

# DEVELOPING A PHC PACKAGE FOR SOUTH AFRICA



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# PRIMARY HEALTH CARE



- TWO SIDES OF THE HEALTH COIN “*MEDICAL CARE*” AND “*HEALTH CARE*” (*HOOKWORM DISEASE*)
- WHO HEALTH FOR ALL BY 2000 AND ALMA ATA DECLARATION 1978
- HEALTH CARE SHOULD BE AVAILABLE, ACCESSIBLE, ACCEPTABLE AND APPROPRIATE
- THE PROBLEM OF IDEAS OF SECOND BEST, AS DOCTOR IS BETTER

# STRATEGIES OF PHC



- INTER-SECTORAL COLLABORATION
- PREVENTION OF DISEASES
- BASIC INFRASTRUCTURE (5 KM WALKING DISTANCE)
- REFERRAL SYSTEMS
- AUXILIARY HEALTH WORKERS
- VILLAGE HEALTH WORKERS
- HEALTH EDUCATION
- COMMUNITY PARTICIPATION
- RELEVANCE TO COMMUNITY PROBLEMS
- ESSENTIAL DRUGS
- COST EFFECTIVE
- SELF RELIANT



# WHY PHC PACKAGE

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- **A TOOL TO NEGOTIATE BUDGETS FOR PHC**
- **PLANNING FOR THE INTEGRATION OF NON-PERSONAL SERVICES**
- **A TOOL TO MONITOR MOVE TOWARDS COMPREHENSIVE PHC SERVICES**
- **A TOOL TO ASSIST HEALTH WORKERS IDENTIFYING THE SCOPE OF SERVICES TO BE DELIVERED**
- **A TOOL TO ASSIST COMMUNITIES ON WHAT THEY CAN EXPECT**



# THE DRAFT PACKAGE

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- **THE DOCUMENT IS THE FIRST OF ITS KIND.**
- **IT IS ABOUT WHAT SERVICES AT WHAT STANDARD ARE REQUIRED.**
- **THE STANDARDS DO NOT SPECIFY HOW THE SERVICES ARE TO BE PROVIDED AND AT WHAT LEVEL THE STANDARDS WILL BE MET.**

# CRITERIA FOR PRIORITIZATION NOW-5 YEARS



- **EQUITY VULNERABLE GROUPS LIKE WOMEN AND CHILDREN**
- **PUBLIC HEALTH CONCERN E.G. TB, STDs AND HIV/AIDS**
- **FEASIBILITY: CERVICAL SCREENING**
- **EFFECTIVENESS: IMMUNIZATION,**
- **PREVENTION VERSUS CURATIVE**

# CRITERIA FOR PRIORITIZATION



- **AGREED TO USE “NOW -1”, “TWO YEARS - 2” OR “FIVE YEARS - 3” AS A CUT OFF POINT.**
- **PARTICIPANTS ACCEPTED THIS SIMPLE PRIORITIZATION PROCESS THAT WE PROPOSED.**
- **BUT, THERE WAS GENERAL DISAGREEMENT ON THE PRIORITIZATION OF THE COMPONENTS.**

# PRIORITIZATION PROCESS



- **ALMOST, EVERY COMPONENT WAS FIRST DEGREE PRIORITY. WE RECORDED THE CONSENSUS AND THEN USED THE AGREEMENT OF THE MAJORITY OR RECORDED BOTH FIGURES WHEN A CONSENSUS WAS DIFFICULT.**



# THE PRACTICALITY ...

## ■ SCREENING

- **MANAGERS GAVE IT PRIORITY ONE BUT SERVICE PROVIDERS: “*WE DO IT ONLY IF NEEDED, NOT ROUTINE*”**

## ■ CHRONIC DISEASES

- **“*WE REFER TO VERIFY DIAGNOSIS AT CHC/HOSPITAL AND THEN CONTINUE FOLLOW UP*”**
- **“*INDIVIDUAL HEALTH EDUCATION IF THERE IS TIME*”**

# ***ISSUES FOR FURTHER DISCUSSION***



## **■ CATEGORIZATIONS OF CLINICS**

- THERE IS A “CONTAINER” CLINIC, 3-8 ROOMS**
- NURSING STAFF VARY 1-7 AND VISITED BY MEDICAL OFFICERS**
- CLINICS WORK 8 HOURS, EXTENDED HOURS OR EVEN 24 HOURS, BUT ARE STILL CALLED CLINICS.**
- THERE IS A NEED FOR A CATEGORIZATION OF A, B AND C CLINICS USING THE NUMBER OF PROFESSIONAL NURSES, VISITING MOs, NUMBER OF ROOMS, SUPPORT STAFF AND OTHER FACTORS THAT MAY AFFECT THE RANGE OF PHC SERVICES AS CRITERIA.**

# **THE PACKAGE AND NORMS AND STANDARDS DOCUMENT TO BE USED BY**



- **LOCAL STAFF TO HELP ASSESS THEIR OWN PERFORMANCE AND THAT OF THEIR CLINIC.**
- **THE COMMUNITY TO SEE THE RANGE AND QUALITY OF SERVICES TO WHICH THEY ARE ENTITLED.**
- **DISTRICT AND PROVINCIAL HEALTH PLANNERS TO HELP ASSESS THE UNMET NEEDS OF THEIR POPULATION AND DRAW UP PLANS TO BRING SERVICES UP TO NATIONAL STANDARDS.**
- **PROVINCIAL GOVERNMENTS TO GUIDE RESOURCE ALLOCATION.**

# **NORMS AND STANDARDS FOR PHC SERVICES**



- **THE DRAFT HEALTH BILL REQUIRES THE PRODUCTION OF NORMS AND STANDARDS TO BE USED BY PROVINCES TO PROVIDE HEALTH SERVICES AT ACCEPTABLE LEVELS AND HELP THE PROCESS OF REDISTRIBUTION AND REDUCE INEQUALITIES.**
- **THE NORMS AND STANDARDS ARE PRACTICAL, ESSENTIAL AND COMPREHENSIVE AND DESCRIBE THE RANGE OF SERVICES THAT SHOULD BE AVAILABLE TO ALL SOUTH AFRICANS.**



# THE WAY FORWRD

- **PILOT THE PACKAGE AT THABO MOFUTSANYANA DISTRICT IN THE FREE STATE TO CHECK**
  - **FEASIBILITY**
  - **AFFORDABILITY**
  - **CONFLICT OF RESOURCES**
- **PRESENTED AND DISCUSSED AT MINMEC**
- **ACCEPTED AS NATIONAL POLICY AND MINISTER OF HEALTH MSIMANG LAUNCHED IT AT HARRISMITH IN THABO MOFUTSANYANA**



# PHC CULTURE

- **NEED TO FOCUS ON “PERFORMANCE” DURING TRAINING OF AUXILIARY AND VHW AS THERE IS LITTLE MONITORING AND SUPPORT**
- **NEED FOR “FLEXIBILITY” IN TRAINING**
- **NEED TO TEACH “DECISION MAKING” TO DECIDE WHEN AND HOW TO INITIATE CHANGE**
- **NEED TO TEACH “COMMUNICATION”**
- **NEED TO LEARN “HOW TO LEARN”**