This presentation explains why primary health care and primary care are a worldwide imperative and how they can be conceptualized and measured to provide accountability for achievement in different areas and countries.
Revolutions in Medicine, 1900s

Ascendance of single disease and chronic illness focus

Diagnostic challenges/more technology

Single cause (? gene) – magic bullet

All fostered an INDIVIDUAL ORIENTATION in health services.
Revolutions in Medicine, 2000s

Multiple interacting influences on illness/health

Disparities in health (inequity)

Illness as morbidity burden, not as disease

Risk factors as diseases

Health as an impossibility (a healthy person is someone without enough tests)

All require a POPULATION ORIENTATION.
Life Expectancy Compared with GDP per Capita for Selected Countries

Country Clusters: Health Professional Supply and Child Survival

*186 countries
Relationship between Health Professional Supply and Child Survival to Age 5

Dashed lines indicate the existence of pathways through individual-level characteristics that most proximally influence health.

Shading represents degree to which characteristics are measured at the ecological level (lighter color) or at the individual level aggregated to community.

*"Health" has two aspects: occurrence (incidence) and intensity (severity).
Societal Influences on Population Health and Equity (continued)

Dashed lines indicate the existence of pathways through individual-level characteristics that most proximally influence health.

Shading represents degree to which characteristics are measured at the ecological level (lighter color) or at the individual level aggregated to community.

**“Health”** has two aspects: occurrence (incidence) and intensity (severity).

Starfield 01/08

IH 6891 bn
Commission on Social Determinants of Health Conceptual Framework

The Commission on Social Determinants of Health

Chapter 9: Universal health care recommendations for national governments

(Action area 1: build health-care systems based on principles of equity, disease, prevention, and health promotion)

9.1 with civil society and donors, build health care services on the principle of universal coverage of quality services, focusing on Primary Health Care

(Action area 2: ensure that the health-care system financing is equitable)

9.2 ensure public sector leadership in health-care system financing, focusing on tax-based financing, ensuring universal coverage regardless of ability to pay, and minimizing out-of-pocket payments
(Action area 3: build and strengthen the health workforce and add capacities to act on the social determinants of health)

9.3 with donors, increase investment in medical and health personnel, balancing health worker density in rural and urban areas

9.4 with international agencies and donors, address the health human resources brain drain focusing on investment in increased health human resources and training, and bilateral agreements to regulate gains and losses

Commission on Social Determinants of Health, Health Systems Knowledge Network

1. The evidence base of the report
2. The health system as a social determinant of health and health equity, and equity problems of health systems
3. Strengthen health systems to address health equity: revitalize intersectoral action; promote social empowerment; strengthen the redistributive role of health care; revitalize Primary Health Care
4. Initiating and sustaining health system transformation: national processes to institutionalize change; international support for transformation

“Overall, experience suggests that redistributive health care systems share five common features”.

1. Universal coverage
2. Public funding plays a central role
3. No or very low fees are charged
4. Comprehensive services
5. Private sector complements the public sector if there is effective contracting


1. The challenges of a changing world
2. Advancing and sustaining universal coverage
3. Primary Care: Putting people first
4. Public Policies for the public’s health
5. Leadership and effective government
6. The way forward

The Sixty-second World Health Assembly  
– WHA 62.12 – Agenda Item 12.4  
22 May 2009

... Strongly reaffirming the values and principles of primary health care, including equity, solidarity, social justice, universal access to services, multisectoral action, decentralization and community participation as the basis for strengthening health systems ... URGES member states:

1. to ensure political commitment at all levels ...
2. to accelerate action towards universal access to primary health care by developing comprehensive health services and by developing national equitable, efficient and sustainable financing mechanisms ...
3. to put people at the centre of health care ...
4. to promote active participation …empowering communities, especially women, in the processes of developing and implementing policy and improving health and health care, in order to support the renewal of primary health care

5. to train and retain adequate numbers of health workers, with appropriate skill mix, including primary health care nurses, midwives, allied health professionals, and family physicians … in order to respond effectively to people’s health needs

6. to encourage that vertical programs (be) … integrated and implemented in the context of integrated primary health care
7. to improve access to appropriate medicines, health products, and technologies, all of which are required to support primary health care

8. to develop and strengthen health information and surveillance systems, relating to primary health care … to facilitate evidence-based policies and program and their evaluation

9. to strengthen health ministries, enabling them to provide inclusive, transparent and accountable leadership of the health sector and to facilitate multisectoral action as part of primary health care …
A framework based on structure, process, and outcome is helpful in describing and measuring the components of health services systems.
Are there differences in structure, process, and outcomes that can explain variability in health even across areas with similar wealth and resources?
The Health Services System

**CAPACITY**

Personnel
Facilities and equipment
Range of services
Organization
Management and amenities
Continuity/information systems
Knowledge base
Accessibility
Financing
Population eligible
Governance

**PERFORMANCE**

Provision of care

Problem recognition
Diagnosis
Management
Reassessment

Receipt of care

Utilization
Acceptance and satisfaction
Understanding
Participation

People/practitioner interface

Longevity
Comfort
Perceived well-being
Disease
Achievement
Risks
Resilience

**HEALTH STATUS**

(outcome)

Biologic endowment and prior health

Community resources

Cultural and behavioral characteristics

Social, political, economic, and physical environments

Primary care is a major component of health services systems.
Primary Health Care and Primary Care

Primary health care is a system-wide approach to designing health services based on primary care.

Primary care is the representation, on the clinical level, of primary health care.
The framework of structure, process, and outcome is useful in defining primary care so that it can be measured and evaluated.
## Primary Care

<table>
<thead>
<tr>
<th>First Contact</th>
<th>Accessibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Use by people for each new problem</td>
</tr>
<tr>
<td>Longitudinal</td>
<td>Relationship between a facility and its population</td>
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<tr>
<td></td>
<td>Use by people over time regardless of the type of problem; person-focused character of provider/patient relationship</td>
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<tr>
<td>Comprehensive</td>
<td>Broad range of services</td>
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<tr>
<td></td>
<td>Recognition of situations where services are needed</td>
</tr>
<tr>
<td>Coordination</td>
<td>Mechanism for achieving continuity</td>
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<tr>
<td></td>
<td>Recognition of problems that require follow-up</td>
</tr>
</tbody>
</table>
Primary Health Care Oriented Health Services Systems


CAPACITY

- Personnel
- Facilities and equipment
- Range of services
- Organization
- Management and amenities
- Continuity/information systems
- Knowledge base
- Accessibility
- Financing
- Population eligible
- Governance

Provision of care

- Problem recognition
- Diagnosis
- Management
- Reassessment

Receipt of care

Population-Services interface

- Utilization
  - Acceptance and satisfaction
  - Understanding
  - Participation

Performance

- Community resources
- Cultural and behavioral characteristics
- Social, political, economic, and physical environments

Health Status (outcome)

- Longevity
- Comfort
- Perceived well-being
- Morbidity burden
- Achievement
- Risks
- Resilience

- Biologic endowment and prior health

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HS 6848 n
Measurement of Primary Care

- Primary care shares attributes with other levels of care.
- Measurement of primary care should address its unique functions.
- Measurement requires knowledge of systems characteristics AND behaviors.
The Health Services System: Longitudinality

CAPACITY

PERFORMANCE

HEALTH STATUS (Outcome)

Eligible population

Provision of care

Receipt of care

People/practitioner interface

Utilization

The Health Services System: Comprehensiveness

The Health Services System: Coordination

Structural and Process Elements of the Essential Features of Primary Care

- **Capacity**
  - Accessibility
  - Eligible population
  - Range of services
  - Continuity

- **Essential Features**
  - First-contact
  - Longitudinality
  - Comprehensiveness
  - Coordination

- **Performance**
  - Utilization
  - Person-focused relationship
  - Problem recognition

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