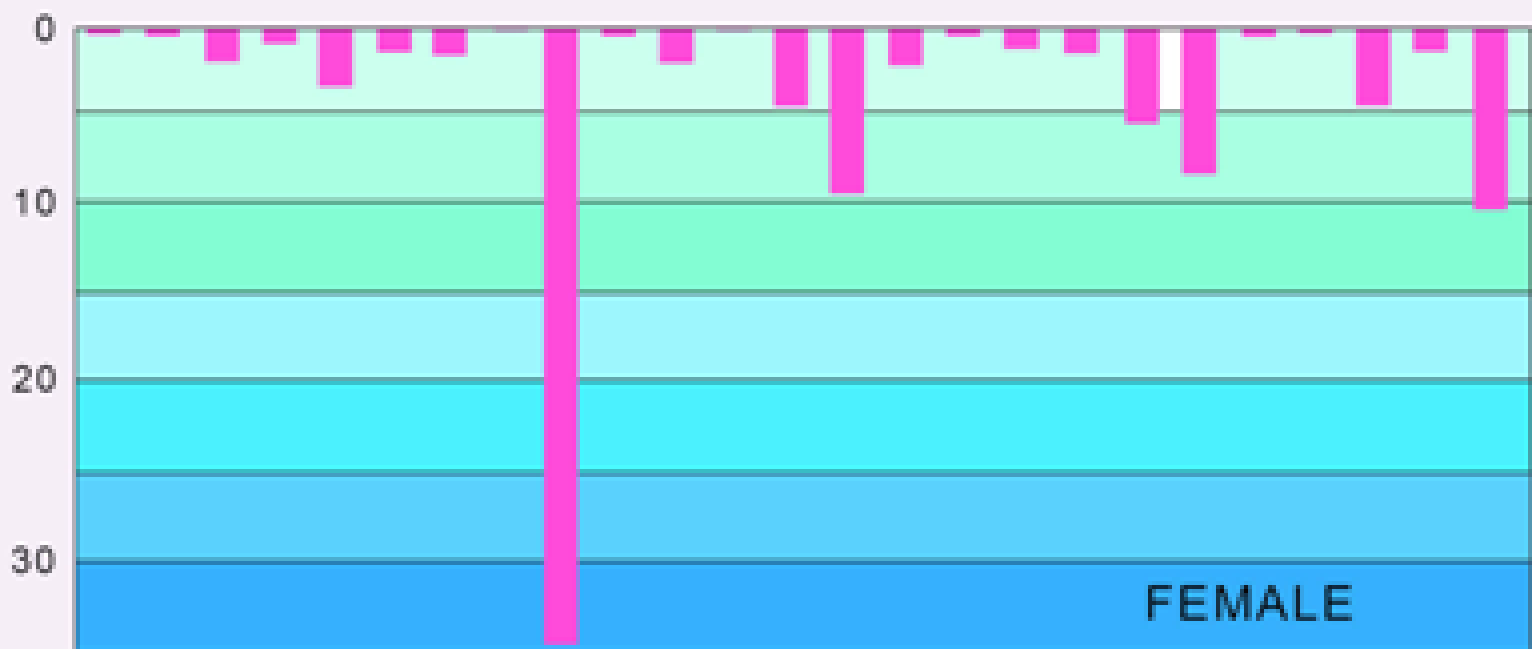
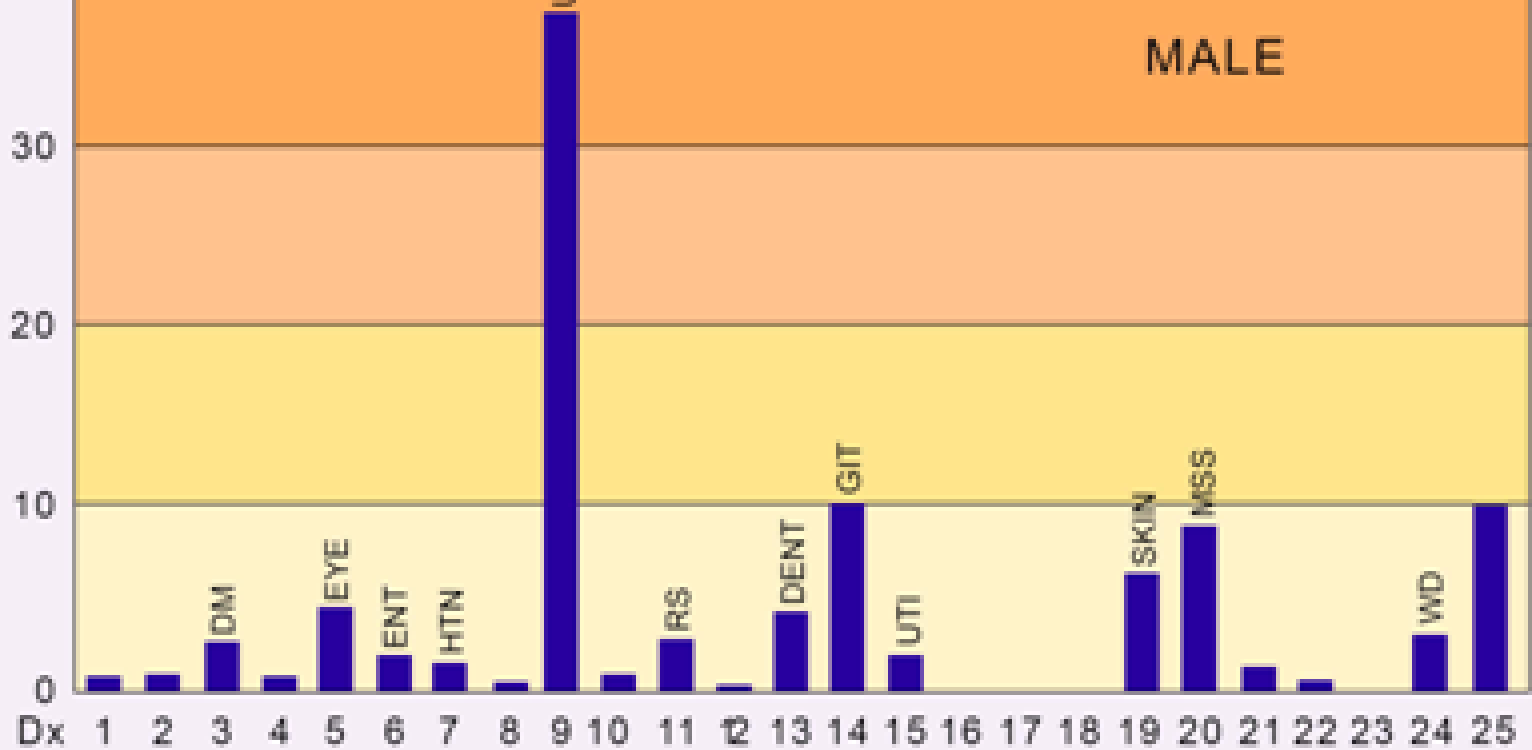


83.5 %
PHC Centers



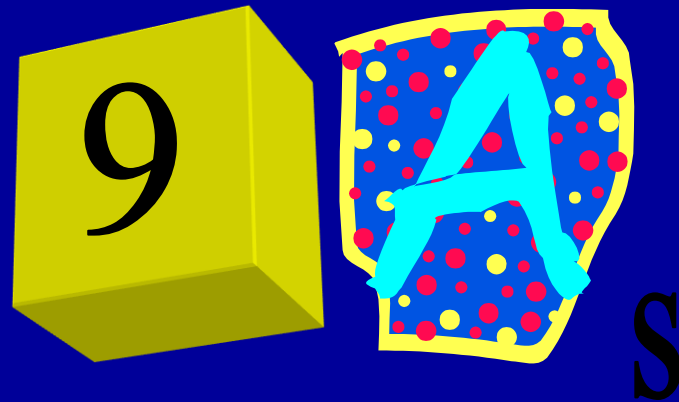
16.5 %
Hospitals





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

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



PLUS

Patient Safety

Contrast between Primary and Specialist Care regarding contact

Primary Care

consultations, contact is initiated by the patient.

Specialist Care

(Hospital)

Contact is usually initiated by referral from another doctor

Contrast between Primary and Specialist Care regarding accessibility

Primary Care

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

Specialist Care (Hospital)

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

Contrast between Primary and Specialist Care regarding Presenting problems

Primary Care

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

Specialist Care (Hospital)

- a. Selected.
- b. Deferred in presentation.
- c. 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**



فيديو مبسط ورائع يوضح دور طبيب الأسرة في الرعاية الصحية للفرد والأسرة والمجتمع

American board of family medicine Review of Family medicine

https://m.facebook.com/story.php?story_fbid=1115071171962420&id=202520376550842&refsrc=http%3A%2F%2Ft.co%2FKfAdDMTxXu&_rdr



Questions

Thank you



التقطت مركبة الفضاء فوياجر صورة حقيقية للأرض على بعد 6 مليار كيلومتر.
وقال كارل ساغان الفلكي الأمريكي إن هذه النقطة الصغيرة هي الكرة الأرضية،
في هذه النقطة كل من تحبه، كل من تعرفه، كل من سمعت عنه، كل إنسان كان
موجوداً في أي وقت. وأضاف أن جميع أقراننا ومعاتننا وآلاف الأديان
والأيديولوجيات والمذاهب الاقتصادية الواثقة، كل قناص أو مغير، كل يطل أو
جبان، كل مبدع أو مدمر حضارة، كل ملك أو فلاح، كل شاب وقتاة متحابين، كل
أم وكل أب، كل طفل واعد، كل سياسي فاسد، كل نجم لامع من نجوم الفن، كل
قائد أعلى، كل قديس أو آثم في تاريخ الجنس البشري.. عاش هنا. وأوضح أن
هذه النقطة هي كل ما لنا، أكثر من 7 مليار إنسان يعيشون على ذرة خبار في
كونٍ لا ندرك نهايته، كل مشاكلنا، طموحاتنا، أحلامنا مهما كانت عظيمة تنهار
حجلاً عندما نعرف هذه الحقيقة، كم نحن صغار

Table 1-1 : Demographic Indicators

جدول ١-١ : المؤشرات السكانية

السنة Year	Indicator		المؤشر
2017	Total Estimated Population Size	32,552,336	إجمالي عدد السكان التقديري
2017	Saudi Population (Males)	10,396,914	عدد السكان السعوديين (ذكور)
2017	Saudi Population (Females)	10,011,448	عدد السكان السعوديين (إناث)
2017	Non-Saudi Population (Males)	8,313,559	عدد السكان غير السعوديين (ذكور)
2017	Non-Saudi Population (Females)	3,830,415	عدد السكان غير السعوديين (إناث)
2016	Crude Birth Rate /1000 Population	17.23	المعدل الخام للمواليد لكل ١٠٠٠ نسمة
2017	Annual Population Growth Rate (%)	2.52	معدل النمو السنوي للسكان (%)
2017	Population Under 5 Years %	8.4	النسبة المئوية للسكان أقل من ٥ سنوات
2017	Population Under 15 Years %	24.7	النسبة المئوية للسكان أقل من ١٥ سنة
2017	Population 15- 64 Years %	72.1	النسبة المئوية للسكان من ١٥-٦٤ سنة
2017	Population 65+ Years %	3.2	النسبة المئوية للسكان من ٦٥ سنة فأكثر
2016	Total Fertility Rate	2.4	معدل الخصوبة الكلي
	Life Expectancy at Birth		متوسط العمر المأمول عند الولادة
2017	Total	74.9	الكلي
2017	Male	73.6	للذكور
2017	Female	76.3	للإناث
2017	Low Birth Weight %	8.65	النسبة المئوية للمواليد الذين تقل أوزانهم عن الوزن الطبيعي

Table 1-2 : Mortality Indicators

جدول ١-٢ : مؤشرات الوفيات

السنة Year	Indicator	المؤشر	
2017	Crude Death Rate /1000 Population	2.9	المعدل الخام للوفيات لكل ١٠٠٠ نسمة
2016	Neonatal Mortality Rate / 1000 Live Birth	2.74	معدل وفيات حديثي الولادة لكل ١٠٠٠ مولود حي
2017	Infant Mortality Rate / 1000 Live Birth	6.3	معدل وفيات الرضع لكل ١٠٠٠ مولود حي
2017	Under 5 Mortality Rate/1000 Live Birth	8.9	معدل وفيات الأطفال دون الخامسة لكل ١٠٠٠ مولود حي
2015	Maternal Mortality Rate/ 100,000 Live Birth	12	معدل وفيات الأمومة لكل ١٠٠,٠٠٠ مولود حي

Source: General Authority for Statistics

المصدر: الهيئة العامة للإحصاء

جدول ٢ - ٣ - أ: المستشفيات والأسرة بجميع القطاعات الصحية بالمملكة حسب الجهة ومعدل الأسرة لكل ١٠٠٠ من السكان للأعوام ١٤٣٤ - ١٤٣٨ هـ (٢٠١٣ - ٢٠١٧ م).

Table 2-3-A : Hospitals and Beds in All Health Sectors, KSA and Rate of Beds / 10000 population, 1434 -1438 H (2013-2017 G).

Year		السنة								السنة الميلادية G.Year
2017 - 1438		2016 - 1437		2015 - 1436		2014 - 1435		2013 - 1434		
الأسرة Beds	المستشفيات Hospitals	الأسرة Beds	المستشفيات Hospitals	الأسرة Beds	المستشفيات Hospitals	الأسرة Beds	المستشفيات Hospitals	الأسرة Beds	المستشفيات Hospitals	
43080	282	41835	274	41297	274	40300	270	38970	268	وزارة الصحة Ministry of Health
12279	47	11581	44	11449	43	12032	42	11111	41	الجهات الحكومية الأخرى Other governmental Sector
17622	158	17428	152	16648	145	15665	141	14310	136	القطاع الخاص Private sector
72981	487	70844	470	69394	462	67997	453	64694	445	المجموع Total
224.2		22.30		22.01		22.10		21.57		معدل الأسرة / ١٠٠٠٠ نسمة Rate of beds/10000 population

The Millennium Declaration(**MD**)

In September 2000, world leaders
adopted

the Millennium Declaration (**MD**)
leading to The Millennium
Development Goals for improving
the human condition by 2015.

What are the Millennium Development Goals (MDGs)

- ❖ **Eradicate extreme poverty and hunger**
- ❖ **Achieve universal primary education**
- ❖ **Promote gender equality & empower women**
- ❖ **Reduce Child Mortality**
- ❖ **Improve maternal health**
- ❖ **Combat HIV / AIDS, malaria & other diseases**
- ❖ **Ensure environmental sustainability**
- ❖ **Develop a global partnership for development**

MDGs: Where did they come from

- ❖ In September 2000, world leaders adopted the Millennium Declaration
- ❖ The Millennium Development Goals for improving the human condition by 2015 are derived from the Millennium Declaration
- ❖ In September 2005, world leaders review progress towards the fulfillment of the MD, including the MDGs, and the way forward for their achievement by 2015

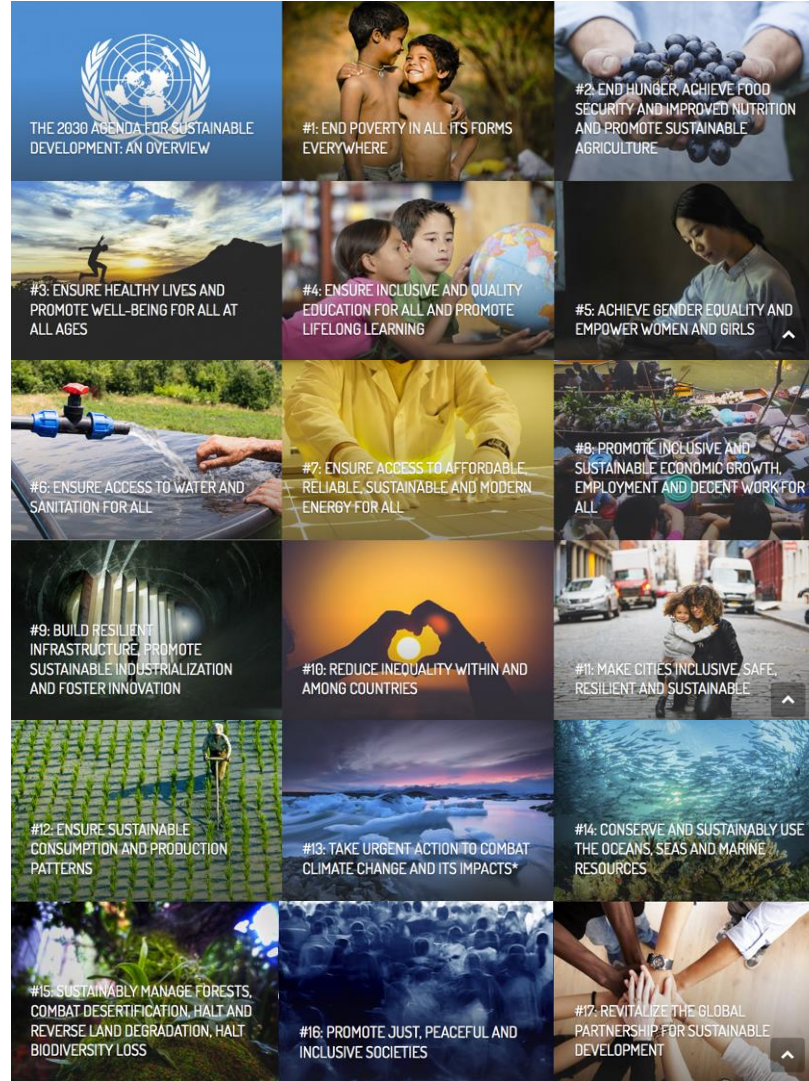
MDGs: Why do they matter

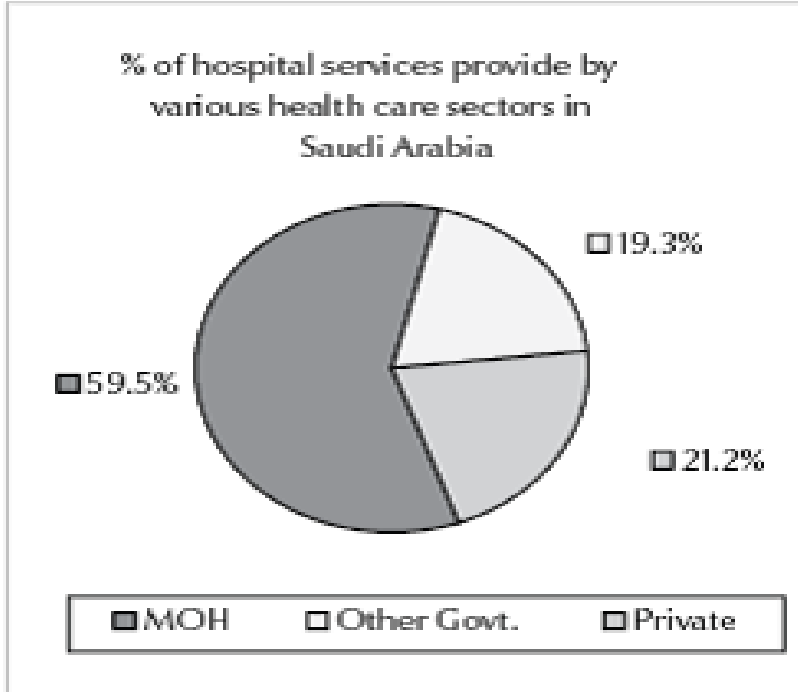
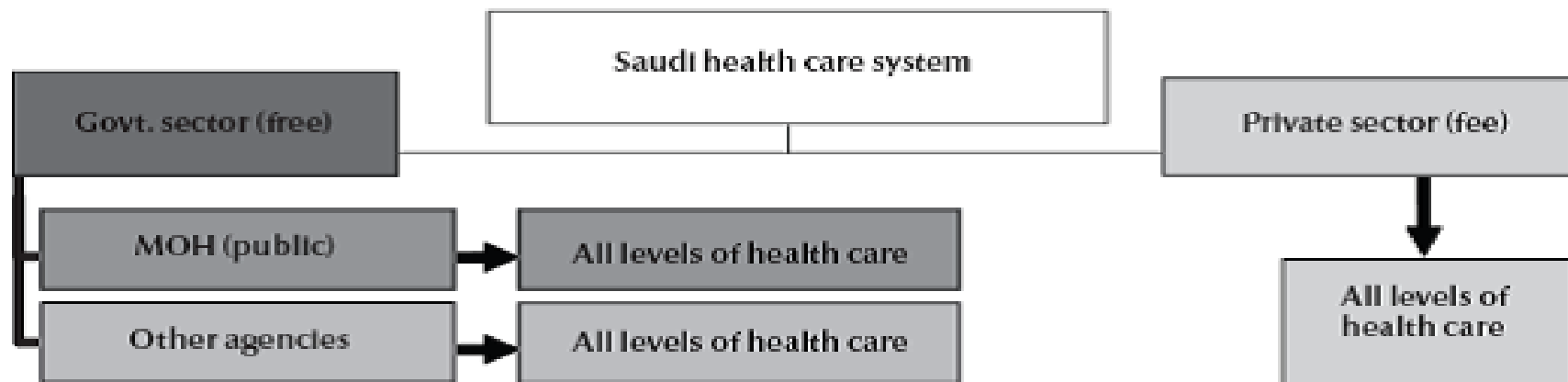
- They are the first set of quantitative and time-bound goals shared by developing and developed countries
- They offer an integrated, goal-oriented framework for poverty reduction
- They form the basis on which to mobilize resources for investing in human development
- The endorsement by the Governments of the MDGs places an international obligation to focus priorities towards them.

The Sustainable Development Goals (SDGs) are ...

- ▶ A set of 17 goals for the world's future, through 2030
- ▶ Backed up by a set of 169 detailed Targets
- ▶ Negotiated over a two-year period at the United Nations
- ▶ Agreed to by nearly all the world's nations, on 25 Sept 2015

Each goal is important in itself ...





Hospitals in SA in 1437H

- The total number of hospitals 470 in 1437H
- The total number of beds 70844 in 1437H,
- The number of MOH hospitals in 1437 H 274, =41835 beds

- The number of private hospitals 152. = 17428 beds

- The total number PHC centers 2325
- The total number of private clinics 65

- The total number of private pharmacies 8114 (one pharmacy/ 3912 persons).

KSA key healthcare achievements

Public Health care facilities

+2,000 Primary care clinics

+270 Hospitals

+40,000 Hospital beds

+330 Specialized centers

KSA key healthcare achievements

Academic institutions

+41 Medical colleges

+13 Nursing colleges

+20 Pharmacy colleges

+28 Other Healthcare colleges

KSA key healthcare achievements

Saudi Health professionals

+22,000 Saudi physicians

+56,000 Saudi nurse

+4,900 Saudi pharmacists

+75,000 Allied health personnel

KSA key healthcare

	1960	2015
Infant Mortality(per 1000 live births)	185	7(44 regional average 37 global average)
Life Expenctancy	46	74(68 regional average 70 global average)
Vaccination	41 (1980)	97(2015)

A vision for the future

- Practices working together by sharing expertise and capacity
- Training model for health care professionals emphasising patient centredness and communication skills

Saudi Vision 2030

- It is a package of social and economic policies that are designed to free the kingdom from dependence on oil exports and to build a prosperous and sustainable economic future by focusing on country's strength and policies.

Family medicine doctors & students

