



Primary Care

Addressing variations in health as a source of social inequalities

Salman Rawaf

Professor of Public Health, Imperial College London

Maternal and Child Health: the foundation of population health

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s.rawaf@imperial.ac.uk

Content:

1. Social inequalities
2. Mother & Child Inequalities
3. Bridging the Gap
4. Primary care value
5. Primary care, Children, Mothers & equal health
6. The way forward



Harm caused by status differences

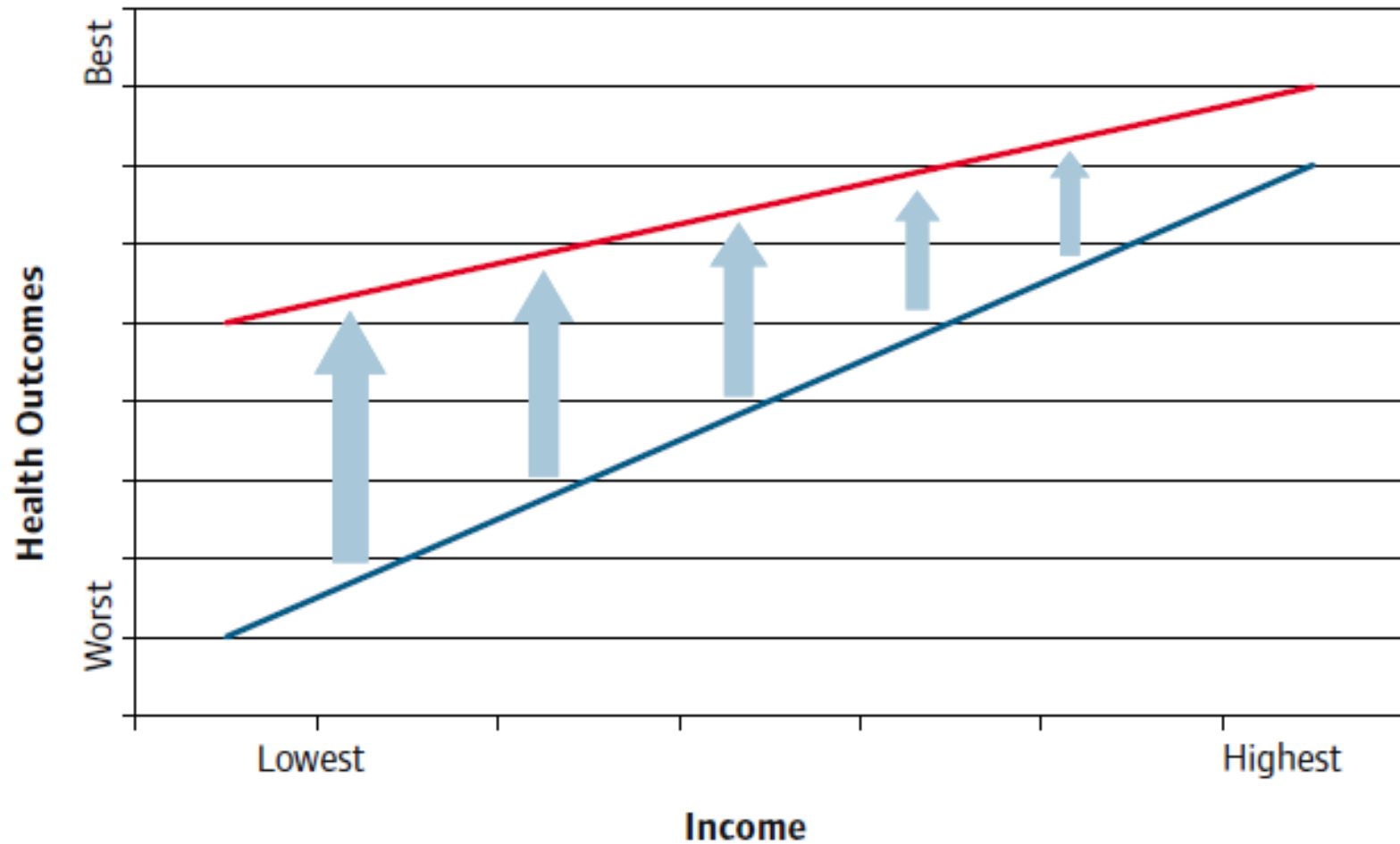
The social consequences of income inequality

Societies that do best for their citizens are those with the narrowest income differentials

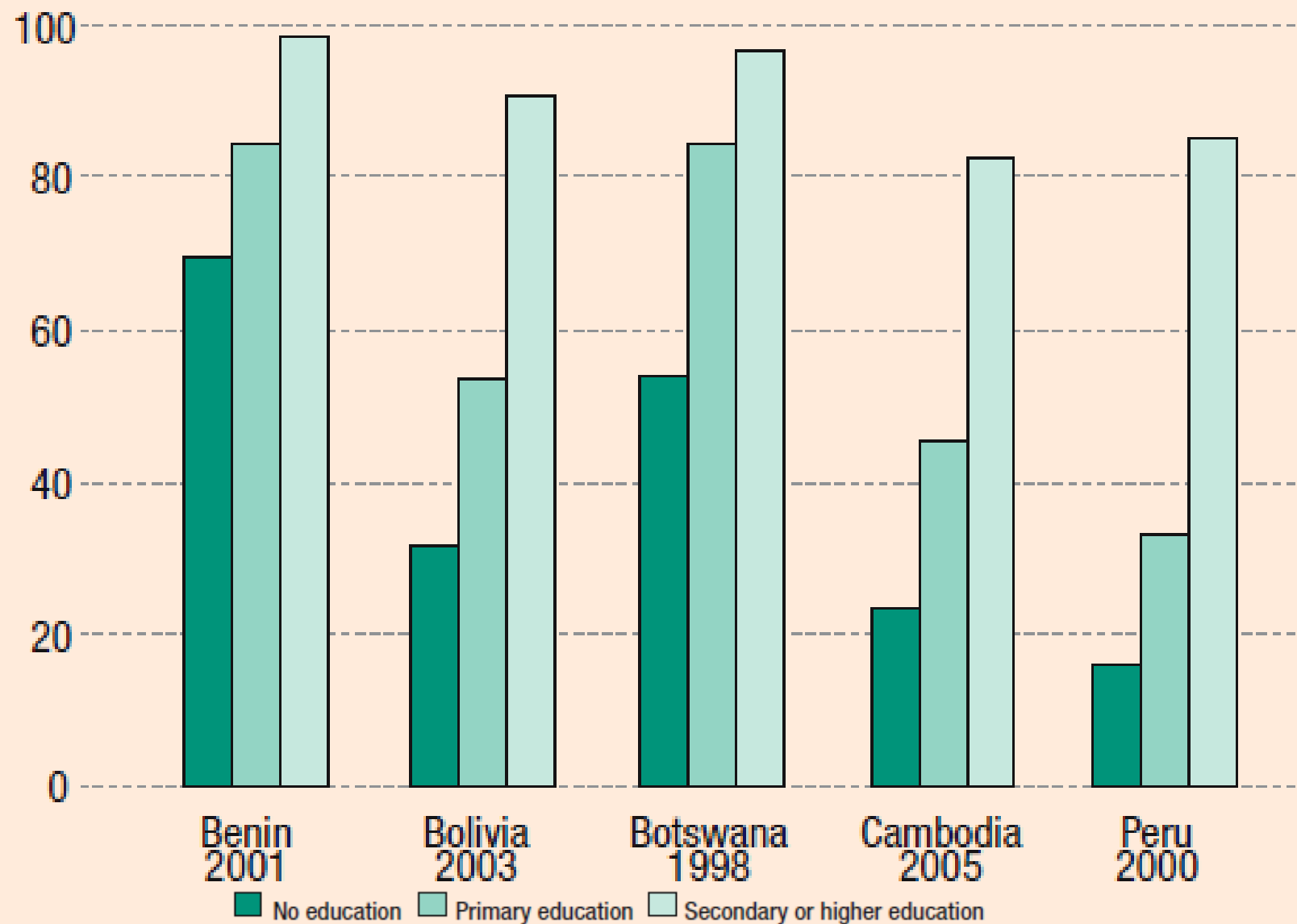


Income, Education

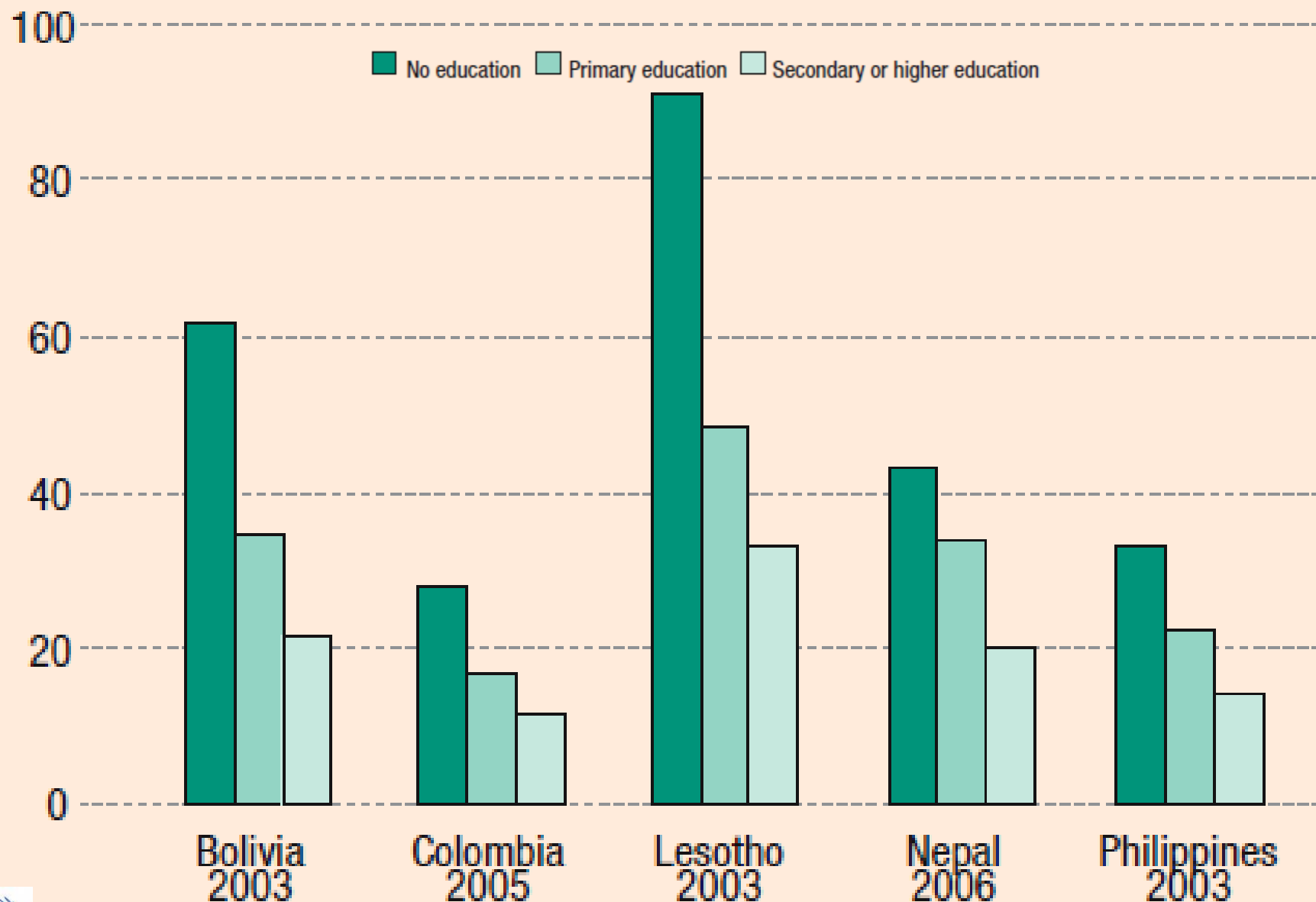
The Social Gradient of Health

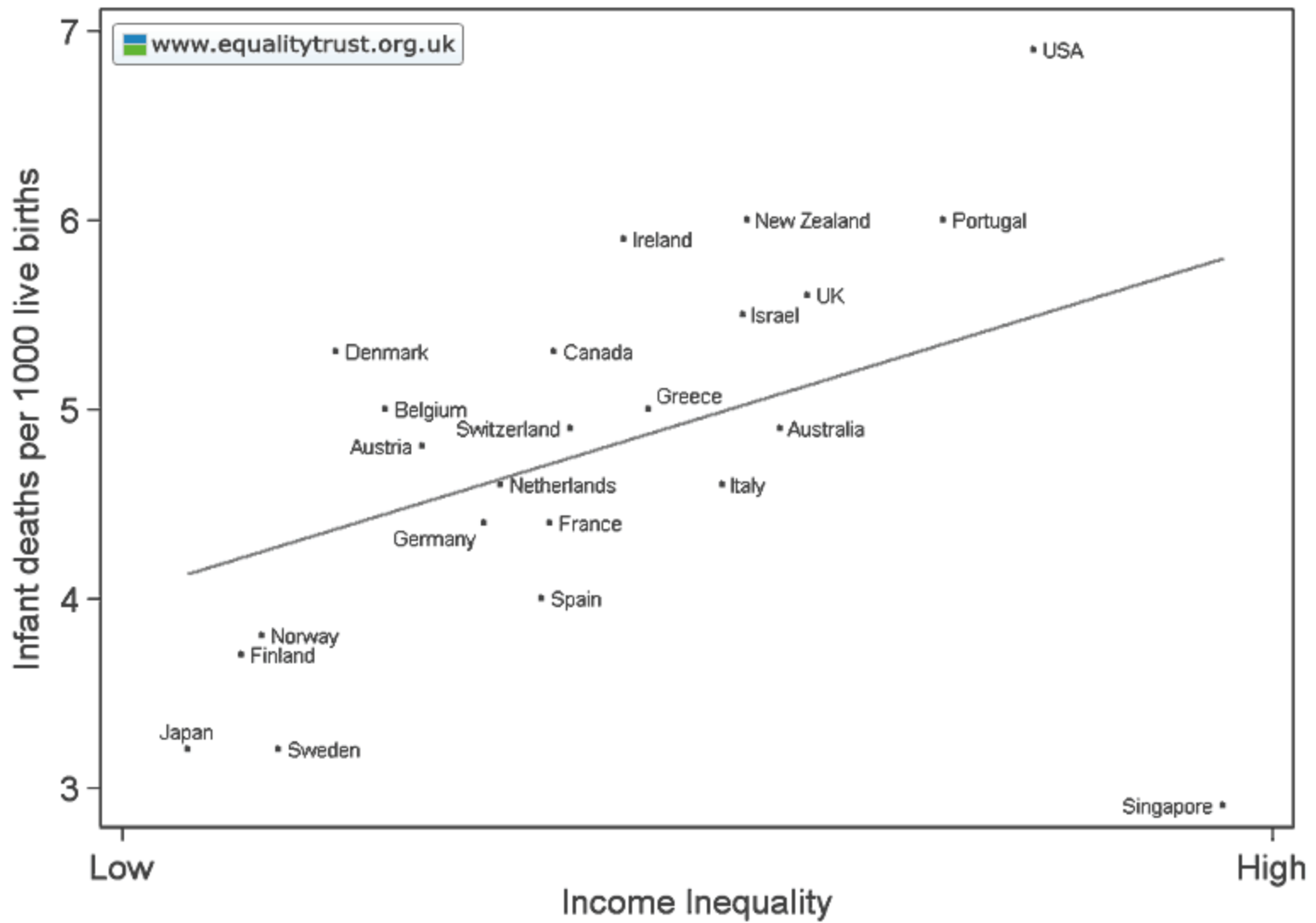


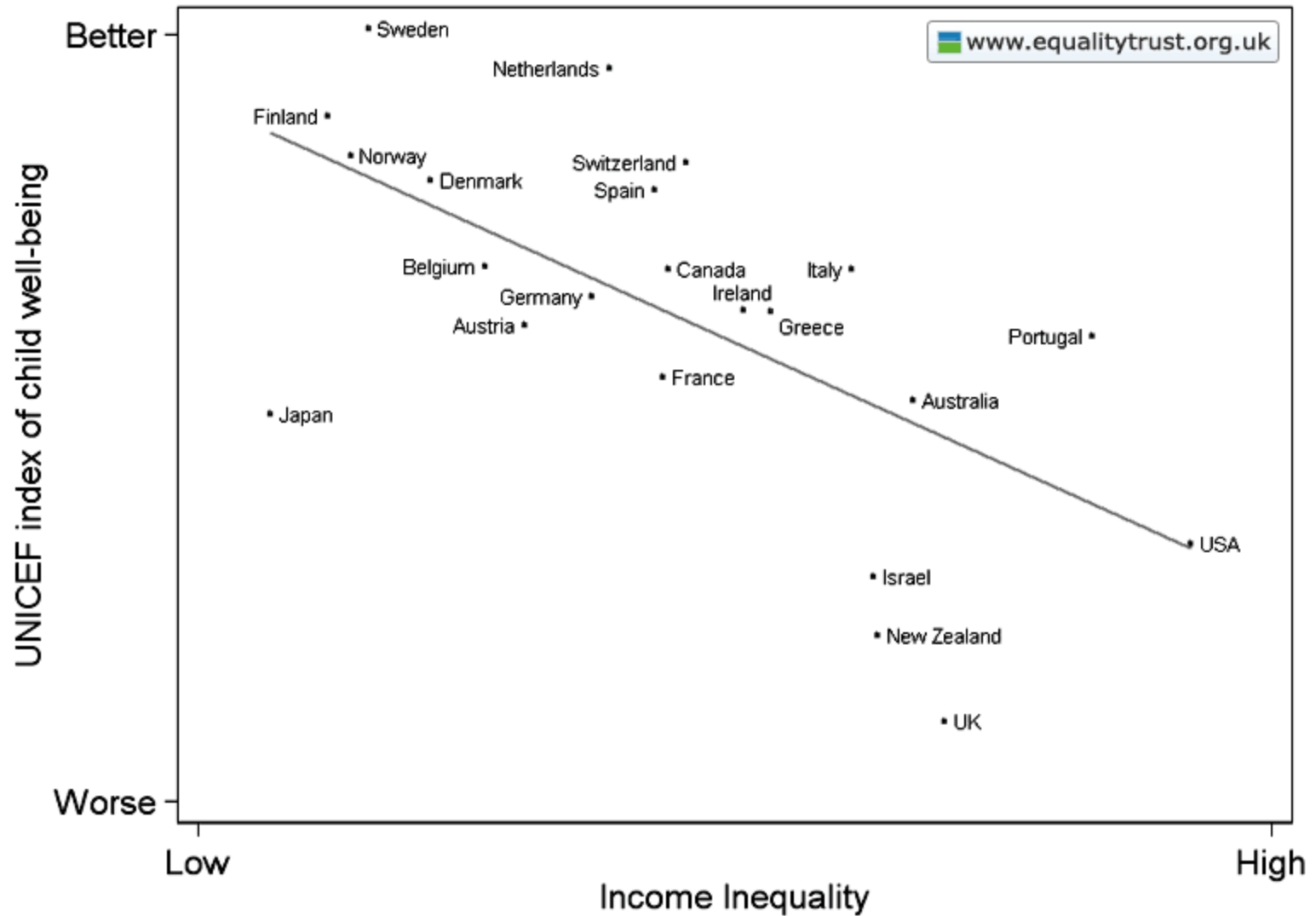
Births attended by health professional (%),
by education of mother



Neonatal mortality rate, by education of mother







Non-Communicable Disease

At least 12% of adolescents live with a chronic condition worldwide, and this figure is increasing

2.6m deaths in 2004 among 10-14 yrs old globally



Primary Care

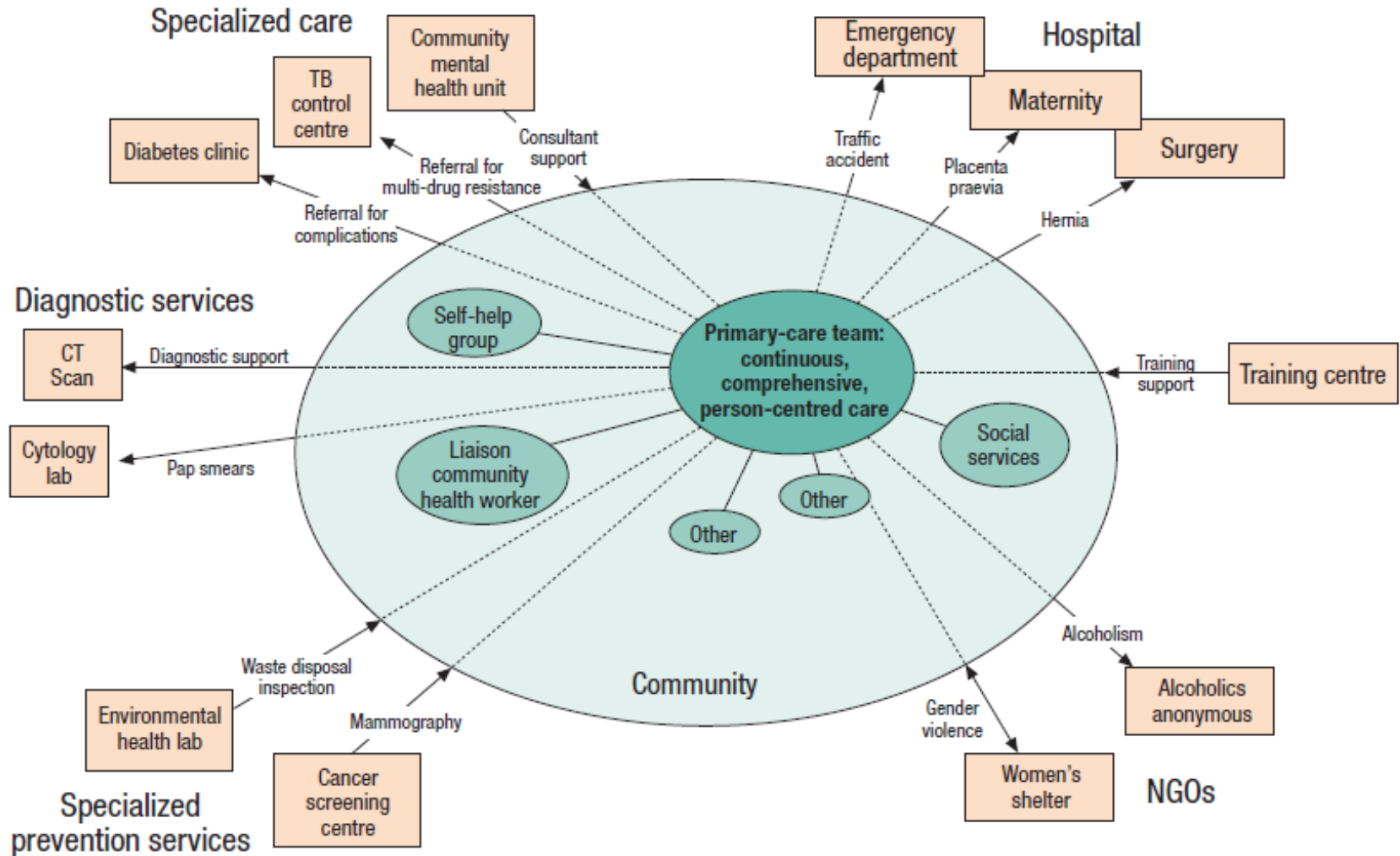
Primary care is equity-producing because its functions, separately and in combination, facilitate the achievement of equity in health.



- Comprehensive Coverage
- A Whole System Approach
- Equity
- Social Protection (Solidarity)
- Personal & Continuity of Care
- Person-centred Care
- Gate-keeping Function
- Choice
- 24/7
- Engagement



Primary care as a hub of coordination: networking within the community served and with outside partners



WHO World Health Report 2008

The World Health Report 2008

Primary Health Care



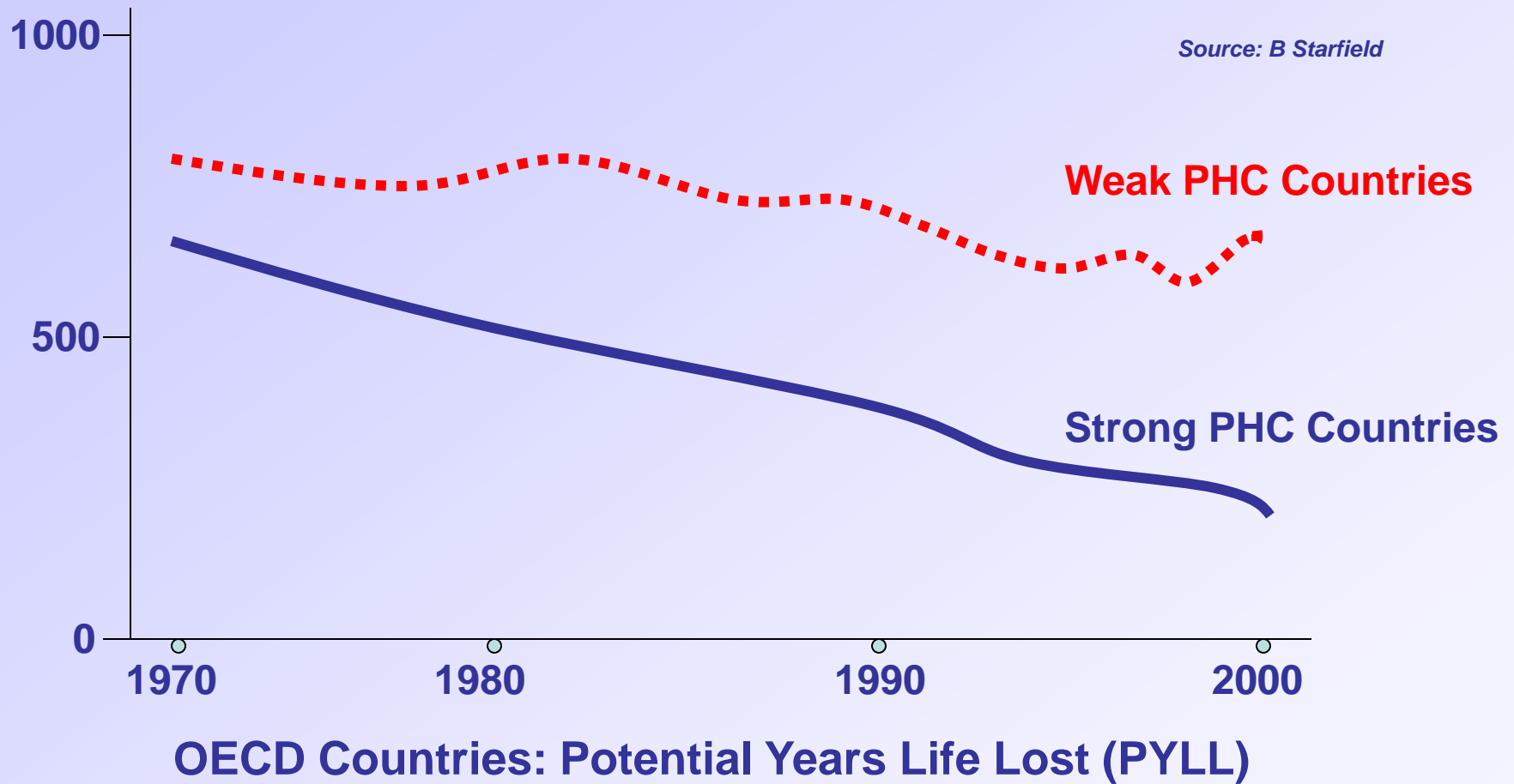
Now More Than Ever



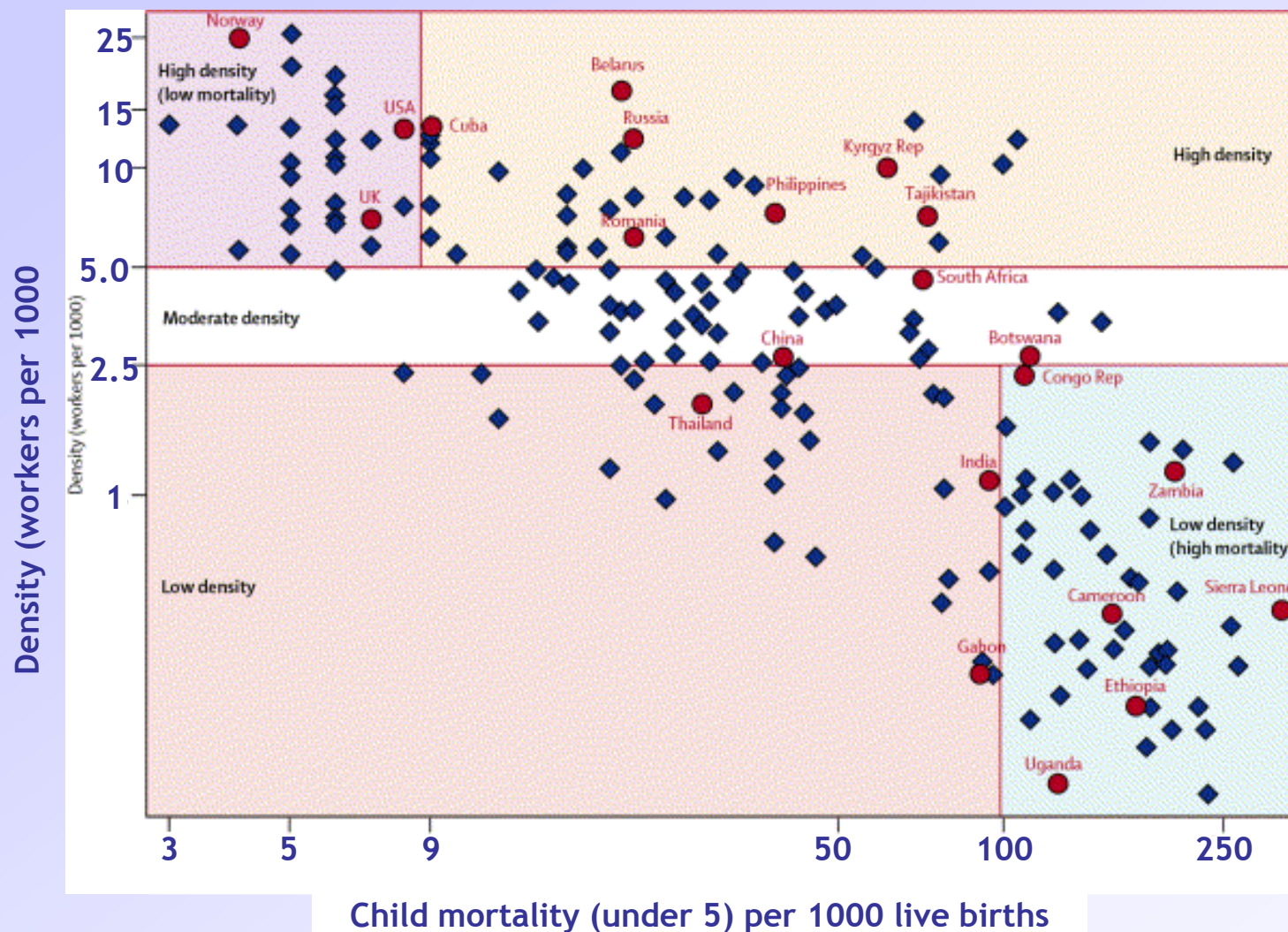
World Health
Organization



WHO C Centre, Imperial College London



Health Professional Supply & Child Survival



Better Health at Lower Costs

Primary healthcare-oriented health systems have been shown to be generally more effective in achieving better health (**particularly at young ages**) at lower costs than is the case for systems more oriented to disease management and specialty care



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Integrated

VS

Vertical



Socially disadvantaged: More benefit from PC

**Better primary care resources
preferentially improve health
more in socially disadvantaged
populations than in the majority
population**



Around 75% of children's asthma admissions could have been prevented with better primary care

Wolfe et al, BMJ 2011



WHO C Centre, Imperial College London

The Evidence



Canada

In Ontario, populations in areas with greater primary care physician **supply** have better experiences with a wide variety of healthcare access and outcome indicators even more so in lower income areas than in higher income ones



Thailand

After primary care reform was initiated in Thailand in the early 1990s, there was marked improvement in both the rate ratio and absolute differences in under-5 mortality across income quintiles

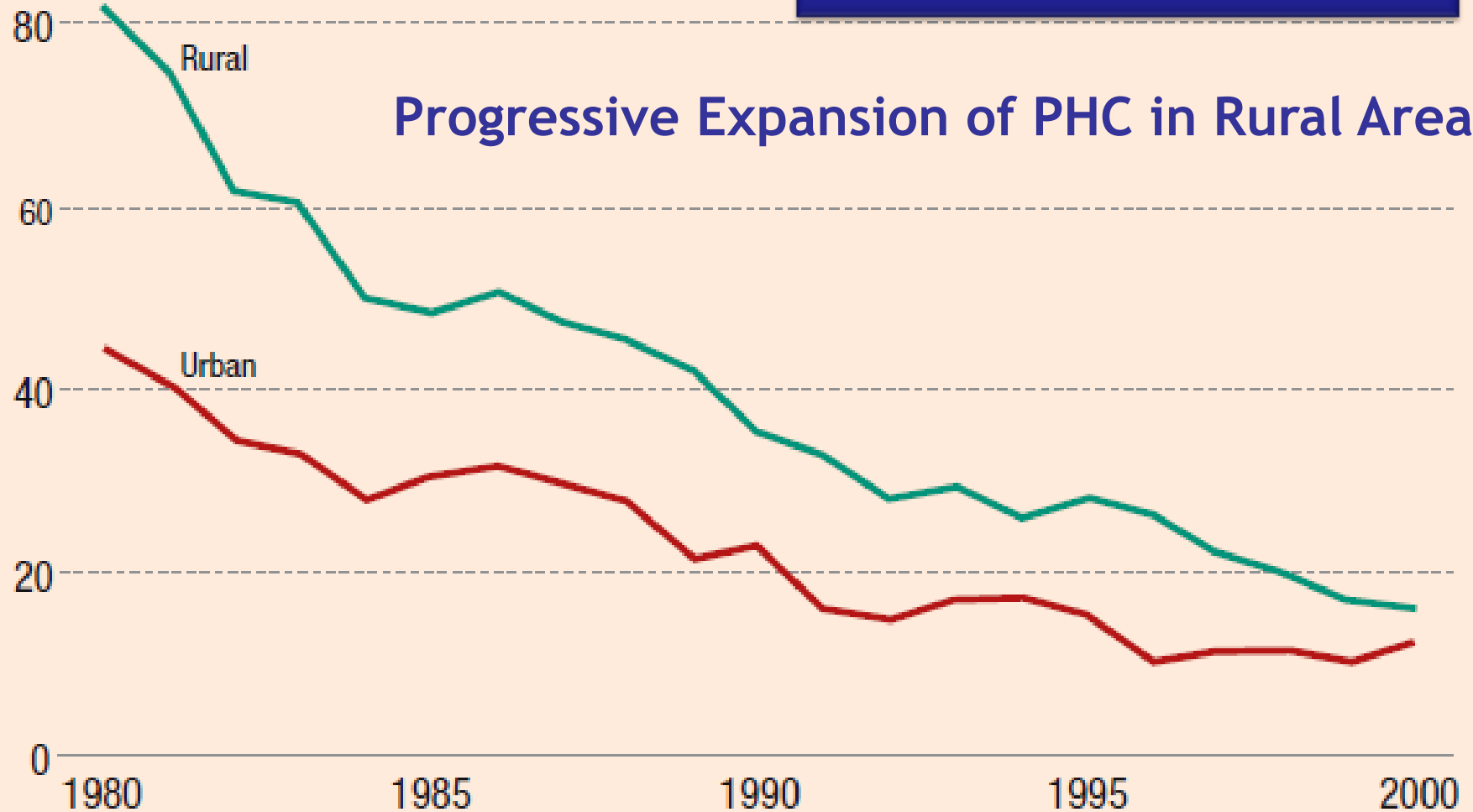


Under-five mortality in rural and urban areas, the Islamic Republic of Iran, 1980–2000³²

Mortality per 1000 children under five

Iran

Progressive Expansion of PHC in Rural Areas



The effect on uptake of contraception of the reorganization of work schedules of rural health centres in Niger

Women attending the health centre (%)

100

Informed Interested Contraception started

80

60

40

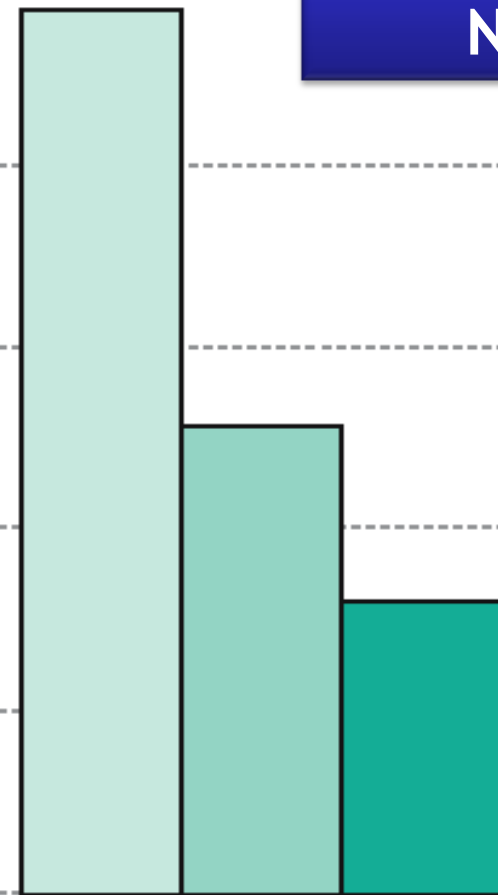
20

0

Year before reorganization

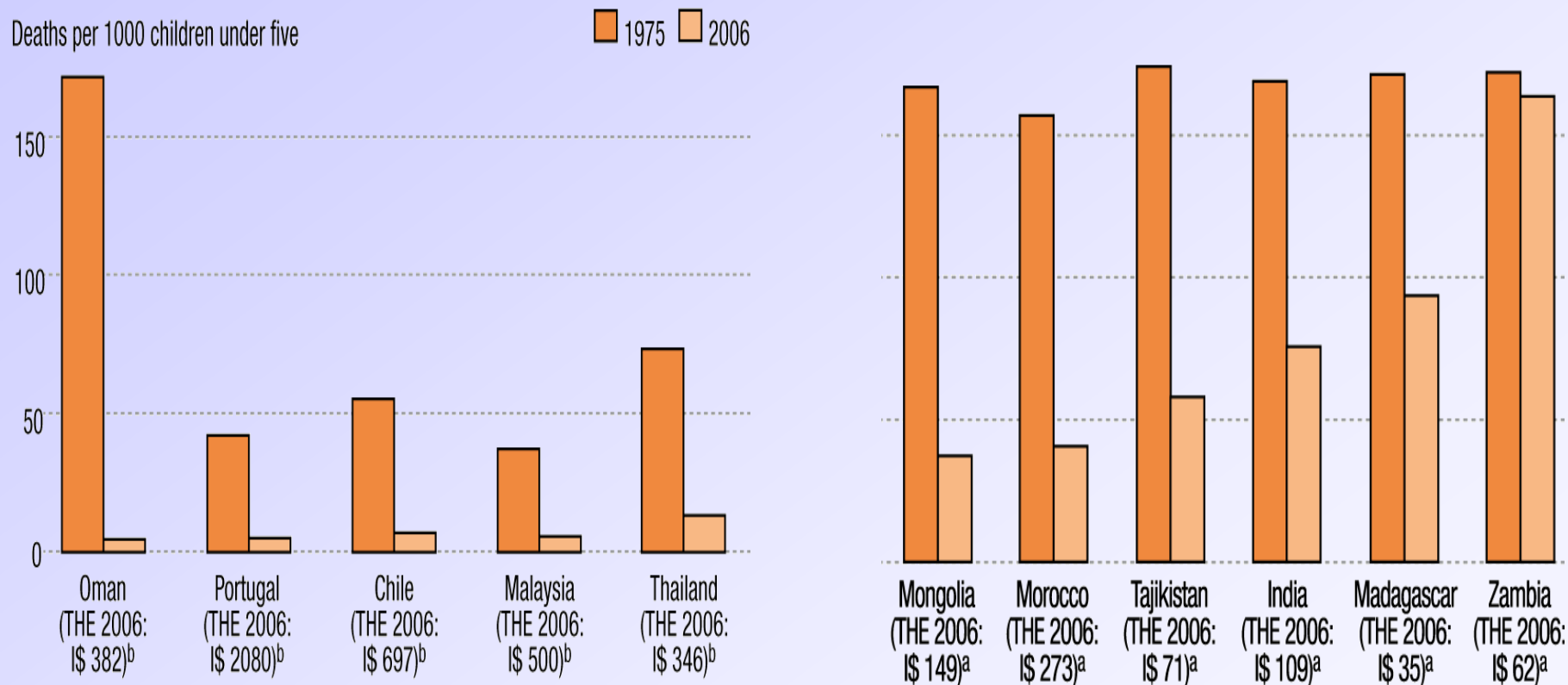
Year after reorganization

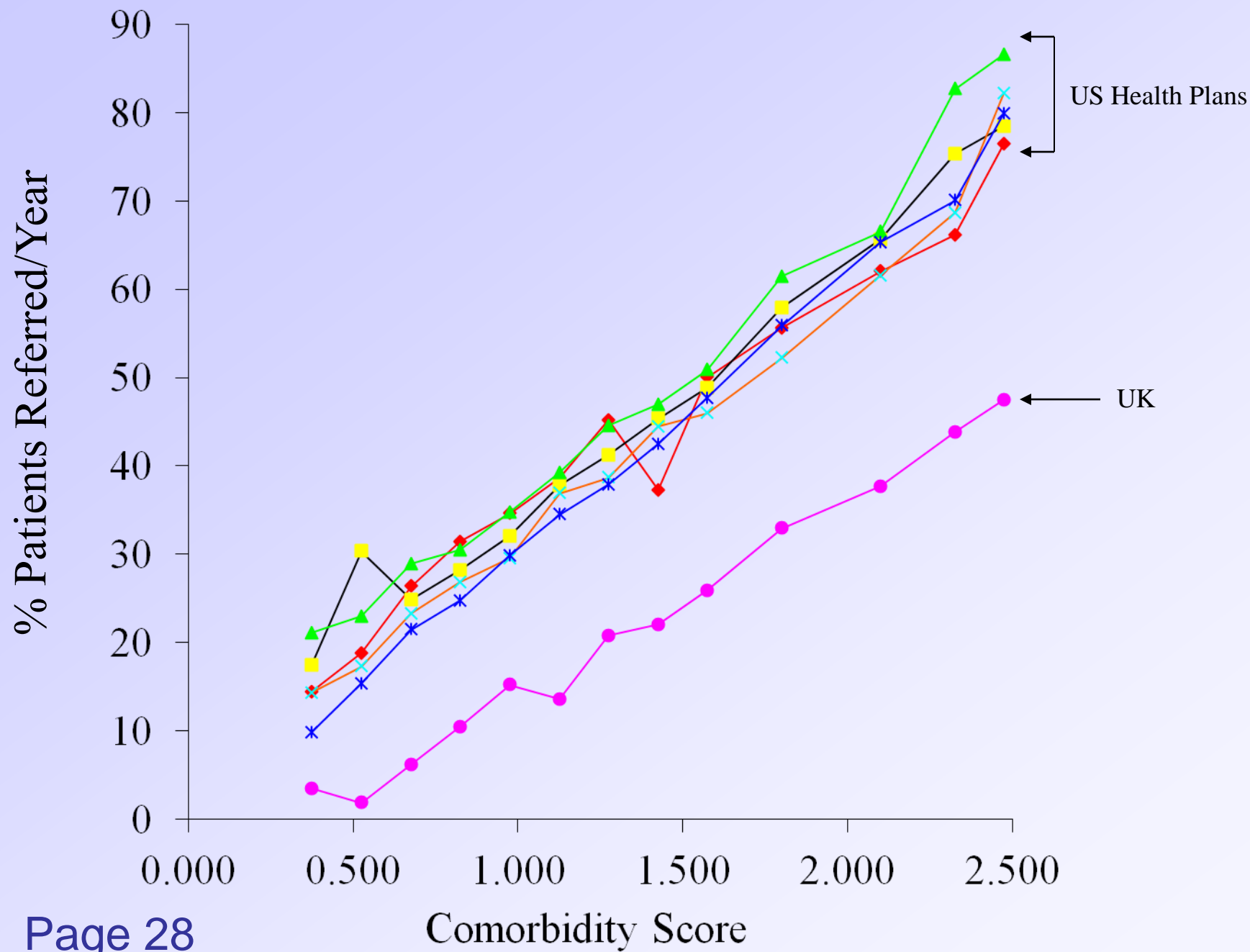
Niger



Significant progress in health, but not a given:

Child Deaths in 1975 and 2006 by country and total health expenditure (THE)

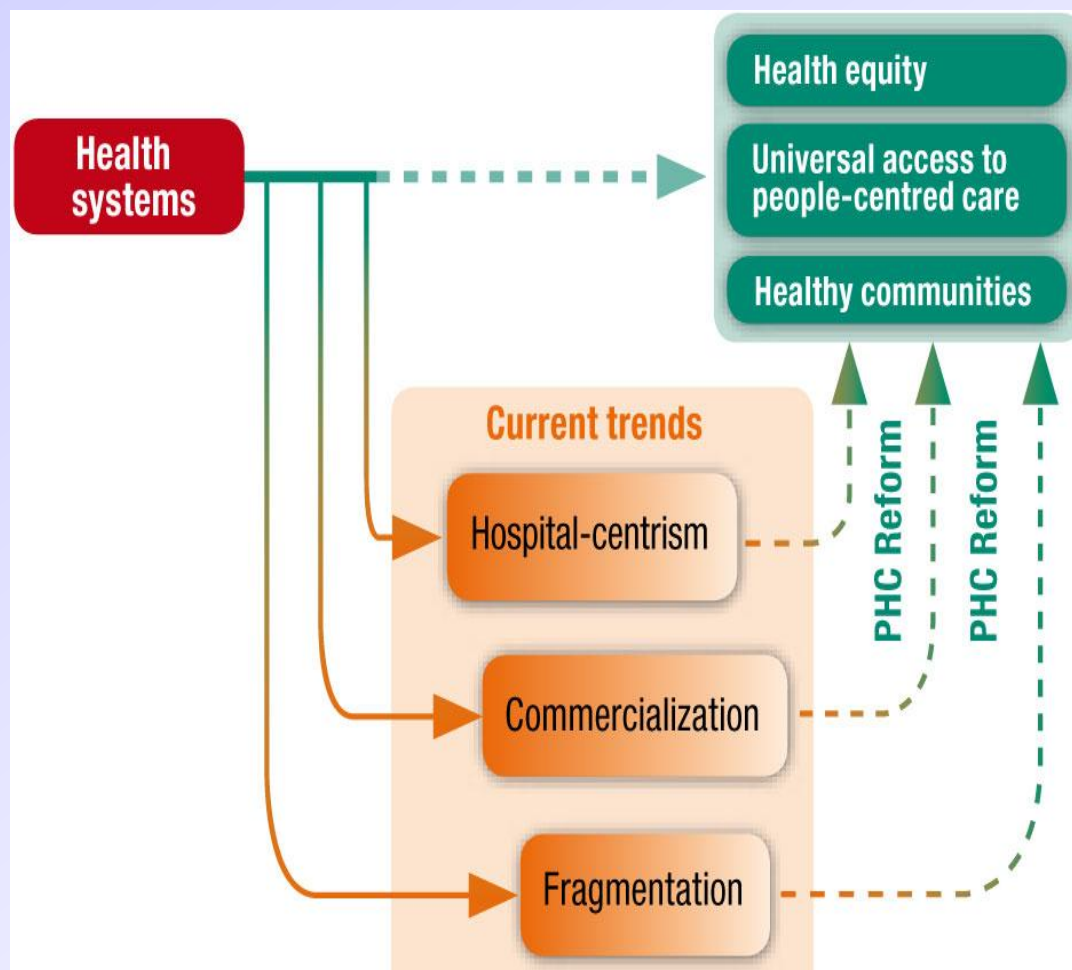




The need for leadership and steering

Without PHC

Health systems do not naturally gravitate towards meeting social expectations nor towards giving value for money



The Solutions



Four PHC Reforms

Renewing PHC through 4 areas for reform



Addressing Children Needs

Key Development needed:

- Integrated Primary Care Team can provide the majority of children health & healthcare services
- Paediatrics & paediatric nurses in primary care settings
- GPs: Mandatory Training in Paediatrics (? 6 months)
- Well defined care pathways (1 - 2)
- Planned care for children & young people with NCD
- Child Public Health doctors to work closely with commissioners



“It is certainly true that cause of death is increasingly attributed to **chronic illness** and that rates of diagnosis of specific chronic illnesses are increasing, it does not follow that health systems should be re-oriented around the management of chronic illness. As acute illnesses are better treated so that rapid death is avoided, deaths will increasingly be attributed to chronic problems so that, ultimately, all deaths should be associated with chronic illness. Moreover, a focus on chronic illness detracts from attention to acute problems throughout the life course that make people vulnerable to chronic illness. Thus, the focus on chronic illness disadvantages CHILDREN at least relatively if not also absolutely”.

Starfield B, 2011



A general practitioner for everyone in the world

Effective primary care that is accessible to all is vital, yet global targets continue to be missed

We are fast approaching the 30th anniversary of the World Health Organization's Alma Ata declaration, which set the aspirational target of "Health for all by the year 2000" (*BMJ* 2008;336:536-8). The reasoning, laid out in the declaration's article 10, was that "an acceptable level of health for all the people of the world by the year 2000 can be attained through a fuller and better use of the world's resources, a considerable part of which is now spent on armaments and military conflicts." Tragically, since 1978, spending on war and armaments has continued unabated, while the Alma Ata target

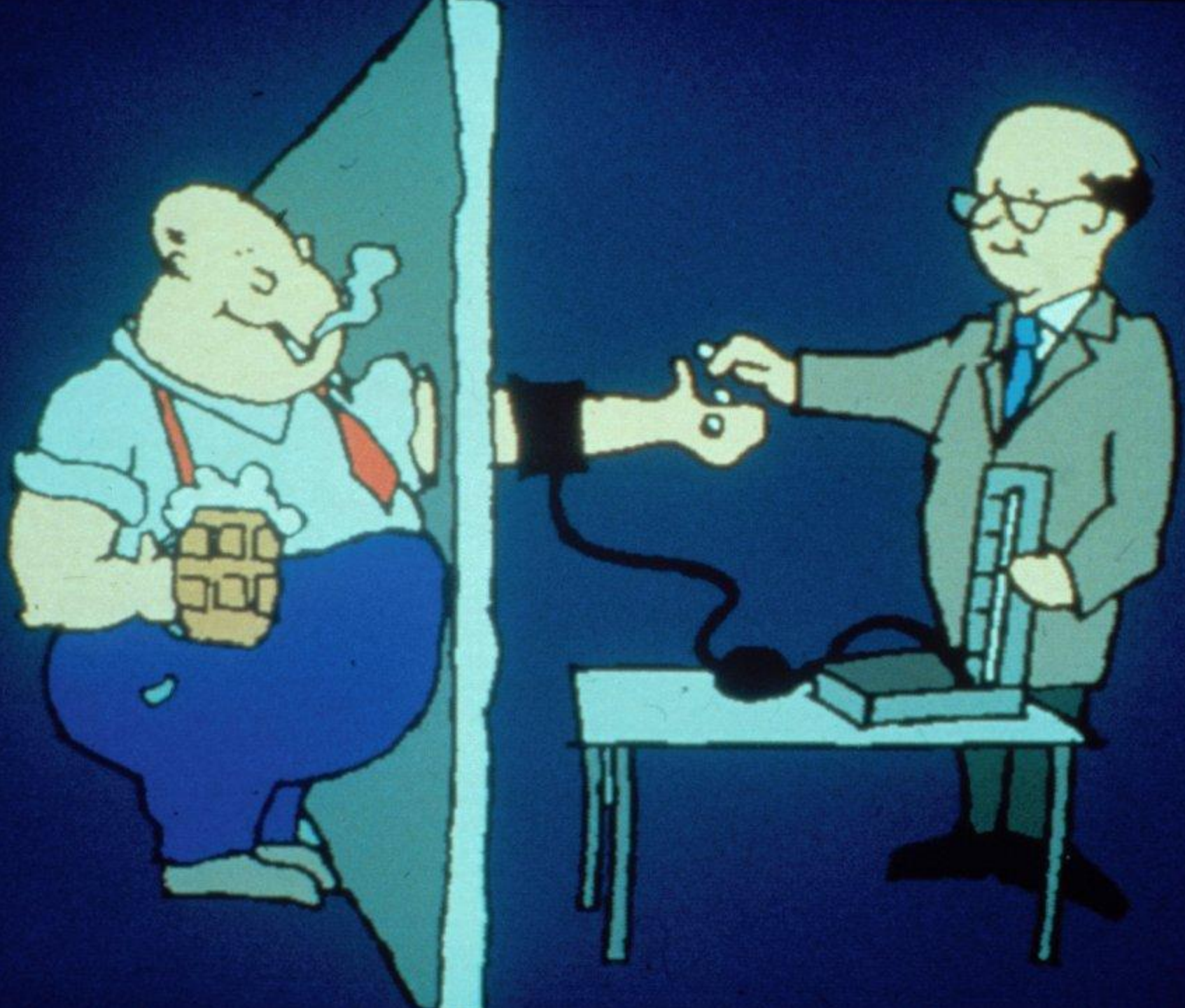
recording the current life expectancies for women as 46 years in sub-Saharan Africa and 78 years in the UK and the rate of deaths of children aged under 5 years as 179 in 1000 in sub-Saharan Africa and six in 1000 in the UK. His report also emphasised the importance of primary care: "The most pressing needs in developing countries are for balanced and integrated health systems with a particular emphasis on public health and primary care, not hospitals and tertiary care, although these have their place." Yet he made no mention of the role and importance of primary care medicine. This perplexing absence



**The poorest people
in the poorest**

based profession within which the physician's interpersonal skills and capacity to interact therapeutically with the patient are of central importance to the clinical outcome.

Poor people are no less aware of the skills of doctors than more affluent people, and many of the desperate parents of those many children dying before the age of 5 in sub-Saharan Africa will incur crippling debt or sell vital livestock to see a private doctor if none is available through the public healthcare system. The poorest people in the poorest countries of the world are exposed to the most disease and



BMJ



How can we get children to exercise?

PLUS How good is ECG diagnosis
of left ventricular hypertrophy?

Uterine artery embolisation for fibroids

Should GPs take back responsibility
for out of hours care?



WHO Centre, London

Thank you

