

Lecture: Roots of Community Based Primary Health Care

Learning Objectives

By the end of this session participants will be able to:

- 1) Identify this course within a wider perspective that bridges the fields of public health and clinical medicine.
- 2) Discuss the conceptual transitions from primary medical care to primary health care and then to community based primary health care.
- 3) Explore reasons for the feeling in many countries that health care is not responsive to public expectations in spite of the fact that statistical indicators of health have improved more in the past half century than in all previous human history.
- 4) Recognize the diversity of problems expected in community-based primary health care and identify potential common-sense approaches to specific practical dilemmas in real-life community situations.

Focusing Paragraph

The primary health care approach is relatively new historically. In the 1920s the Lord Dawson of Penn Report in England outlined the concepts to rationalize health systems. Sporadic experimentation with health centers such as the Eastern Health District and Washington County Research Centers (the latter is still functioning with a remarkable research legacy) at Johns Hopkins.

In the 1930s the Ding Xian experiment in China seems to have been the first to systematically serve a whole county in a poor country. Scaling up was most successful in the Barefoot Doctor system in China which reached almost a quarter of the world's population for two decades with one of the most equitable and cost/efficient systems ever designed.

Several demonstrations of good health at low cost were established in smaller populations such as Sri Lanka and Kerala. Great enthusiasm peaked at the 1978 World Conference on Primary Health Care in Alma Ata. In the 1980s excessive expectations led to impatience and "Selective PHC" with multiple vertical programs. These garnered funding even though there has been great duplication and little infrastructure building with problems of sustainability.

Reflective Question

1. Where do we go from here, how and now?

Lecture: Roots of Community Based Primary Health Care -Part II- Origins of Community Based Development: Ding Xian and Kerala

Learning Objectives

1. To appreciate the intellectual breakthrough at Ding Xian in organizing the first documented field project showing the potentials of community based primary health care (CBPHC) and integrated social development.
2. To recognize the potential for spontaneous scaling up of PHC as it occurred both in China and in Kerala, with multiple causal forces that can now be analyzed.
3. To begin to understand the place of PHC in present concerns about health system reform and globalization, as applied to real life situations that you know.

Focusing Paragraph

Put yourself in the place of Dr. John B. Grant in the early 1920s. He graduated from one of the first classes in Johns Hopkins School of Hygiene and Public Health. Popsy Welch, the first dean of Hopkins Medical School and also the founding dean of this school, picked him to be the first professor of public health in China.

The Rockefeller Foundation was starting the PUMC (Peking Union Medical College) as a “lighthouse” model of medical education for poor countries. Except for John Grant, the faculty was made up of the most distinguished Hopkins and Harvard professors. Classes were taught in English using the same material as classes in Baltimore and Boston.

John Grant was just out of medical and public health training and was the youngest professor facing what were considered to be the brightest students in China. As Professor of Public Health, he had the advantage that this was a new subject which nobody knew how to teach and Welch had told him that his assignment was to make the foreign education relevant to the needs of China. He had the advantage of having grown up in China and spoke Chinese fluently since his parents had spent their lives developing a mission hospital.

He modeled his teaching on Osler’s bedside teaching and organized community-side teaching in an urban clinic in Beijing and a rural clinic in Ding Xian county 200 km South of Beijing. Later, when John Grant was the first dean of the All-India School of Public Health in Calcutta, the Rockefeller Foundation organized teaching health centers in several parts of India. Particularly successful was the network that then evolved in Kerala.

Reflective Questions

1. How did Ding Xian contribute to the development of the first conceptualization of primary health care and primary health centers, the

- Chinese Barefoot Doctor System and the subsequent evolution of Primary Health Care symbolized by Alma Ata? Try to explain the collapse of the Chinese Barefoot Doctor system and the commercialization of health care in China.
2. How did Ding Xian contribute to the evolution of Community Based Social Development generally? Explain the different patterns of scaling up that evolved in Mainland China, Taiwan and the Philippines described at the end of the chapter?
 3. Balance the multiple influences in Kerala that consistently produced the best health statistics in India, which was first noted at a time when it was the poorest state in India.
 4. What do you think are the most important factors in understanding the historical developments that made Ding Xian and Kerala unique? Try to explain them to a friend, family member, or colleague in 5 minutes or less.

Readings

Required Reading

- Discussion Guide: Roots of Community Based Primary Health Care
- Taylor, C. (1993) Overview: Primary Health Care Before and After Alma-Ata (p. 8-10) in WHO. Primary Health Care and Health Sector Reform: 15 Years
- Alma Ata Declaration (1978). Available on-line: http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf
- Taylor, C. (1988) The Straw Men of Primary Health Care. *Soc Sci Med*, 26, 9: 971-977
- Litsios, S (2004) CMC and WHO's Primary Health Approach. JLI Working Paper 1-7, March 2004

Optional Reading

- Chapter 7 - Ding Xian: The First Example of Community-Based Development in Taylor-Ide, D & Taylor, C.E. (2002). *Just and lasting change: When communities own their futures*. Baltimore: Johns Hopkins University Press.
- Chapter 8: Kerala - Development without Wealth in Taylor-Ide, D & Taylor, C.E. (2002). *Just and lasting change: When communities own their futures*. Baltimore: Johns Hopkins University Press.
- World Health Report 2008
- Biography of Jimmy Yen
- Litsios, S (2004). Primary Health Care, WHO and the NGO Community. *Development*, 2004, 47(2), (57-63)
- Litsios, S (2002) - The Long and Difficult Road to Alma Ata: Personal Reflections. *International Journal of Health Services*, Volume 32, Number 4, Pages 709-732, 2002

