The principles of primary health care and the nurses’ role
Declaration of Alma-Ata
International Conference on Primary Health Care,
Alma-Ata, USSR
6-12 September 1978
Primary health care 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 the community and the 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, of the family and community with the national health system, bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.
PRIMARY HEALTH CARE

1. Reflects and evolves from the economic conditions and sociocultural and political characteristics of the country and its communities and is based on the application of the relevant results of social, biomedical and health services research and public health experience.

2. Addresses the main health problems of the community providing promotive, preventative, curative, and rehabilitative services accordingly.

3. Includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs.
4. Involves, 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, communications and other sectors; and demands the coordinated efforts of all those sectors.

5. Requires and promotes 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 develops through appropriate education the ability of communities to participate.

6. Should 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.
7. Relies, 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.

All governments should formulate national policies, strategies and plans of action to launch and sustain primary health care as part of a comprehensive national health system and in coordination with other sectors. To this end, it will be necessary to exercise political will, to mobilize the country's resources and to use available external resources rationally.
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.
Commonwealth Nurses Federation

The World Health Report 2008

Primary Health Care

Now More Than Ever

UNIVERSAL COVERAGE REFORMS
to improve health equity

SERVICE DELIVERY REFORMS
to make health systems people-centred

LEADERSHIP REFORMS
to make health authorities more reliable

PUBLIC POLICY REFORMS
to promote and protect the health of communities
FIVE PRINCIPLES OF PRIMARY HEALTH CARE

1. Accessibility;
2. Public participation;
3. Health promotion, chronic disease prevention and management;
4. Use of appropriate skills, technology and innovation;
5. Interdisciplinary and intersectoral cooperation and collaboration.
PRIMARY HEALTH CARE STRATEGIES

Goal:
Accessibility, availability, affordability and acceptability of health services.

Strategies:
1. Health services delivered where the people are.
2. Use of indigenous resident volunteer health workers in addition to other health care providers with a ratio of one community health worker per 10-20 household.
3. Use of traditional health care and medicines with contemporary health care and essential drugs.
PRIMARY HEALTH CARE STRATEGIES

Goal:
Provision of quality, basic and essential health services.

Strategies:
1. Training design and curriculum based on community needs and priorities.
2. Attitudes, knowledge and skills developed are on promotive, preventive, curative and rehabilitative health care.
3. Regular monitoring and periodic evaluation of community health workers performance by the community and health staff.
PRIMARY HEALTH CARE STRATEGIES

Goal:
Community participation.

Strategies:
1. Awareness, building and consciousness raising on health and health-related issues.
2. Planning, implementation, monitoring and evaluation done through small group meetings (10-20 households cluster).
3. Selection of community health workers by the community.
4. Formation of health committees.
5. Establishment of a community health organization at the parish or municipal level.
6. Mass health campaigns and mobilization to combat health problems.
PRIMARY HEALTH CARE STRATEGIES

Goal:
Self reliance.

Strategies:
1. Community generates support (cash, labour) for health programs.
2. Use of local resources (human, financial, material).
3. Training of community in leadership and management skills.
4. Incorporation of income generating projects, cooperatives and small scale industries.
PRIMARY HEALTH CARE STRATEGIES

Goal:
Recognition of interrelationship of health and development.

Strategies:
1. Convergence of health, food, nutrition, water, sanitation and population services.
2. Integration of PHC into national, regional, provincial, municipal and barangay development plans.
3. Coordination of activities with economic planning, education, agriculture, industry, housing, public works, communication and social services.
4. Establishment of an effective health referral system.
PRIMARY HEALTH CARE STRATEGIES

Goal:
Social mobilisation.

Strategies:
1. Establishment of an effective health referral system.
2. Multi-sectoral and interdisciplinary linkage.
3. Information, education, communication support using multi-media.
PRIMARY HEALTH CARE STRATEGIES

Goal:
Decentralisation.

Strategies:
1. Reallocation of budgetary resources.
2. Reorientation of health professionals and primary health care.
3. Advocacy for political and support from the national leadership down to the local level.
Commonwealth Nurses Federation

8 Essential Health Services in Primary Health Care (ELEMENTS)

E: Education for health
L: Locally endemic disease control
E: Expanded program for immunization
M: Maternal and child health including responsible parenthood
E: Essential drugs
N: Nutrition
T: Treatment of communicable and non-communicable diseases
S: Safe water and sanitation
CHALLENGES

• Overemphasis on illness-based, treatment-focused and bio-medically driven care
• Health human resources trends
• Reluctance to embrace inter-professional practice
• Insufficient epidemiological data
• Lack of standardized and comparable indicators
• Remuneration through traditional fee-for-service models
The key feature of primary health care reform is a shift to teams of providers who are accountable for providing comprehensive services to their clients. There is a growing consensus that family physicians, nurses, and other professionals working as partners will result in better health, improved access to services, more efficient use of resources, and better satisfaction for both patients and providers. Such teams are well positioned to focus on health promotion and improving the management of chronic disease.

This team approach facilitates access to primary health care services after-hours, reducing the need for costly emergency room visits. Other technologies can support information-sharing among providers so that people need not repeat their health histories or undergo the same tests for every health care professional they see. In these ways, all aspects of personal care are brought together in a coordinated way.
Primary health care nursing roles include registered nurses, nurse practitioners and midwives working as maternal and child health nurses, general practice nurses, community health nurses, school nurses, occupational health nurses, rural nurses, remote area nurses, sexual health nurses and mental health nurses.

General practice nurses work in collaboration with general practitioners, providing a range of primary health care services, including chronic disease management, lifestyle education, infection control, population health, health assessments across the lifespan, cancer management, health promotion, wound management, immunisations and women’s, men’s and children’s health. They also provide health education and monitor its effectiveness.
Community health nursing is a combination of nursing practice, public health practice, health promotion and primary health care. These nurses work with their local communities to prevent illness and promote health across the lifespan by identifying barriers to wellness. They empower people to change unhealthy lifestyles and also provide post acute care to people in their homes. By working in partnership with, and recognising the strengths of families and communities, community health nurses seek to foster a sense of self-determination and empowerment of clients. These nurses may provide centre-based care and/or a home visiting service.
Maternal and child health nurses are registered nurses and midwives, preferably with additional postgraduate qualifications in this area. These nurses offer a range of services through individual consultations, home visits and group meetings, e.g. new mothers or breastfeeding support groups. They provide health education to families to promote health and wellbeing and prevent illness; offer support and guidance to families while developing parenting skills; assess child growth, development and behaviour at key ages and stages; guide and inform families in relation to family health, breastfeeding, immunisations, nutrition, accident prevention and child behaviour and provide access to information on child and family services.
Primary school nurses provide a primary health care service to school children aged 5-12 years and their families. Primary health care services are directed towards health promotion and information and early identification of and intervention for health concerns. Primary school nurses engage in clinical care, health counselling, health promotion, school community development activities, networking, disseminating information and education resources, referral and general health centre management. These nurses provide specific health surveillance activities for children at school entry as well as health assessments for all school entrants, and for any students referred by a parent or teacher. They undertake vision screening and hearing testing, immunisation, accident and injury prevention, nutrition, positive parenting and asthma management, while maintaining regular contact with students, teachers and parents.
Secondary school nurses have a key role in reducing negative health outcomes and risk-taking behaviours among young people associated with drug and alcohol abuse, smoking, eating disorders, obesity, depression, suicide and injuries. The role specifically encompasses individual health counselling, health promotion and planning, school community development activities, small group work focusing on health-related discussion and information and a resource and referral service to assist young people to make healthy lifestyle choices.
Occupational health nurses deliver health and safety programs and services to workers and community groups. This area of nursing practice focuses on health promotion and restoration of health, prevention of illness and injury, and protection from work related and environmental hazards. Occupational health nurses have an integral role in facilitating and promoting an organisation's on site occupational health program. Their scope of practice includes disease management, environmental health, emergency preparedness and disaster planning in response to natural, technological and human hazards to work and community environments. These nurses provide specialist health and safety advice, undertake injury management, first aid and emergency preparedness programs, case management, counselling and crisis intervention, health promotion, worker and workplace hazard detection, and return to work programs for injured workers. Occupational health nurses also develop and provide health education programs about exercise and fitness, nutrition and weight control, stress management, smoking cessation, management of chronic illnesses and effective use of health services.