International Health and Primary Health Care 601 Guide
International Health and Primary Health Care 601
INDEX NO: 301948

International Health and Primary Health Care 601 is a core unit in the Master of International Health. The course coordinator is Dr Mohammed Ali.
# CONTENTS

<table>
<thead>
<tr>
<th>Module</th>
<th>Page No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction: The Context of International Health and Primary Health Care</td>
</tr>
<tr>
<td>2</td>
<td>Patterns of Disease, Health and Primary Health Care</td>
</tr>
<tr>
<td>3</td>
<td>Primary Health Care: Models of Health and Illness</td>
</tr>
<tr>
<td>4</td>
<td>Health Program Policy, Planning and Evaluation</td>
</tr>
<tr>
<td>5</td>
<td>Health and Development</td>
</tr>
<tr>
<td>6</td>
<td>The Socio-cultural Context of Health and Illness</td>
</tr>
<tr>
<td>7</td>
<td>The Economics of Health Care</td>
</tr>
<tr>
<td>8</td>
<td>Health and Community Development</td>
</tr>
<tr>
<td>9</td>
<td>Community Participation in PHC, and Health Workers</td>
</tr>
<tr>
<td>10</td>
<td>Selected Health Problems - 1</td>
</tr>
<tr>
<td>11</td>
<td>Selected Health Problems - 2</td>
</tr>
</tbody>
</table>
MODULE ONE

Introduction: The Context of International Health and Primary Health Care

Introduction to international health and primary health care and the disciplines involved in its study.

OBJECTIVES

At the end of the module you should be able to:

• Understand the definition and implications of the term “international health”.

• Define the concepts of health and primary health care.

• Compare and contrast the approaches of community health with those of clinical medicine.

• Indicate how social and attitudinal factors influence health and health care.

INTRODUCTION

In this course it is hoped that you will develop an understanding of some of the different concepts of health that exist. Furthermore, you will gain an understanding of how the context of both carer(s) and people experiencing illness or injury influences these concepts. Those understandings will enable students to look with a broad view at health issues and be able to articulate and apply that knowledge in both individual and community settings.

In recent decades, the world and its health have changed. Gill Walt (1998), in an excellent article, indicates several of the key changes. These can be conflated into three related areas. The first is “globalisation”, which incorporates a number of changes including the reduction of distance between people and communities, and the increasing commercialisation of their interactions. The second, environmental change, is even wider, and includes micro- and macro- pollution of environments both local and global; and the third is the emergence of new, and the re-emergence of old, diseases.
ESSENTIAL READING


Some of the central tenets of primary health care as enunciated when the term was first coined more than 20 years ago, are as important now as they ever were. Here we choose two fundamental components of primary health care, and highlight them for their topicality and modernity.

First, primary health care is about health, not disease; it places social and political equality as not only central causes of improved health indices, but also as contributors to “wellbeing”, to healthy and rewarding living. Paradoxically this lesson is as important at the end of the 20th century, and as much for the developed world, as the developing countries.

Second, while health services are not the whole answer, they are important to primary health care. Increasingly, they are becoming beyond the reach of the disenfranchised poor, as “privatisation” and “user pays” are favoured ‘buzz’ words. The course examines these issues in the light of communities, societies, and peoples.

We consider ‘international health’ to be a term that examines health from a global perspective. It highlights how influences related to communication or capital can affect other groups, whose health in turn, can both suffer and harm the health of other groups. For example, we could see how the poor communities of North-east India and Burma can suffer directly through the development of groups of heroin dependants and their resulting HIV infection. In turn, we could also see how the production of opium and heroin, is having destructive effects on the “buyers” in Europe and Australia.

CONCEPTS OF HEALTH AND DEFINITIONS

When considering the concept of health it is useful to consider in what context that consideration is being undertaken. For example, if one assesses the needs of someone who has fallen and broken their leg, it may seem appropriate to assume that what they need is medical care.
This form of intervention might involve the taking of a history, an
examination, ordering of special tests (an x-ray in this situation)
and prescribing some treatment (reduction of the fracture,
applying a splint or plaster cast and providing analgesics). It may
be tempting to think that the health needs of that person have now
been met.

However, if one is to consider the definition of health adopted by
the World Health Organisation in 1948, and reiterated in its
literature since, then it is possible to see that only the immediate
and obvious health needs of this person can be met by the above-
described process.

The World Health Organisation defines health as:

a state of complete physical, mental and social well-being and
not merely the absence of disease or infirmity; it is a
fundamental right...


This definition implies that the health of a person may be broader
than solely physical needs. Further, the value of this definition may
be that it ensures that the person’s experience of health or illness is
not isolated from the particular health problem currently of
concern. For example, there may be many issues of relevance other
than the fact that the person has a broken leg. Some of these could
include:

• How did they come to be injured?
• What impact does that injury have on them?
• Do they have adequate shelter, food, water, supports, income,
etc. to enable them to recuperate successfully?
• Do they have responsibilities to others regarding income
generation, food preparation, water collection, firewood
collection, health care and support?
• Do they have access to health care?
• Is the health care offered appropriate?
• Can they afford the direct and indirect costs involved in such
care?
• Do they believe that the care provided will be effective?

The definition of health used by the WHO incorporates an
understanding that not just physical wellbeing but also mental and
social wellbeing are important. This can be contrasted with the
biomedical model which focuses on disease as dysfunction at a biochemical, cellular or organ level. Briefly, the biomedical model is ‘reductionist’ and views the human body as a machine which can be repaired once a part of it becomes dysfunctional.

Whilst caring for the sick is of importance once an illness develops, it must be remembered that there are much broader influences than care of disease and illness that determine the health status of individuals within a community or population. It is therefore important to develop an understanding of those influences and to know the difference between primary health care, primary medical care and primary, secondary and tertiary prevention.

Wood, Vaughan & deGlanville (1981) provide a simple framework for understanding the difference between community health and individual clinical medicine. They articulate the difference between health needs, wants and demands and offer definitions of three levels of prevention. They also include some discussion on the way primary health care may be implemented in some settings.

Primary care is about medical care at first contact, and usually refers to doctors. General practice in Australia is primary medical care.

Primary health care is a much broader term that encompasses not only primary care but also the broader activities of government and other sectors of the society.

ESSENTIAL READING


The Declaration of Alma Ata defines primary health care as:

... essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country’s health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the

1 Reductionism means reducing a complex phenomenon to lesser parts, which can be controlled when so separated. Reductionism can be contrasted with holism (see Module 6).
family and community with the national health system bringing the health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

WHO, 1978:15

The Declaration incorporates an understanding that health is determined by issues of equity, access, acceptability, affordability, appropriateness, participation, prevention, socio-political and economic development, peace, intersectoral action, and the availability of essential health care.

Though daunting, the Declaration provides a framework for effective primary health care in many settings. As will be considered in module 2, this framework has engendered considerable international discussion about what is the most effective method of addressing health issues in the face of, what some would argue to be infinite need, with very limited resources.

ESSENTIAL READING


LEARNING ACTIVITY 1

Briefly describe how your community perceives the concepts of health and illness. Give examples and indicate the significance of these definitions.

The Commission on Health Research in Development (1990) describes the initial optimism for change following the Declaration of Alma Ata. However, the increasingly obvious inequity in health status that was evident in the late 1980’s led to a questioning of why the progress towards improved health status had failed to materialise or at least had seemed to stall. The concept of the health transition is also introduced in the article (this will be explored in greater depth in module 6).

The emerging and important linkage between health status and broader issues such as globalisation, sustainable development, economic recession, population increases, and poverty are also discussed.
ESSENTIAL READING


The article by Wilkinson (1997), part of a series of papers on the socioeconomic determinants of health, describes recent trends in health status inequalities. He proposes a very important idea; that health status within rich settings is more related to income inequality within that setting rather than the overall wealth of the country. The role of social cohesion and health outcomes and how it is influenced by income inequity is explored.

Optional Online Reading


The article by Hsu (1955) provides a classical and very good account of the way interpretations of, and approaches to, an epidemic can be so diverse. It provides the reader with the opportunity to consider the following key concepts:

• The importance of community beliefs regarding the causation of disease.

• The level of understanding health workers may or may not have of disease processes.

• The impact of time.

• The lack of curative agents for many health problems.

ESSENTIAL READING

CONCLUSION

While international health is a relatively new term, it has developed suddenly and dramatically as a consequence of the rapid developments in global communications, and the intensification of “commercialisation” of health. There have been winners and losers, just as there were when the western world started a similar process of reaching out to distant communities, and to use the links for gold and souls four centuries ago. Then, it was called colonialism. Now, there are consequences, of which some, such as marginalisation of those who can not “join the business”, are to be expected.

What was not expected, was that the process is endangering the life processes of the planet, and it is these on which all of us depend. The way national and international issues inter-relate, and how health and disease arise from these interactions, and what health services can do to limit disease and foster health will be further explored.

ESSENTIAL READINGS


Additional Bibliography

