Primary Health Care - PHC and Maternal & Child Health - MCH

By

Hatim Jaber
MD  MPH  JBCM  PhD
11+13- 12- 2016
# Presentation outline

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Primary Health Care (PHC)

• PHC is:

  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 community and the country can afford … (Alma-Ata, 1978)
PHC Definition

PHC is an essential health care that is

• a socially appropriate,

• universally accessible,

• scientifically sound first level care

provided by a suitably trained workforce

supported by integrated referral systems

and in a way that gives priority to those most in need, maximises community and individual self-reliance and participation and involves collaboration with other sectors.
What is Primary Health Care?

PHC is essential health care that is a socially appropriate, universally accessible, scientifically sound first level care provided by a suitably trained workforce supported by integrated referral systems and in a way that gives priority to those most in need, maximises community and individual self-reliance and participation and involves collaboration with other sectors. **It includes the following:**

- health promotion
- illness prevention
- care of the sick
- advocacy
- community development
Comprehensive primary health care

- Social justice and **equity**
- Community control
- **Social change**
- Manages factors that generate ill health
- Involves an approach to health care over a continuum from health promotion to illness treatment
Comprehensive primary health care

– Complete physical, mental and social wellbeing
– Addresses issues of equity and social justice
– Considers the impact of education, housing, food and income
– Acknowledges the value of community development
– Recognises the expertise of individuals over their own health

Talbot and Verinder 2005
# Models of primary health care

<table>
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<th>View of health</th>
<th>Comprehensive</th>
<th>Selective</th>
<th>Medical model</th>
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<td>Positive wellbeing</td>
<td>Absence of disease</td>
<td>Absence of Disease</td>
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<td>Communities and individuals</td>
<td>Health professionals</td>
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<td>Health through equity and community development</td>
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<td>Multidisciplinary teams</td>
<td>Doctors plus other health professionals</td>
<td>Doctors</td>
<td></td>
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<tr>
<td>Multi-sectoral collaboration</td>
<td>Medical interventions</td>
<td>Medical interventions</td>
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Core Activities for PHC

There is a set of **CORE ACTIVITIES**, which were normally defined nationally or locally. **According to the 1978 Declaration of Alma-Ata** proposed that these activities should include:

1. **Education** concerning prevailing health problems and the methods of preventing and controlling them
2. **Promotion of food supply and proper nutrition**
3. An adequate supply of **safe water** and basic sanitation
4. **Maternal and child health care**, including family planning
5. **Immunization** against the major infectious diseases
6. Prevention and control of locally **endemic diseases**
7. **Appropriate treatment of common diseases and injuries**
8. **Basic laboratory services and provision of essential drugs.**
9. **Training of health guides, health workers and health assistants.**
10. **Referral services**
WHO and Primary Health Care PHC

The ultimate goal of primary health care is better health for all. WHO has identified five key elements to achieving that goal:

• reducing exclusion and social disparities in health (universal coverage reforms);
• organizing health services around people's needs and expectations (service delivery reforms);
• integrating health into all sectors (public policy reforms);
• pursuing collaborative models of policy dialogue (leadership reforms); and
• increasing stakeholder participation.
WHO Strategies of PHC

1. Reducing excess mortality of poor marginalized populations:
   PHC must ensure access to health services for the most disadvantaged populations, and focus on interventions which will directly impact on the major causes of mortality, morbidity and disability for those populations.

2. Reducing the leading risk factors to human health:
   PHC, through its preventative and health promotion roles, must address those known risk factors, which are the major determinants of health outcomes for local populations.
WHO Strategies of PHC cont..

3. Developing Sustainable Health Systems:
PHC as a component of health systems must develop in ways, which are financially sustainable, supported by political leaders, and supported by the populations served.

4. Developing an enabling policy and institutional environment:
PHC policy must be integrated with other policy domains, and play its part in the pursuit of wider social, economic, environmental and development policy.
Defining primary health care

• Primary Health Care is not Primary care alone.

• Primary, secondary and tertiary are levels of care
Declaration of the Alma Ata

• Released in 1978 and consisted of ten fundamental principles for effective comprehensive primary health care service delivery

• Principles were in response to the broader community and social issues leading to poor population health
• Primary health care (PHC) became a core policy for the World Health Organization with the Alma-Ata Declaration in 1978 and the ‘Health-for-All by the Year 2000’ Program.

• The commitment to global improvements in health, especially for the most disadvantaged populations, was renewed in 1998 by the World Health Assembly. This led to the ‘Health-for-All for the twenty-first Century’ policy and program, within which the commitment to PHC development is restated.
The Ottawa Charter

- Building healthy **public policy**
- Creating environments which support healthy living
- Strengthening community action
- Developing **personal skills**
- Reorientating health care

The Ottawa Charter for Health Promotion was developed in 1986
Characteristics of Primary Health Care

• (a) Stresses prevention rather than cure.

• (b) Relies on home self-help, community participation and technology that the people find acceptable, appropriate and affordable.

• (c) Combines modern, scientific knowledge and feasible health technology with acceptable, effective traditional healing practices.

• (d) Should be shaped around the life patterns of the population.

• (e) Should both meet the needs of the local community and be an integral part of the national health care system.

• (f) Should be formulated and implemented with involvement of the local population.
To Summarize

Primary care is an approach that:

• Focuses on the person not the disease, considers all determinants of health
• Integrates care when there is more than one problem
• Uses resources to narrow differences
The Basic Requirements for Sound PHC

(the 8 A’s and the 3 C’s)

• Appropriateness
• Availability
• Adequacy
• Accessibility
• Acceptability
• Affordability
• Assessability
• Accountability
• Completeness
• Comprehensiveness
• Continuity
Appropriateness

• Whether the service is needed at all in relation to essential human needs, priorities and policies.
• The service has to be properly selected and carried out by trained personnel in the proper way.

Adequacy

• The service proportionate to requirement.
• Sufficient volume of care to meet the need and demand of a community
Affordability

• The cost should be within the means and resources of the individual and the country.

Accessibility

• Reachable, convenient services
• Geographic, economic, cultural accessibility
Acceptability

• Acceptability of care depends on a variety of factors, including satisfactory communication between health care providers and the patients, whether the patients trust this care, and whether the patients believe in the confidentiality and privacy of information shared with the providers.
Availability

• Availability of medical care means that care can be obtained whenever people need it.

Assessability
Assessability means that medical care can be readily evaluated.

Accountability
Accountability implies the feasibility of regular review of financial records by certified public accountants.
Completeness

• Completeness of care requires adequate attention to all aspects of a medical problem, including prevention, early detection, diagnosis, treatment, follow up measures, and rehabilitation.

Comprehensiveness

Comprehensiveness of care means that care is provided for all types of health problems.

Continuity

Continuity of care requires that the management of a patient’s care over time be coordinated among providers.
Primary Health Care

Preventive services
- General services
  - Health education
  - Monitoring of environment
  - Prev. & control of endemic diseases
  - Health office services
- Care of vulnerable groups
  - Maternal & child health
  - School health services
  - Geriatric health services
  - Occupational health services

Curative services
- Outpatient clinic (referral)
- Laboratory services
- Dispensary
- First aid and emergency services
Levels of Care

- Primary health care
- Secondary health care
- Tertiary health care

- Primary Health care
  - Provided at the community level

- Secondary health care
  - Provided at PHC, CHC, DH etc.

- Tertiary health care
  - Provided at hospitals
Levels of Health Care

- Preventive
- Primary
- Secondary
- Tertiary
- Restorative
- Continuing
Preventive and Primary Care Settings

- School health services
- Occupational health services
- Physicians’ offices
- Clinics
- Nursing centers
Secondary and Tertiary Care Settings

• Hospitals/medical centers
  – Emergency departments
  – Medical units
  – Intensive care

• Psychiatric facilities

• Rural hospitals
Restorative Care Settings

- Home health care
- Rehabilitation centers
- Extended care facilities
Why PHC

Primary health care

• The “first” level of contact between the individual and the health system.
• Essential health care (PHC) is provided.
• A majority of prevailing health problems can be satisfactorily managed.
• The closest to the people.
• Provided by the primary health centers.
Secondary health care
• More complex problems are dealt with.
• Comprises curative services
• Provided by the district hospitals
• The 1st referral level

Tertiary health care
• Offers super-specialist care
• Provided by regional/central level institution.
• Provide training programs
Primary Health Care

Elements

- Immunization
- Health Education
- MCH Care
- Prevention of Illness
- Prevention & Control of Endemic Diseases
- Treatment of Minor Injuries and Illnesses
- Providing Essential Drugs
- Adequate Nutrition
- Promotion of Mental Health
- Sanitation
- Adequate & Safe Water Supply

Primary Health Care includes services such as...
Elements of PHC

• Education concerning prevailing health problems and the methods of preventing and controlling them
• Promotion of food supply and proper nutrition
• Monitoring an adequate supply of safe water and basic sanitation
• Maternal and child health care, including family planning
• Immunization against the major infectious diseases
Elements of PHC (cont.)

• Prevention and control of locally endemic diseases
• Appropriate treatment of common diseases and injuries
• Basic laboratory services and provision of essential drugs.
• Training of health guides, health workers and health assistants.
• Referral services
Elements of PHC (cont.)

• Mental health
• Physical handicaps
• Health and social care of the elderly
Principles of Primary Health Care

- Intersectoral/Interdisciplinary
- Appropriateness
- Accessibility
- Affordable & Sustainable
- Continuity of Care
- Efficiency
- Population Health
- Community Participation

PHC
Principles for PHC

- PHC based on the following principles:
  - Social equity
  - Nation-wide coverage
  - Self-reliance
  - Inter-sectoral coordination
  - People’s involvement in the planning and implementation of health programs
Principles of PHC

The 1978 Declaration of Alma-Ata proposed a set of PRINCIPLES for primary health care. PHC should:

1. “Reflect and evolve from the economic conditions and socio-cultural and political characteristics of the country and its communities, and be based on the application of the relevant results of social, biomedical and health services research and public health experience”

2. “Address the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly”
3. “Involve, in addition to the health sector, all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works,

4. “Promote maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care, making fullest use of local, national and other available resources; and to this end develop through appropriate education the ability of communities to participate”
5. “**Be sustained** by integrated, functional and mutually-supportive referral systems, leading to the progressive improvement of comprehensive health care for all, and giving priority to those most in need”

6. “**Rely, at local and referral levels, on health workers**, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community.”
The **Four Pillars** of Primary Health Care

- Community Participation
- Appropriate Technology
- Inter-Sectoral Coordination
- Equitable Distribution
time for a break
Reducing salt intake to less than 5 grams per day (about 1 teaspoon) significantly cuts your risk of heart disease.

#LessSalt
Maternal and Child Health

• Mothers and children are both **vulnerable** groups of the community.

• Women in the childbearing period (15-49 years) constitute **about 25%** of the population.

• Children on the other hand constitute **about 40% to 45%** of the population in developing countries. **In Jordan ???**

• This group is characterized by **relative high mortality and morbidity rates**.
Maternal and child health.

Healthy children need healthy mothers.
Maternal mortality ratio (per 100 000 live births), 2015

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: Health Statistics and Information Systems (HSI)
World Health Organization

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Under-five mortality rate (probability of dying by age 5 per 1000 live births), 2015


The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

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شكل 8: الهرم السكاني لإجمالي السكان في الأردن، 2015.

شكل 9: الهرم السكاني للأردنيين، 2015.
Jordan’s Population by age group

1979 census
- Children: 50%
- 15-64: 47%
- 65+: 3%

2007 census
- Children: 38%
- 15-64: 58%
- 0-14: 34%
- 65+: 4%

Age Structure of Jordan’s Population (2015)

- 0-14: 34%
- 15-64: 62%
- 65+: 4%

Source: Jordan in Numbers, Department of Statistics, 2015.
According to 2015 WHO estimations it was concluded that:

• Maternal mortality is **unacceptably high**. About **830** women die from pregnancy- or childbirth-related complications around the **world every day**.

• It was estimated that in 2015, roughly **303,000** women died during and following pregnancy and childbirth.

• Almost all of these deaths occurred in low-resource settings, and most could have been prevented.
Maternal Health

• Every day, approximately 830 women die from preventable causes related to pregnancy and childbirth.
• 99% of all maternal deaths occur in developing countries.
• Maternal mortality is higher in women living in rural areas and among poorer communities.
• Young adolescents face a higher risk of complications and death as a result of pregnancy than other women.
• Skilled care before, during and after childbirth can save the lives of women and newborn babies.
• Between 1990 and 2015, maternal mortality worldwide dropped by about 44%.
• Between 2016 and 2030, as part of the Sustainable Development Goals, the target is to reduce the global maternal mortality ratio to less than 70 per 100 000 live births.
Maternal Mortality

- Nearly 2/3rds of maternal deaths worldwide results from five causes:
  - Hemorrhage (24%)
  - Obstructed labor (8%)
  - Eclampsia (pregnancy induced hypertension) (12%)
  - Sepsis (15%)
  - Unsafe abortion (13%)

- The other 1/3rd of maternal deaths worldwide results from indirect causes or an existing medical condition made worse by pregnancy or delivery:
  - Malaria
  - Anemia
  - Hepatitis
  - AIDS
  - Tuberculosis
  - Malnutrition
Why do women die?

- Women die as a result of complications during and following pregnancy and childbirth. Most of these complications develop during pregnancy and most are preventable or treatable. Other complications may exist before pregnancy but are worsened during pregnancy, especially if not managed as part of the woman’s care. The major complications that account for nearly 75% of all maternal deaths are:
  - severe bleeding (mostly bleeding after childbirth)
  - infections (usually after childbirth)
  - high blood pressure during pregnancy (pre-eclampsia and eclampsia)
  - complications from delivery
  - unsafe abortion.
Some Factors that Contribute to Maternal Mortality and Morbidity

• The 4 “too”s of pregnancy:
  – Too young
  – Too old
  – Too many
  – Too soon

• In other words: young or old age of pregnancy, short intervals between pregnancies, and high parity.

• Other factors include low socio-economic status and inadequate maternal care.
MDGs

• In the 8 Millennium Development Goals, 3 of them are directed to MCH:
  – Improve maternal health
  – Reduce infant and child mortality
  – Combat HIV, malaria, TB and other conditions.
Objective of MCH

• To improve the health status of the largest and most vulnerable sector of the population by providing the best health care available.
Antenatal Care: Overview

A-Maternal: Essential Health Sector Interventions for Safe Motherhood

SAFE MOTHERHOOD

Family Planning  Postabortion  Antenatal Care  Clean/safe Delivery  Postpartum Care  Essential Obstetric Care

BASIC HEALTH SERVICES

EQUITY

EMOTIONAL AND PSYCHOLOGICAL SUPPORT
Maternal Health Care

- MHC

Preconceptional Care

Including Premarital Care

Antenatal Care

Intra-natal Care

Postnatal Care
Organized and continued MCH care

Care for Eligible couples
Family unit with women 15-49 yrs of age/ FU with under five child

Family Planning and other RH services

Post natal care
Institutional/Domiciliary

Pre-pregnancy care

Antenatal care
Domiciliary/clinic

Intra natal care

Through integrated package at community/clinic and institutional level
Preconception Care

• It is a care of female before conception.
• It is continued care from birth, through stages of growth and development, and until the time of conception and pregnancy, so as to prepare the female for normal child bearing and delivery in the future.
Components of Preconceptional Care:

• Health promotion and prevention of health hazards specially those of particular risk to pregnancy.

• Regular health appraisal for early case detection and management, and prevention of sequelae or complications.

• Health education of young girls e.g. determinants and requirement of health, family health, family planning.....

• Premarital care (for both partners).
Premarital Care

It includes:

• Premarital counseling
• Premarital immunization
• Premarital examination:
  • History taking
  • Genetic counseling
  • Systemic medical examination
  • Investigations
Antenatal care in Jordan (according to mother’s age) in 2012 JPFHS
Reproductive health universe.

- Social determinants of health
- Genetics factor
- Health services
- Promotion & Prevention
- Reproductive health
- Maternal & Child health
- Morbidity & Mortality
Antenatal (Prenatal) Care

• General objective:

• “The general objective of antenatal (prenatal) care is to prepare the mother both physically and psychologically to give birth to a healthy newborn (favorable outcome of pregnancy) and to be able to care for it.”
Components Antenatal (Prenatal) Care

• **Registration**: During the booking visit, and record keeping

• **Medical examination and investigations**: for both the booking visit and continuing visits.

• **Health education**

• **Immunization**

• **Supplementations**

• **Clinical services**

• **Social services (outreach services)**.
Intra-natal Care

• “Normal delivery is defined as a process of delivery of a single fetus and other products of conception within 24 hours, through the normal birth canal and without complications.”

• Objectives of intra-natal care: safety of mother and fetus, by helping the pregnant to have a normal delivery, and providing emergency services when needed.

• Determination of place of birth, with a well-organized back up system.
# High Risk Deliveries

<table>
<thead>
<tr>
<th>Mother</th>
<th>Delivery</th>
<th>Fetus</th>
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<tbody>
<tr>
<td>Toxemia of pregnancy</td>
<td>Prolonged labor</td>
<td>Prematurity</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>Breech presentation</td>
<td>LBW</td>
</tr>
<tr>
<td>Age &lt; 20 yrs</td>
<td>Cord prolapsed</td>
<td>Fetal distress</td>
</tr>
<tr>
<td>Age &gt; 35 yrs</td>
<td>Multiple pregnancy</td>
<td>Meconium stained liquor amnii</td>
</tr>
<tr>
<td>Parity 5 +</td>
<td>Premature rupture of membranes</td>
<td></td>
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</tbody>
</table>
Postnatal Care

• Care of mother after delivery.
• Its components are:
  – Postpartum examination
  – Medical care
  – Follow up
  – Health education
  – Family planning services
  – Psychological and social support
Why tackle child health?

• The **global equity gap in health** is largest among children, and is concentrated in communicable diseases.

• **Children under five years of age** account for more than 50% of the **global** gap in mortality between the poorest and richest quintiles of the world's population.

• Children under five bear **30% of the total burden of disease in poor countries**.

• **Almost all (99%)** of the 10.9 million children under five who died in 2000 were from developing countries. Of these children, 36% died in Asia, 33% in Africa.
Deaths among infants under 7 days are decreasing more slowly than among older infants

Source: RHR/WHO, 2003
4 million newborn deaths – Why?
almost all are due to preventable conditions

Two thirds of all neonatal deaths are in LBW infants

- Sepsis/pneumonia: 26%
- Asphyxia: 23%
- Congenital: 7%
- Diarrhoea: 3%
- Tetanus: 7%
- Preterm: 27%
- Other: 7%

Infections: 36%
Perinatal mortality accounted for more than 20% of deaths in children under five years of age, in 2000 and includes birth asphyxia, trauma, and low birth weight.
Infant and child priorities (UNICEF)

• Reduction of infant and under 5 mortality rate
• Reduction of moderate and severe malnutrition
• Universal access to safe drinking water
• Access to all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many.
Infant and child priorities (UNICEF) cont.

• Reduction of low birth weight babies
• Elimination of iodine deficiency
• Elimination of vitamin A deficiency
• Encouragement of women to breast feed their children exclusively
• Growth promotion and monitoring
• Eradication of poliomyelitis
• Elimination of neonatal tetanus
• Reduction of measles death
Infant and child priorities (UNICEF) cont.

• Maintenance of a high level of immunization coverage.

• Reduction of deaths due to diarrheal diseases

• Reduction of deaths due to ARIs

• Increased acquisition of knowledge, skills and values required for better living by all families.
• What can be done to improve child health?
The MCH center provides child care that starts before birth and continues through out childhood.

- Functions of MCH centers for child care:
  - Maternal care (prenatal and natal)
  - Neonatal care
  - Adequate nutrition of infants and children
  - Health appraisal (assessment)
  - Prevention and control of communicable diseases including immunization.
  - Clinical (curative services)
  - Social services.
The Integrated Management of Childhood Illness (IMCI)

• IMCI is a broad strategy to improve child health outcomes developed by WHO and UNICEF. IMCI encompasses interventions at home, in the community and in the health system.

• The aims are to reduce childhood deaths, illnesses, and disability and to improve children's growth and development, with a particular focus on the poorest and most disadvantaged children. IMCI has three main components:
  – Improve family and community practices related to child health and nutrition;
  – Improve the health system for effective management of childhood illness;
  – Improve health workers' skills.
Improve family and community practices related to child health and nutrition;

• Counseling on child feeding including
  – exclusive breast feeding
  – Adequate amount of micronutrient or supplementation

• Complete full course of immunization for children

• Promote safe disposal of waste and hand washing before preparing meals and feeding children

• Provide adequate care to sick children

• Promote mental and social development by responding to children's needs for care,

• Provide adequate prenatal care to every pregnant woman
Improve the health system for effective management of childhood illness;

• Ensure drugs and supplies for treating major childhood illnesses are available in health facilities
• Improve quality of care provided at health facilities and organization of work
• Improve referral pathways
• Identify and develop methods for sustainable financing and equity of access
Improve health workers' **skills**.

- Develop and adapt **case management guidelines and standards** for major childhood illnesses in the country
- **Train health providers** at first level health facilities and referral level in standard case management
- Improve and **maintain health workers' performance** through follow-up after training and periodic supervision
• A combination of integrated curative and preventive interventions is required to address the immediate and underlying determinants of child health. Maternal determinants and risk factors associated with pregnancy and childbirth are especially important.

• Simple, cost-effective interventions delivered at the community level can save most newborn and children lives in developing countries.
Cost-Effective and Affordable Public Health and Clinical Services

Percentage of Total Global Disease Burden Averted

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
<th>Indicative Cost in US$</th>
<th>Cost per DALY</th>
<th>Annual cost per capita</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated Management of Childhood Illness</td>
<td>14%</td>
<td>40.00</td>
<td>1.60</td>
<td></td>
</tr>
<tr>
<td>Immunization (EPI Plus)</td>
<td>6%</td>
<td>14.50</td>
<td>0.50</td>
<td></td>
</tr>
<tr>
<td>Prenatal and delivery care</td>
<td>4%</td>
<td>40.00</td>
<td>3.80</td>
<td></td>
</tr>
<tr>
<td>Family planning</td>
<td>3%</td>
<td>25.00</td>
<td>0.90</td>
<td></td>
</tr>
<tr>
<td>AIDS prevention program</td>
<td>2%</td>
<td>4.00</td>
<td>1.70</td>
<td></td>
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<tr>
<td>Treatment of STDs</td>
<td>1%</td>
<td>2.00</td>
<td>0.20</td>
<td></td>
</tr>
<tr>
<td>Treatment of Tuberculosis</td>
<td>1%</td>
<td>4.00</td>
<td>0.60</td>
<td></td>
</tr>
<tr>
<td>School health program</td>
<td>0.1%</td>
<td>22.50</td>
<td>0.30</td>
<td></td>
</tr>
<tr>
<td>Tobacco and alcohol program</td>
<td>0.1%</td>
<td>42.50</td>
<td>0.30</td>
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</table>
• Forms the basis for other levels of health systems
• Addresses most important problems in the community by providing preventive, curative, and rehabilitative services
• Organizes deployment of resources aiming at promoting and maintaining health.
To summarize

Optimum child health is achieved through:

• Adequate maternal care
• Periodic follow up of the “healthy child”
• Breast feeding and proper child nutrition
• Immunization
• Early detection and proper management
• A sanitary and safe environment
• Health education of parents.
MDGs and maternal/child health

countries are unlikely to achieve either of these goals.

• A recent review of MDG progress, show that the world have only 32% of the way to achieving the child health goal and less than 10% of the way to achieving the goal for maternal health.
Some emerging and reemerging problems to M & Ch Health.

- HIV/AIDS and TB plus Multirresistant TB.
- Dengue.
- Others viral haemorrhagic fever.
- Old neglected diseases with new burden.
- Cholera outbreaks in Africa and Asia.
- Avian and swyne flu.
- Conflicts, war and infraestructure destruction.
- Bad governance and uneffective polices.
Core interventions to prevent child deaths.

• Preventive interventions:
  • Vaccination
  • Folic acid supplementation
  • Tetanus toxoid
  • Syphilis screening and treatment
  • Pre-eclampsia and eclampsia prevention (calcium supplementation)
  • Intermittent presumptive treatment for malaria in pregnancy
Core interventions to prevent child deaths.

- Preventive interventions:
  - Antibiotics for premature rupture of membranes
  - Detection and management of breech (caesarian section)
  - Labor surveillance
  - Clean delivery practices
  - Breastfeeding
Core interventions to prevent child deaths.

• Preventive interventions:
  • Prevention and management of hypothermia
  • Kangaroo mother care (skin-to-skin contact) for low birth-weight newborns
  • Newborn temperature management
  • Insecticide-treated materials
  • Complementary feeding
Core interventions to prevent child deaths.

- Preventive interventions:
  - Zinc
  - Hib vaccine
  - Water, sanitation, hygiene
  - Antenatal steroids
  - Vitamin A
  - Nevirapine and replacement feeding to prevent HIV transmission
  - Measles vaccine
Core interventions to prevent child deaths.

- **Treatment interventions:**
  - Detection and treatment of asymptomatic bacteriuria.
  - Corticosteroids for preterm labor.
  - Newborn resuscitation
  - Community-based pneumonia case management, including antibiotics
  - Oral rehydration therapy
Core interventions to prevent child deaths.

• Antibiotics for dysentery, sepsis, emerging and reemerging diseases.

• Antimalarials

• Zinc for diarrhea

• Vitamin A in respiratory diseases.
Maternal & child health. Hollistic approach.