Primary Health Care

A joint report

by

The Director-General of the World Health Organization

and

The Executive Director of the United Nations Children's Fund

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Primary Health Care is essential health care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost that the community and country can afford. It forms an integral part both of the country's health system of which it is the nucleus and of the overall social and economic development of the community.

Primary Health Care addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly. Since these services reflect and evolve from the economic conditions and social values of the country and its communities, they will vary by country and community, but will include at least: promotion of proper nutrition and an adequate supply of safe water; basic sanitation; maternal and child care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; education concerning prevailing health problems and the methods of preventing and controlling them; and appropriate treatment for common diseases and injuries.

In order to make Primary Health Care universally accessible in the community as quickly as possible, maximum community and individual self-reliance for health development are essential. To attain such self-reliance requires full community participation in the planning, organization and management of Primary Health Care. Such partici-
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Participation is best mobilized through appropriate education which enables communities to deal with their real health problems in the most suitable ways. They will thus be in a better position to take rational decisions concerning Primary Health Care and to make sure that the right kind of support is provided by the other levels of the national health system. These other levels have to be organized and strengthened so as to support Primary Health Care with technical knowledge, training, guidance and supervision, logistic support, supplies, information, financing and referral facilities including institutions to which unsolved problems and individual patients can be referred.

Primary Health Care is likely to be most effective if it employs means that are understood and accepted by the community and applied by community health workers at a cost the community and the country can afford. These community health workers, including traditional practitioners where applicable, will function best if they reside in the community they serve and are properly trained socially and technically to respond to its expressed health needs.

Since Primary Health Care is an integral part both of the country's health system and of overall economic and social development, without which it is bound to fail, it has to be coordinated on a national basis with the other levels of the health system as well as with the other sectors that contribute to a country's total development strategy.
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1. General Outline

1. Primary health care is the key to achieving an acceptable level of health throughout the world in the foreseeable future as part of social development and in the spirit of social justice. It is equally valid for all countries, from the most to the least developed, though the form it takes will vary according to political, economic, social and cultural patterns. For developing countries in particular, it is a burning necessity. For this reason, this report will concentrate on the needs of these countries.

2. The gap is widening between the health “haves” in the affluent countries and the health “have-nots” in the developing world. Moreover, this gap is also evident within individual countries, whatever their level of development.

3. There is widespread disenchantment with health care throughout the world. The reasons are not difficult to discern. Better health could be achieved with the technical knowledge available. Unfortunately, in most countries this knowledge is not being put to the best advantage for the greatest number. Health resources are allocated mainly to sophisticated medical institutions in urban areas. Quite apart from the dubious social premise on which this is based, the concentration of complex and costly technology on limited segments of the population does not even have the advantage of improving health. Indeed, the improvement of health is being equated with the provision of medical care dispensed by growing numbers of specialists, using narrow medical technologies for the benefit of the privileged few. People have become cases without personalities, and contact has been lost between those providing medical care and those receiving it.

4. At the same time, disadvantaged groups throughout the world have no access to any permanent form of health care. These groups
probably total four-fifths of the world’s population, living mainly in rural areas and urban slums. In some countries, even though health facilities are located within easy reach, inability to pay or cultural taboos put them out of bounds.

5. To complicate matters, health systems are all too often being devised outside the mainstream of social and economic development. These systems frequently restrict themselves to medical care, although industrialization and deliberate alteration of the environment are creating health problems whose proper control lies far beyond the scope of medical care.

6. Thus, most conventional health care systems are becoming increasingly complex and costly and have doubtful social relevance. They have been distorted by the dictates of medical technology and by the misguided efforts of a medical industry providing medical consumer goods to society. Even some of the most affluent countries have come to realize the disparity between the high care costs and low health benefits of these systems. Obviously it is out of the question for the developing countries to continue importing them. Other approaches have to be sought.

7. Primary health care is a practical approach to making essential health care universally accessible to individuals and families in the community in an acceptable and affordable way and with their full participation. This approach has evolved over the years, partly in the light of experience, positive and negative, gained in basic health services in a number of countries. But it means much more than the mere extension of basic health services. It has social and developmental dimensions and if properly applied will influence the way in which the rest of health system functions.

8. Its shape is determined by social goals, such as the improvement of the quality of life and maximum health benefits to the greatest number; and these goals are attained by social means, such as the
acceptance of greater responsibility for health by communities and individuals and their active participation in attaining it. The healthier people are, the more likely they are to be able to contribute to social and economic development, and such development in turn provides the additional resources and social energy that can facilitate health development. So primary health care and community efforts towards social and economic development in general are most likely to succeed when they are mutually supportive. Also, just as the health sector functions best in harmony with the other social and economic sectors, so there is a need for harmony within the health sector through support to primary health care by all other levels.

9. The time has come for all levels of the health system to review critically their methods, techniques, equipment and drugs, with the aim of using only those technologies that have really proved their worth and can be afforded. For primary health care this is vital, because there has been a tendency to concentrate on medical technologies that are more appropriate for hospital use than for front-line care. The scope and purpose of primary health care, and the technical capacity of those who provide it, make it more important than ever to have appropriate technology available.

10. Primary health care is delivered by community health workers. The skills these workers require, and therefore their training, will vary widely throughout the world, depending upon the particular form of primary health care being provided. Whatever their level of skill, it is important that they understand the real health needs of the communities they serve, and that they gain the confidence of the people. This implies that they should reside in the community they are serving, and in many societies that they should be chosen by it.

11. The support of other levels of the health system is necessary to ensure that people enjoy the benefits of valid and useful technical knowledge that is too complex or costly to apply routinely through primary health care. These levels are an important source of relevant
information on health. Moreover, community health workers must be able to rely on more skilled people for guidance and training, and primary health care services need the security of logistic and financial support.

12. The acceptance of primary health care therefore implies the organization of the rest of the health system so as to provide support for primary health care and to enhance its further development. This means that the health system as a whole will have to accept the social goal of making essential health care available to all. The consequence for health policy is the preferential allocation of resources to people at the social periphery in order to satisfy first and foremost their essential health care needs, for experience has shown that overall improvements in national health situations depend on improving the health status of these people. Fortified by additional resources, communities will be in a better position to accept greater responsibility for their own health, and to fulfil this responsibility through primary health care. The more specialized needs of this care will influence the type of service that has to be provided by the more central levels of the health system. The result should be stronger links between the more centrally placed health institutions and the communities they are intended to serve.

13. Health cannot be attained by the health sector alone. In developing countries in particular, economic development, anti-poverty measures, food production, water, sanitation, housing, environmental protection and education all contribute to health and have the same goal of human development. Primary health care, as an integral part of the health system and of overall social and economic development, will of necessity rest on proper coordination at all levels between the health and all other sectors concerned.

14. The principles of primary health care are known, but they are undoubtedly capable of progressive improvement and extension. In practice, many different forms exist throughout the world, and lessons
can be learned from all of them. For example, it would be useful to know more about community participation and behaviour, joint action with other sectors, appropriate technology, training and supervision of community health workers and questions relating to their careers, means of support and referral, and methods of communication between primary health care and other levels of the health system. Much can be learned by doing, but in addition there is a need for organized research that is closely linked to the provision of service.

15. It can be seen that the proper application of primary health care will have far-reaching consequences, not only throughout the health sector but also for other social and economic sectors at the community level. Moreover, it will greatly influence community organization in general. Resistance to such change is only to be expected; for instance, attempts to ensure a more equitable distribution of health resources could well meet with resistance from political and professional pressure groups, and the use of appropriate technology may arouse the opposition of the medical industries.

16. Obstacles such as these can be overcome if they are prepared for in advance. The most important single factor in promoting primary health care and overcoming obstacles is a strong political will and support at both national and community level, reinforced by a firm national strategy. But specific antidotes can also be employed. For example, it may be possible to influence those health professionals not already convinced of the importance of primary health care by involving them in its development. They will need to be persuaded that they are not relinquishing medical functions but gaining health responsibilities. In the same way, resistance among the general public can be defused by discussions in communities and in the mass media. These discussions should aim to make people appreciate that primary health care is realistic, since it provides, at a cost that can be afforded, essential health care for all in a spirit of social justice rather than sophisticated medical care for the few in a counter spirit of social inequality.
17. Opposition from the medical industries can be directed into positive channels by interesting them in the production of equipment for appropriate technology to be used in primary health care. Any losses from reduced sales of limited amounts of expensive equipment could well be more than counterbalanced by the sale to large untapped markets of greater amounts of less expensive equipment and supplies for primary health care.

18. Reservations may be voiced by certain schools of economic planning, based on the common belief that economic growth alone will bring in its wake the solution of health problems. In answer to this it should be explained that, whereas real social and economic development can undoubtedly bring about improvements in health, there is also a need to apply direct health measures to improve health situations and that, as mentioned above, efforts from all the sectors concerned are mutually supportive.

19. There may even be misguided support for primary health care based on the wrong assumption that it implies the cheapest form of medical care for the poor, with the bare minimum of financial and technical support. Only political intervention, coupled with forceful explanations of the real purpose and scope of primary health care, can overcome such an attitude.

20. Political commitment to primary health care implies more than formal support from the government and community leaders. It requires the reorientation of national health development strategies. For developing countries in particular, it implies the transfer of a greater share of health resources to the underserved majority of the population. At the same time, there is a need to increase the national health budget until the total population has access to essential health care. Much of this increase will have to be devoted to those institutions providing direct support to primary health care.
21. The implications of political commitment by the developed countries to primary health care are equally far-reaching and, moreover, have a direct bearing on the efforts of the developing countries. Developed countries, too, need to rationalize their health care systems and stem their rising costs. Also, an explicit policy is required whereby the affluent countries commit themselves to a more equitable distribution of international health resources to enable the developing countries, and especially the least developed, to apply primary health care.

22. International governmental and nongovernmental agencies should now be encouraged to give priority attention within the health field to primary health care. Furthermore, the adoption of a global primary health care policy and strategy will be extremely important to support national policies and strategies and their proper implementation.

23. The time has come for primary health care to be firmly implanted in the world political scene. This requires international agreement on the adoption of a worldwide primary health care policy and strategy with the goal of making essential health care available to all the people of the world. It also requires international action to ensure the unstinting support of the international community, and to encourage countries to set primary health care in motion, to maintain its momentum, and to cooperate in overcoming obstacles. The display of such international determination will provide an outstanding illustration of the practical application of technical cooperation among countries, whatever their level of development.
2. Primary Health Care and Development

24. Development implies progressive improvements in the living conditions and quality of life enjoyed by society and shared by its members. It is a continuing process that takes place in all societies; few would claim that their development is complete.

25. Any distinction between economic and social development is no longer tenable. Economic development is necessary to achieve most social goals and social development is necessary to achieve most economic goals. Indeed, social factors are the real driving force behind development. The purpose of development is to permit people to lead economically productive and socially satisfying lives. Social satisfaction and economic productivity will be interpreted in widely different ways according to the social and cultural values prevailing in each society. Everywhere people themselves realize that their motivation in striving to increase their earnings is not greater wealth for its own sake but the social improvements that increased purchasing power can bring to them and their children, such as better food and housing, better education, better leisure opportunities, and, last but not least, better health. Only when they have an acceptable level of health can individuals, families and communities enjoy the other benefits of life. Health development is therefore essential for social and economic development, and the means for attaining them are intimately linked. For this reason, actions to improve the health and socioeconomic situation should be regarded as mutually supportive rather than competitive. Discussions on whether the promotion of health only consumes resources, or whether it is an economically productive factor contributing to development, belong to the academic past.
26. Since primary health care is the key to attaining an acceptable level of health by all, it will help people to contribute to their own social and economic development. It follows that primary health care should be an integral part of the overall development of society.

27. Primary health care contributes to development by improving health status and by stimulating action and organization in support of the development process. As an example, the control of certain communicable diseases by primary health care and other means often helps to promote development in general. For instance, the control of malaria, sleeping sickness and river blindness can open new areas to settlement, but these successes have to be consolidated by maintaining the settlers' health and their potential for development. Proper nutrition and reduction of sickness increase work productivity. Breaking the vicious circle of malnutrition and infection improves the physical and mental development of the child. In societies where old people are cared for directly by their family, a reduction in infant mortality can eventually lead to a reduction in family size, because the continued existence and health of the first two or three children provide couples with the security they are seeking for their old age. In general, a reduction in both child and adult mortality can induce the feeling that the future is worth planning for. In addition, by drawing on untapped human and financial community resources, primary health care can contribute to the awakening of the social interest that is so important for mobilizing people's efforts for development. Thus, primary health care can be a lever for increasing social awareness and interest, initiative and innovation.

28. The other levels of the country's health system can also assist development on condition that they are attuned to providing support to the full range of primary health care activities. For example, they can concentrate selectively on combating health risks which directly or indirectly influence poverty. In addition to providing specialized curative services, they can catalyse development by supporting community activities that promote health and prevent disease. They can play a wider role in the training of health workers by showing them
how to function in harmony with workers in related social and economic fields for the common purpose of development. They can help to ensure the acceptance, at the appropriate administrative levels, of ideas and proposals emanating from communities that will promote an integrated approach to health and development. They can also help to shape, at these administrative levels, the mechanisms for arriving at decisions that are conducive to integrated development.

29. No sector involved in socioeconomic development can function properly in isolation. Activities in one impinge on the goals of another; hence the need for constant consultation between the major social and economic sectors to ensure development and to promote health as part of it. Primary health care, too, requires the support of other sectors; these sectors can also serve as entry points for the development and implementation of primary health care.

30. The *agricultural sector* is particularly important in most countries. It can ensure that production of food for family consumption becomes an integral part of agricultural policy and that food actually reaches those who produce it, which in some countries may require changes in the pattern of land tenure. Also, nutritional status can be improved through programmes in agriculture and home economics geared to meeting priority family and community needs.

31. It is particularly important to ensure that *women* enjoy the benefits of agricultural development as well as men. In most developing countries the majority of women in rural areas are engaged simultaneously in agriculture, household management and the care of infants and children. They need appropriate technology to lighten their workload and increase their work productivity. They also require knowledge about nutrition which they can apply with the resources available, in particular concerning the proper feeding of children and their own nutrition during pregnancy and lactation.
32. Similar policies in support of health are needed in other sectors. *Water* for household use is as important as water for cattle, irrigation, energy and industry. Plentiful supplies of clean water help to decrease mortality and morbidity, in particular among infants and children, as well as making life easier for women. Countrywide plans are required to bring urban and rural water supplies within easy reach of the majority in the shortest possible time. This is in keeping with the target adopted by Habitat, the United Nations Conference on Human Settlements, of having safe water for all by the year 1990. The safe disposal of wastes and excreta also has a significant influence on health.

33. The health sector can promote investments in water supply and sanitation, but as a rule major investments come from other sectors. In rural areas in particular, the community may well be active in these fields as part of primary health care. Education in the proper use and maintenance of water and sanitary facilities is important.

34. *Housing* that is properly adapted to local climatic and environmental conditions has a positive effect on health. Houses, like animal shelters and food storage facilities, need to be proof not only against the elements but also against insects and rodents that carry disease. All these structures, and particularly kitchens and sanitary facilities, should be easy to clean. Here too, education is important for ensuring the proper maintenance of houses and the areas surrounding them.

35. Certain aspects of *public works and communications* are of strategic importance to primary health care, particularly for dispersed populations. Feeder roads not only connect the farmer to the market but also make it easier for people to reach villages, bringing new ideas together with the supplies needed for health and other sectors. Two-way radio communication, where this can be afforded, puts isolated areas in contact with more centrally located administrative levels, at the same time serving as a vehicle for learning. Low-cost pedal-operated radio communication has been successfully used in primary health care in a number of developing countries.
36. The educational sector also has an important part to play in the development and operation of primary health care. Community education helps people to understand their health problems, possible solutions to them and the cost of different alternatives. Instructive literature can be developed and distributed through the educational system. Associations of parents and teachers can assume certain responsibilities for primary health care activities within schools and the community, such as sanitation programmes, food-for-health campaigns or courses on nutrition and first aid.

37. The mass media can play a supportive educational role by providing valid information on health and ways of attaining it and by depicting the benefits to be derived from improved health practices within primary health care. For example, they could support a sound pharmaceutical policy by helping to create public awareness that a number of drugs with generic names are just as good as advertised products with brand names. They could also help to popularize primary health care by disseminating authentic news about it in different communities.

38. Many agricultural and industrial activities can have side effects that are detrimental to health. To mention a few, irrigation schemes can create the right conditions for the breeding of mosquitoes that transmit malaria, artificial lakes can lead to the proliferation of the snails that carry schistosomiasis, industrialization can lead to the pollution of air and water with toxic chemicals and the accompanying urbanization can provoke psychosocial problems. It is therefore wise to incorporate preventive measures in industrial and agricultural projects which pose particular health hazards. Such measures can be included in irrigation schemes and man-made lakes, safety precautions can be taken to reduce industrial accidents and pollution, potential carriers of disease can be identified wherever there are large population movements, and special attention can be given to protecting the physical and mental health of migrant workers. There is a proper place for primary health care in most of these activities.
39. In addition, the industrial sector can support primary health care by establishing industries related to health, in particular for essential foods and drugs. Local small-scale industries are also important, because they create employment and thereby improve the local economic base and earning power.

40. Coordinated planning at the community level will make it possible to link primary health care closely with other sectors in joint efforts for community development. Thus, community workers can be trained to provide services of different kinds and to complement one another's roles. For example, the health worker can advise on the importance of improved food storage at home and on the farm and can give practical guidance on this matter. Similarly, the agricultural worker who understands the basic principles of good nutrition can influence the production of appropriate foods and their consumption by families, helped by a local agricultural policy that favours food crops rather than cash crops.

41. Community representatives in local government can ensure that community interests are properly taken into account in the planning and implementation of development programmes. Of overriding importance is the principle that public services should be accountable to the communities they serve, in particular for resources that the latter have invested. The desirability of coordinating at the local level the activities of the various sectors involved in socioeconomic development, and the crucial role of the community in achieving this integration, make community participation an essential component of primary health care.

42. A community consists of people living together in some form of social organization and cohesion. Its members share in varying degrees political, economic, social and cultural characteristics, as well as interests and aspirations, including health. Communities vary widely...
in size and socioeconomic profile, ranging from clusters of isolated homesteads to more organized villages, towns and city districts.

43. Self-reliance and social awareness are key factors in human development. Community participation in deciding on policies and in planning, implementing and controlling development programmes is now a widely accepted practice. However, it is understood and interpreted in different ways in different countries, being greatly influenced by the overall political structure and the social and economic situation. The case studies on community participation conducted by the UNICEF/WHO Joint Committee on Health Policy have helped to draw attention to and clarify the role of community participation in primary health care.

44. Community participation is the process by which individuals and families assume responsibility for their own health and welfare and for those of the community, and develop the capacity to contribute to their and the community's development. They come to know their own situation better and are motivated to solve their common problems. This enables them to become agents of their own development instead of passive beneficiaries of development aid. They therefore need to realize that they are not obliged to accept conventional solutions that are unsuitable but can improvise and innovate to find solutions that are suitable. They have to acquire the capacity to appraise a situation, weigh the various possibilities and estimate what their own contribution can be. While the community must be willing to learn, the health system is responsible for explaining and advising, and for providing clear information about the favourable and adverse consequences of the interventions being proposed, as well as their relative costs.

45. Health personnel form part of the community in which they live and work. A continuing dialogue between them and the rest of the community is necessary to harmonize views and activities relating to primary health care. Such a dialogue enables health personnel to acquire a better understanding of the community's feelings, the reasons
for its views, the level of its aspirations and the pattern of its organization and communications. For their part, the people will learn to identify their real health needs, to understand the national strategy for primary health care and to become involved in and promote community action for health. Thus, society will come to realize that health is not only the right of all but also the responsibility of all, and the members of the health professions, too, will find their proper role.

46. There are many ways in which the community can participate in every stage of primary health care. It must first be involved in the assessment of the situation, the definition of problems and the setting of priorities. Then, it helps to plan primary health care activities and subsequently it cooperates fully when these activities are carried out. Such cooperation includes the acceptance by individuals of a high degree of responsibility for their own health care—for example, by adopting a healthy life style, by applying principles of good nutrition and hygiene, or by making use of immunization services. In addition, members of the community can contribute labour as well as financial and other resources to primary health care.

47. It is also a proper community concern to keep the implementation of primary health care under constant review and to make sure that it functions in accordance with its stated purpose. This involvement will facilitate the identification and resolution of difficulties and the readjustment of activities as necessary.

48. A clear national policy is needed which will promote community cohesion around efforts for health and related development, will foster the coordination at the local level of all sectoral programmes that have a bearing on primary health care, will build up the capacity of communities to make their health and other social aspirations known, and will ensure that the community controls both the funds it invests in primary health care and the personnel providing it. Community participation also requires mutual support between government and community, reinforced by mutual information feedback. It is the responsibility of government to stimulate this kind of support, to set
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up the necessary intersectoral coordinating mechanisms at the different administrative levels, to pass legislation to support primary health care and, wherever applicable, to provide sufficient human, material, technical and financial resources.

Decentralization in the development process

49. The general administrative system of a country is important for ensuring coordinated contributions to development from the different sectors concerned. In the past, these has been a tendency to concentrate almost entirely on the central administrative level. Only recently has attention been focused on local levels. The importance of decentralization to intermediate levels, such as provincial or district levels, now has to be stressed. These levels are near enough to communities to respond sensitively to their practical problems and needs; they are equally near to the central administrative level to translate government policies into practice. They are particularly useful for harmonizing the activities of the various sectors that jointly promote development. The intermediate administrative levels thus serve as important pivots for coordinated development. To fulfil this role they have to be strengthened in many countries, particularly by deploying to them the manpower required in the various sectors.
3. Operational Aspects of Primary Health Care

50. A health system is made up of components from the health and other sectors whose interrelated actions contribute to health. It is subdivided into various levels, the first of which is the point of contact between individuals and the health system, where primary health care is delivered. The services provided by primary health care will vary according to the country and the community, but will include at least: promotion of proper nutrition and an adequate supply of safe water; basic sanitation; maternal and child care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; education concerning prevailing health problems and the methods of preventing and controlling them; and appropriate treatment for common diseases and injuries. The other levels of the health system provide more specialized services which become more complex as they become more central.

51. Primary health care is the hub of the health system. Around it are arranged the other levels of the system whose actions converge on primary health care in order to support it and to permit it to provide essential health care on a continuing basis. At the intermediate level more complex problems can be dealt with, and more skilled and specialized care as well as logistic support provided. At this level, more highly trained staff provide support through training and through guidance on practical problems that arise in connexion with all aspects of primary health care. The central level provides planning and managerial expertise, highly specialized care, teaching for specialist staff, the expertise of such institutions as central health laboratories, and central logistic and financial support. How the health system is organized to develop, operate and support primary health care is the subject of the following paragraphs.
Planning  

52. Planning for primary health care has to be carried out in communities as well as at intermediate and central levels. The ministry of health or its equivalent is responsible for formulating national health policy, including primary health care policy, and for promoting its adoption by the government. Such policies are more likely to be effective if they form part of overall development policies, thus reflecting the social and economic goals of the government. Strategies have to be devised to translate policies into practice; a useful process for this purpose has come to be known as country health programming, which consists essentially of assessing the country’s health problems in their socioeconomic context, identifying areas susceptible to change and formulating priority programmes to induce such change.

53. Wherever primary health care has been identified as a priority, which is likely to be the case in most countries, a specific strategy is needed for its formulation and implementation. The primary health care policy and strategy form the terms of reference for all the health and relevant components of other sectors which make up the health system. The strategy has to be translated into a nationwide primary health care programme embracing all levels, supportive and referral as well as community.

54. In developing the strategy and formulating the programme, full account has to be taken of the technologies to be used, the resources to be employed, the support needed at other levels, and the way to organize all this into a coherent system.

55. Health ministries, as well as other national health agencies that may be concerned, need to make planning a function of the highest level of decision-making. This is essential to ensure the appropriate delegation of responsibility and authority, the preferential allocation of resources to primary health care and its supporting services, and the proper location of the supporting services so that they are accessible to the communities they are to serve. Training in planning and management at all levels is indispensable to the planning process. Since the
planning of primary health care involves political, social and economic factors, multidisciplinary planning teams are needed, especially at the central level, including among others people with a knowledge of economics, political science and other social sciences.

56. Central planning should aim at enabling communities to plan their own primary health care activities. It therefore has to provide them with a clear idea of the part they play in the national primary health care strategy and in the overall development process at community level. It has to guide them on how to work out, operate, evaluate and control their primary health care programmes; and it has to provide any essential information that is not available in the community.

57. Strengthened by this guidance and information, members of the community are better equipped to participate fully in the formulation of their primary health care programmes, by analysing their own health problems, taking decisions on priorities, making local adaptations of national solutions, and establishing their own community organization and support and control mechanisms. Wherever possible, those responsible for implementing programmes should participate actively in planning them from the earliest stages. In practice, steps have to be taken to ensure the continuity of the planning process, taking into account that responsibilities for planning and implementation may change hands from time to time.

58. Ideally, information concerning the primary health care programmes of all communities is fed back through the other levels of the health system to be used for the planning of support and referral at those levels, and for the consolidation of the nationwide programme. Constant interaction is therefore needed between the central levels, where policy is set, major resource allocations made, and standards and criteria established, and the intermediate and community levels, where detailed programmes are developed.
59. Ways of planning and organizing primary health care in communities will vary with the type and size of community and with its pattern of social organization. Thus, solutions applicable to small villages may be vastly different from those appropriate for large urban communities. Nevertheless, certain features have to be taken into account that are common to all forms of community.

60. It is necessary to decide on the most suitable mechanisms for planning, operating and controlling the community primary health care programme. Local political, administrative and social patterns will help to determine these mechanisms. In all cases, it is necessary to reach agreement on responsibilities—for example, to decide who carries ultimate responsibility for the programme and whether the same individual, or committee as the case may be, is also responsible for its detailed planning and management. If a committee is elected, how should it be composed—of political or other community leaders, health workers or representatives of the public, and in what proportions? Will such a committee be given absolute powers, or will it be empowered only to make proposals, and if so to whom, or to which body representing the community as a whole? How will coordination with other sectors best be ensured—by including their representatives in the mechanism for planning and organizing primary health care, or by creating another community group consisting of representatives of all the sectors involved in development?

61. In determining priorities, what are the best ways of ensuring that the voice of the whole community is heard? And once priorities have been determined, are they to be given effect all at once or in stages? The answer to this last question will of course depend on the resources available; decisions have to be taken concerning the generation of local resources in cash and kind, and assessments made of the resources potentially available from the other levels of the health system and from central government. It is also necessary to decide who will deal with the other levels of the health system—for example, health workers at the technical level, or community leaders at the political level, or both.
62. Once priorities are decided on, decisions have to be taken concerning the methods and techniques to be employed. These have to be acceptable both to those who use them and to those on whom they are used. Also, an appropriate mechanism is required for taking these decisions, preferably including participants from the general public and from the health sector. Further decisions have to be taken on the composition and degree of skill of the health team providing primary health care. Should this be composed of health workers each providing the same range of service, or by a mixture of health workers each providing different kinds of service? Are there to be part-time or full-time health workers or a combination of both? What should be the conditions for their selection and by whom will they be selected? Should they be remunerated and if so, how and on what scale? Will they have prospects for advancing in their career and how will this be organized and controlled? Should volunteers be mobilized?

63. What kind of basic training should the members of the health team receive and for how long? How will their continuing training be organized, who will organize it and who will provide it? Who will be appointed team leader? How will individuals and families be incorporated in the health team so that they become full partners in their own health development? How will be educated in health matters and by whom?

64. When decisions have been taken on the methods to be employed for each of the components of primary health care, and on the types of health worker to apply these methods, it will be possible to decide on the equipment and supplies required, the essential drugs and vaccines, the system of maintaining equipment and the frequency of replenishing supplies. A balance will have to be reached between local considerations and national standards, taking into account local initiative and development on the one hand, and the possibilities of organizing a national system of maintenance and supply on the other. Decisions also have to be taken on the physical facilities required, their location and size, and their design or adaptation from an existing structure.
65. To control the implementation of the community programme, it is necessary to decide on the methods and mechanisms for social, managerial and technical guidance and supervision. Who will have overall responsibility within the primary health care facility? To whom will the person responsible report on progress and how often? To whom will this person turn with managerial, technical or social problems? To whom will the members of the community turn when they have similar problems?

66. These are only some illustrations of the types of question that have to be answered in planning and operating a community primary health care programme. Whatever the solution, there is a need for clear-cut procedures that are known to the community as a whole and to the health workers and are followed by all concerned.

Coverage and accessibility

67. Primary health care aims at providing the whole population with essential health care. Population coverage has often been expressed in terms of a numerical ratio between services for providing health care and the population to be served—for example, the number of hospital beds per unit of population, the number of doctors and nurses per unit of population or the number of people for whom a health centre has been established. Such ratios are often misleading. It is necessary to relate the specific components of health care being provided to those who require them—for example, to relate the provision of child care to the total number of children in the community, female as well as male, in order to make sure that such care is in fact available to all children. Even then, such ratios express the mere existence or availability of services and in no way show to what extent they have been used, let alone correctly used. To be used they have to be properly accessible.

68. Accessibility implies the continuing and organized supply of care that is geographically, financially, culturally and functionally within easy reach of the whole community. The care has to be ap-
propriate and adequate in content and in amount to satisfy the essential health needs of the people, and it has to be provided by methods acceptable to them.

69. Geographical accessibility means that the distance, travel time and means of transportation are acceptable to the people. Financial accessibility means that whatever the methods of payment used, the services can be afforded by the community and the country. Cultural accessibility means that the technical and managerial methods used are in keeping with the cultural patterns of the community. Functional accessibility means that the right kind of care is available on a continuing basis to those who need it, whenever they need it, and that it is provided by the health team required for its proper delivery.

70. The accessibility of primary health care has to be measured not only by its use at community level but also by the degree to which more complex problems can be solved, and people requiring more complex care treated, at the other levels of the health system. Primary health care that is fully and universally accessible is thus a means to ensure that the whole health system is used in a rational way.

71. It is evident that accessibility will be defined in different ways in different societies and at different degrees of development of the same society. Each society at each stage will have to define criteria for measuring accessibility in the light of the factors mentioned above.

72. An important factor for the success of primary health care is the use of appropriate health technology. The word "technology" means an association of methods, techniques and equipment which, together with the people using them, can contribute significantly to solving a health problem. "Appropriate" means that besides being scientifically sound the technology is also acceptable to those who apply it and to those for whom it is used. This implies that technology should be in keeping with the local culture. It must be capable of
being adapted and further developed if necessary. In addition, it should preferably be easily understood and applied by community health workers, and in some instances even by individuals in the community; although different forms of technology are appropriate at different stage of development, their simplicity is always desirable. The most productive approach for ensuring that appropriate technology is available is to start with the problem and then to seek, or if necessary develop, a technology which is relevant to local conditions and resources.

73. Medicinal drugs are an important component of health technology. It is universally agreed that fewer drugs are necessary than the number at present on the market in most parts of the world. A model list of about 200 essential drugs is now available, prepared after international consultation.¹ The number of drugs needed for primary health care may be lower than 200, but this list can be used as a basis from which to select those drugs required in specific local circumstances. Drugs for use in the community should be simply and clearly labelled, carry clear instructions, and be safe for community health workers to use.

74. The identification or development of appropriate technology has to be considered when the national strategy for primary health care is being formulated. It is an advantage if the equipment and drugs selected can be manufactured locally at low cost. Also, the maintenance of equipment should preferably be within the capacity of local people and local facilities. Indigenous materials can often be used for small-scale manufacture of equipment within the country, renewable materials and sources of energy being preferably employed. If certain equipment and supplies cannot be produced and maintained locally, production facilities are required for whole districts or for the entire country, to ensure a degree of uniformity that will facilitate supply and maintenance.

75. The principle that technology should be appropriate in the sense described above applies not only to primary health care in the community, but also to all the supportive levels, and especially to those closest to the community, such as health centres or district hospitals.

76. It is part of national primary health care policy to insist on technology that is appropriate, to encourage its local development, to disseminate information about it and to promote its widespread use.

77. People are the most important resource of any country, but all too often this resource remains untapped. Primary health care, however, has to make full use of all available resources, and therefore has to mobilize the human potential of the entire community. This is possible on condition that individuals and families accept greater responsibility for their health. Their active interest and participation in solving their own health problems are not only a clear manifestation of social awareness and self-reliance but are also an important factor in ensuring the success of primary health care. By their involvement, individuals become full members of the health team, whose joint action is essential to make the most of what primary health care has to offer.

78. In addition to community health workers and members of the community themselves, the health team will include personnel in establishments at the supporting levels. The composition of the team will vary according to the varying needs of groups of the population, for if primary health care is the hub of the health system, people in need are the hub of primary health care.

79. At the first level of contact between individuals and the health care system, primary health care is provided by community health workers acting as a team. The types of health worker will vary by country and community according to needs and the resources available for satisfying them. Thus, they may include in different societies
people with limited education who have been given elementary training in health care, “barefoot doctors”, medical assistants, practical and professionally trained nurses, fieldshers and general medical practitioners, as well as traditional practitioners.

80. For many developing countries, the most realistic solution for attaining total population coverage with essential health care is to employ community health workers who can be trained in a short time to perform specific tasks. They may be required to carry out a wide range of health care activities, or, alternatively, their functions may be restricted to certain aspects of health care, the total range being provided by a team of health workers, each performing a specific group of tasks. In many societies, it is advantageous if these health workers come from the community in which they live and are chosen by it, so that they have its support. Where they come from other communities, it is important that they become socially attuned to the way of life of the community they are to serve. They are given a short, simple training to prepare them to perform the kinds of activity that respond to the expressed needs of the community; this training can gradually be extended to cover additional tasks as required. Since much of their time will be devoted to education, they must be adequately prepared for this activity.

81. Community health workers have to be trained and retrained so that they can play a progressively more important role in providing primary health care. Their training and retraining should be based on a clear definition of the problems involved, the tasks to be performed, and the methods, techniques and equipment to be used. Instruction is best carried out in accordance with modern teaching/learning methods, and as far as possible should take place in the vicinity of the communities to be served. The length of training is best determined in the light of the educational aims and the results of preliminary testing of individuals, since training has to be adapted to their degree of literacy. Other considerations are the need to prepare them to work in a team and the need to provide them with an understanding of the relation-
ships between their work and that of representatives of other sectors also concerned, since cooperation among them all can have a marked effect on community development. Continuing training programmes have to take account of the need for management capabilities and supervisory responsibilities. In parallel with continuing education, consideration has to be given to the careers of community health workers and their opportunities for advancement.

82. Traditional medical practitioners and birth attendants are found in most societies. They are often part of the local community, culture and traditions, and continue to have high social standing in many places, exerting considerable influence on local health practices. With the support of the formal health system, these indigenous practitioners can become important allies in organizing efforts to improve the health of the community. Some communities may select them as community health workers. It is therefore well worth while exploring the possibilities of engaging them in primary health care and of training them accordingly.

83. When more complicated care, or advice on complex problems, are needed, the community health worker should be able to turn for help to more highly trained staff. The categories of such staff used at the different levels of the health system will vary according to the resources in each country. Whatever the arrangement, their work is given a new orientation by the need to support and strengthen primary health care. The responsibilities of more highly trained staff are also increased, since they have to apply their technical skills to solve health problems determined in the light of social needs, to guide, teach and supervise community health workers, and to educate communities on all matters pertaining to their health. They are therefore given social and educational functions in addition to their technical functions, and if they accept this challenge they can become leaders in health.
Family members

84. Family members are often the main providers of health care. In most societies, women play an important role in promoting health, particularly in view of their central position in the family; this means that they can contribute significantly to primary health care, especially in ensuring the application of preventive measures. Women's organizations in the community can be encouraged to discuss such questions as nutrition, child care, sanitation and family planning. In addition to being important for health promotion, these organizations can stimulate the interest of women in other activities likely to enhance the quality of community life.

85. Other family members also make major contributions. Young people can be educated to have a good understanding of what health means, how to achieve it, and how it contributes to development. They can be very effective in taking these messages to their homes and interpreting new ideas to their families, as well as being useful in practical work, for example in the fields of first aid and basic sanitation. Old people can also be given many tasks which contribute to the health of the community and which at the same time improve their own health by giving them a social purpose. It is important to encourage men, too, to take a greater interest in health, and to help them realize that they can contribute by shaping the community health system, as well as by taking part in practical undertakings. Such participation also has the incidental benefit of providing men with a better understanding of what community health development really means.

Referral system

86. As explained in the section on the place of primary health care in the health system, primary health care activities in the community are supported by successive levels of referral facilities. These engage more highly trained staff capable of dealing with a progressively wider range of specialized health interventions that require more sophisticated technology than can be provided at the community level.

87. Additional thought will have to be given to referral facilities, and especially to the establishments that constitute the link next to
primary health care in the health system chain. In particular, there is a need to review the functions, staffing, planning, design, equipment, organization and management of health centres and district hospitals, in order to prepare them for their wider function in support of primary health care. These establishments will have to adopt a new role in response to the needs of primary health care. Since the problems arising will be on a wider scale than the clinical problems of the seriously ill, the range of services provided will have to be correspondingly wider. They will include the continuing training, guidance and supervision of community health workers as well as the education of the community in health matters. These establishments will have to provide guidance on sanitary measures and to disseminate information on disease control methods that are suitable locally. They will have to provide logistic support in supplying pesticides, drugs, and sanitary and medical equipment. They will of course continue to provide specialized clinical outpatient and inpatient care. Their responsibilities will also involve liaison and intervention with other sectors involved in social and economic development at the administrative level concerned. Such extramural involvement is essential to create confidence in the whole system and to avoid overloading the referral institutions with people who do not need their facilities but could be looked after in the community by primary health care.

88. Referral for more specialized care is best organized according to procedures clearly laid down for each level. This arrangement ensures that each part of the referral chain performs first and foremost the functions for which it is intended, bearing in mind that as far as possible health interventions should take place at community level.

89. The transportation of patients to and from referral services has to be properly organized, making the most of available facilities. Sometimes, unnecessary transportation can be avoided if advice can be given over a communication link by whatever means exist or can be provided at low cost.
90. It should be emphasized that referral is a two-way process and that the retention of patients in a referral institution should be as brief as possible. As soon as their recovery can be maintained by simpler means, they are best returned to the community, accompanied by clear information on the clinical findings and care provided, as well as guidance concerning the further care required.

91. Once the decision has been taken to adopt primary health care, it is necessary to make supplies available to communities on a priority basis. The process of supply begins with decisions on the components to be included in the community’s primary health care programme, and the technologies to be employed for each of these components. Supplies are then planned for, ordered and delivered in accordance with the requirements for those technologies. It is useful to have available standard lists of drugs and equipment, reduced to the minimum, that take into account the epidemiological situation as well as the resources available. While certain basic items may be the same for a large number of communities, there may also have to be adjustments to take account of local variations, such as seasonal fluctuations in the incidence of certain diseases. Supply therefore has to be planned as an integral part of the formulation of primary health programmes at the different levels.

92. The logistics of supply include planning and budgeting for the supplies required, procurement or manufacture, storage, distribution and control. Supplies of the right quality and quantity have to be delivered to primary health care facilities at the right time to make it possible to provide services on a continuing basis. The time needed to carry out the various steps in the purchase and distribution of different kinds of supplies has to be taken into account, and administrative procedures have to be applied that will ensure the continuity of supply.

93. In developing a supply system, consideration has to be given both to cost and to national and local production as part of overall development. For example, it may be cheaper to buy certain items
abroad, but economically more productive in the long run to produce them within the country. This principle may apply also to the alternatives of national purchasing and local production.

94. The physical facilities required for primary health care may be very simple but they must be very clean. They need not necessarily be built specially for the purpose, nor used exclusively for health care. In many communities there already exists some building which can be easily adapted and used for both health and other community activities. Frequently this is a successful combination, since people become accustomed to congregating at this central point and enjoy meeting one another there.

95. If a building does have to be specially built, the members of the community can often do this with their own labour and materials. It can be a place that remains under their care and responsibility and where they feel at home. An important point to be remembered is that a large number of people will probably use the building, which should therefore have a spacious waiting area, either inside or under cover outside, with toilets.

96. In many countries physical facilities are particularly lacking at the first referral level, that is, at the level next in line from primary health care. Here, more substantial buildings and equipment are required. It is a matter of priority to strengthen this often weak link in the chain with adequate investments, so that these facilities can be used to support primary health care in the way outlined in paragraphs 86—90.

97. To make sure that the principles of primary health care are translated into practice, a national managerial process is required. This includes planning, programming, budgeting, financing, control of implementation, evaluation, research, replanning if necessary, and in-
formulation support for all these activities. Reference has already been
made to broad planning at the central level whereby decisions are taken
which foster the development of primary health care within communi-
ties and responsibility is delegated both to them, for planning and
operating their programmes, and to the other levels of the health system
for planning and operating their support to primary health care.

98. An essential decision that has to be taken at an early stage at
the central level is to give priority to primary health care both at the
community level and at the supporting levels. This fundamental de-
cision then has to be translated into budgetary terms to make it possible
to implement it.

Budgeting

99. Budgeting at the central level is a key step because it estimates
required resources and allocates those available in such a way as to
transform an intention into concrete realization of the programme at
the various levels of the health system. Thus, budgeting has to ensure
the preferential allocation of resources to primary health care, starting
from communities and progressing through the other levels. It consists
basically of the allocation to communities and to supporting services of
financial ceilings which are to be used for the particular purposes
defined in the primary health care programme. It should be empha-
sized, however, that budgeting of this kind does not need to be built up
from a precise addition of items requested by each community. Much
time and effort can be saved by the allocation of resources according
to an overall estimate of needs, based on programme objectives and
common approaches for attaining them, and using standard costs.

Decentralization

100. Budgetary allocations need to be accompanied by simul-
taneous delegation of responsibility and authority. Thus, communities
are each given a certain financial ceiling together with the responsi-

bility and the authority to use that money, in addition to their own
resources in cash and kind, in order to develop primary health care in
accordance with the programme they have worked out. At the other levels also, funds are allocated and responsibility and authority are given for the specific purpose of supporting primary health care in the communities they are serving. This approach helps to ensure that the programme is carried out by earmarking funds to be used only for the purpose of primary health care and support to it.

101. Primary health care, with its supporting services, has to be controlled in the sense of ensuring as far as possible that it is functioning in accordance with the national policy and strategy.

102. The community itself to a large extent provides managerial control for primary health care through various mechanisms designed to make sure that the measures decided on are being applied and that activities are being carried out as planned. Any deviations can be reported on quickly and corrected at the source, or alternatively endorsed if they seem better than the measures and activities originally envisaged.

103. Control of a technical nature comes from the more specialized levels of the health system, through guidance, education and provision of the right kind of information, accompanied by readiness to deal with more complex problems.

104. Control of primary health care therefore implies supervision, but with the double connotation of managerial control by the community combined with technical guidance and support from the other levels of the health system, provided within a true process of education.

105. In order to ensure that primary health care is functioning properly and that the lessons learned in the course of its operation are used to improve the programme, a process of evaluation has to be built in. Evaluation is carried out by those providing the services, those
using them, and those responsible for managerial and technical control at the different levels of the health system. Thus, a dialogue is created among all involved, based on their respective assessments but always with a view to improving primary health care. Making evaluation an integral part of the programme also helps to keep its costs as low as possible.

106. Evaluation has several components. It is first necessary to review the relevance of the activities being carried out in terms of their consistency with the social philosophy of the programme. Then, an analysis is made of progress in carrying out activities as planned in order to facilitate operational control. Assessment of the efficiency with which the programme is being carried out aims at improving implementation by comparing the results obtained with the efforts expended, the latter being expressed in terms of people, time, money and health technologies. It includes the measure of the extent to which facilities are actually being used. Review of the effectiveness of the programme aims at measuring the extent to which it appears to be reducing the severity of specific conditions or improving the health situation in the community. It could also include an assessment of the degree of community participation in the programme and satisfaction with it. Impact is an expression of the effect the programme is having on the overall socioeconomic development of the community.

107. There is a need for certain indicators to measure change, and various criteria against which actions can be compared. For example, indicators have to be defined to assess any increase in the coverage of the community with safe drinking-water, or improvement in the health status of children. As another example, since one of the aims of primary health care is universal accessibility of essential health care, criteria have to be developed to assess accessibility, based for example on the factors mentioned in paragraphs 68—71. When formal indicators and criteria are not available, asking simple questions can often be useful, such as “Are the methods being used really acceptable to children?” or “Do all people in fact have access to the facilities and are they using them properly?”.
108. In order to plan and manage primary health care the right kind of information is essential, but the collection of information has to be kept to the minimum required. It is important to identify only that relevant information which is going to be used in the community or the referral service. In many instances it is more important to start with qualitative information on the health and demographic situation than attempt to gather precise quantified data. Quantitative precision can be built up in the course of time. Every level of the health system has its own information requirements concerning primary health care, and the same information may call for a different degree of elaboration and aggregation at each level.

109. To be of practical use, the reporting of information from one level to another has to be two-way, only that information which is actually required by the other level being transmitted. Usually this information will be of two types: information in response to which immediate action is required, and information on which to base more general inferences, evaluation and subsequent modification of programmes as required.

110. Any information-gathering and analysis required should be an integral part of primary health care activities and their supporting services; they should not be carried out separately. They need to be included in plans from the beginning, and information should be gathered or transmitted only for the two purposes just mentioned, and be restricted to the minimum.

111. Enough is already known about primary health care for it to be put into practice immediately. However, much still needs to be learned about its application under local conditions, and during its operation, control and evaluation problems will arise which require research. These may be related to such questions as the organization of primary health care within communities and of supporting services; the mobilization of community support and participation; the best ways
of applying technology available or the development of new technologies as required; the planning for and training of community health workers, their supervision, their remuneration and their career structure; and methods of financing primary health care. Whatever the substance of the research, building it into the programme from the outset makes it a practical way of promoting continuous improvement.

Financing

112. In paragraph 99 mention was made of the essential decision to give preferential allocation of resources to primary health care and its supporting system. Account has to be taken of any community participation in financing community services, but in most countries financing is likely to be a combined community and government effort, with the government in the final analysis having to ensure that it is adequate for the programme agreed on. Finance for health care may come from government taxation, or from a social security system, with contributions from individuals or employers or both, and it may also come from philanthropic sources or through payment by individuals. However, for developing countries to rely solely on methods of financing health care that are current in more affluent countries will be as unwise as to rely on the technology practised in those countries. Thus, the coverage of primary health care costs through national taxation may be quite impracticable and totally inadequate in predominantly agricultural societies. Also, the classical social security systems applied in some of the industrial countries may, in developing countries, tend to favour very limited population groups and thus lead to discrimination against the majority of the population. Individual payment on a fee-for-service basis is certainly not a solution that can be widely applied. In addition, such social security and private methods of payment may be totally inapplicable to some vital components of primary health care that are not concerned with direct service to individuals, such as the provision of potable water, the protection of houses against insects and rodents, or health education in all its aspects.

113. It is therefore necessary to keep an open mind on methods of financing primary health care. Every country has to evolve its own
methods, based on its own circumstances and judgement, analysing the experiences of others in the light of its own political, social and economic context, experimenting as necessary and informing others of the results of its experimentation. For example, in many countries even slight increases in the productivity of large sections of society would change their patterns of consumption and make them capable of shouldering part of the financial burden of health development. In some societies, if people were properly motivated and trained, greater use could be made of voluntary service for various health actions, including the development of local water supplies or part-time service in the delivery of health care.

114. Where all health services are provided by the government it is possible to control not only the organization and budgeting of primary health care but its financing too. Where the health system is composed of multiple agencies, it is important to coordinate the resources as well as the efforts of all of them and to induce them to lend their weight to primary health care and its supporting structures.

115. National nongovernmental organizations should be encouraged to finance primary health care and the services that support it. The external financial support required by many countries should be channelled in the same direction. External financing may take the form of loans and grants from bilateral and multilateral sources, and countries must weigh the advantages and disadvantages of accepting financial support from these sources. In addition to providing funds for immediate use, external financing can stimulate the appropriation of additional national funds, thus facilitating the introduction of national programmes and speeding up countrywide coverage. However, care has to be taken that external financing does not replace national efforts, which are needed to ensure the continuity and further development of primary health care.

116. Firm national commitment to primary health care is vital, but it must be clear what this commitment entails. It has been shown that primary health care has a great variety of implications and consequences that go far beyond technical considerations. National strategies are therefore required that take into account all political, social and economic as well as technical factors, and that help to overcome obstacles of any nature. Such strategies should aim at creating a climate that will make primary health care objectives, targets and activities feasible. International political support is also important in order to foster this climate and to help individual governments to overcome their difficulties.

117. Reference has already been made in chapter 3 to the process of translating policies for primary health care into practical programmes and to the need for a specific strategy for formulation and implementation. It is important that programme formulation be carried out on a countrywide basis. The national programme may begin in selected parts of the country, provided that all are covered as soon as possible. It may also start with only a limited number of the components of primary health care, provided that the others are added in the course of time. The essential feature is that it should be extended progressively, in both geographical coverage and content, until it covers all the population with all essential components. The national strategy will include the referral systems already mentioned, and support from relevant components of other sectors such as education, transport, agriculture and sectors dealing with the environment.
118. The success of the strategy will depend in the final analysis on whether it reflects the full commitment of the government as a whole. Commitment is important to develop and launch the strategy and to maintain its momentum. Such political will is essential to make sure that preferential allocation of resources is being given to primary health care, that communities are being supported in planning their own health care programmes, and that all the sectors involved are coordinating their efforts. However, if it is not possible to implement strategies in accordance with a strictly rational process of decision-making, a pragmatic approach may have to be adopted in order to seize every opportunity to introduce primary health care whenever and wherever possible.

119. The overall objective for which the strategy is intended is to provide essential health care to all the population. It is necessary to define any intermediate stages required in order to reach this ultimate goal. The following are some of the most important steps that have to be taken to devise and implement the strategy.

120. It is necessary to define the communities in need of such care, to decide on their grouping for the purposes of support and referral, and to make sure that the other levels of the health system are properly geared to provide the support required.

121. There is a need to ensure that central planning really does promote decentralized community planning, that the health budget gives priority allocation of funds to primary health care and its support mechanisms, and that responsibility and authority are delegated. Equally, it is important to ensure proper coordination at the community, intermediate and central levels with all other sectors involved.

122. Information has to be made available on technologies that can be used and the best ways of applying them. A supply system has to be organized, guidelines have to be provided for the physical facilities, equipment and supplies required. Appropriate training has to be
ensured. Research capacities have to be developed, for instance to improve knowledge which can actually be applied in the programme, or to ensure the application of the programme in various social and cultural contexts.

Finally, it is important to develop mechanisms for technical cooperation among developing countries, both to provide and to absorb experience and to ensure that external funds are channelled into primary health care and properly allocated.

Mobilizing public opinion

One of the fundamental principles of primary health care is the participation of the community at all stages. For communities to be intelligently involved, they need to have easy access to the right kind of information concerning their health situation and how they themselves can help to improve it. Of particular importance is a clear explanation of the technologies available, their advantages and disadvantages, their successes and failures, their possible adverse effects, and their costs. The information given should be neither oversophisticated nor condescending but should be in a language people can understand. Newspapers, magazines, radio, television, films, plays, posters, community notice-boards and any other means available can be used to secure people’s enthusiasm and their willingness to get primary health care going in the right direction.

Legislation

In some countries, legislation will be required to facilitate the development of primary health care and the implementation of its strategy. Thus, there might be a need for new legislation or the revision of existing legislation, to permit communities to plan, manage and control primary health care and to allow various types of health workers to perform duties hitherto carried out exclusively by health professionals. On the other hand, there often exist laws which are not applied but which, as they stand, might be used to facilitate the development of primary health care.
126. Full development of the primary health care programme and achievement of its fundamental purposes is a long-term process, and the strategy must take this into account. New knowledge gained from national and international activities as well as from research must be incorporated. It is therefore wise for each country to create mechanisms that will help it to absorb information on experience of primary health care. The strategy will need to be continually adjusted in the light of this information, the country’s own experience, and the social changes that are bound to take place in the course of time.

127. Primary health care involves a major rethinking of ways of delivering health care. To make the community the focal point of the whole health system, to look for the relevant technology that countries and communities can accept and afford, and to aim at the universal accessibility of health care are in many ways revolutionary. Primary health care will be more acceptable and easier to implement for all countries if they realize that others are successfully using this approach. For this reason, international political, moral, technical and financial support are important.

128. The type of external support needed must be very carefully identified and coordinated by the receiving country itself. The government has the responsibility for defining areas for which external support is needed. This is a manifestation of the principle of national self-reliance in health matters. Interagency coordination of international support must always be based on this principle.

129. While the primary health care approach itself is universal, there is no universal recipe for primary health care programmes, each one being a national endeavour specific to the country’s situation. What succeeds in one country cannot necessarily be transplanted and have the same results elsewhere. Nevertheless, certain factors do emerge from national experiences which can serve as a guide to others, so international cooperation in this area is likely to be fruitful.
130. Mutual support of countries for primary health care programmes will consist mainly of the sharing of expertise and training facilities, the development of appropriate technology and the exchange of information and experience, using national institutions. While the role of the developed countries in providing financial and technical support will continue to be extremely helpful, there is particular scope in primary health care for the application of technical cooperation among developing countries. The role of international health agencies will be mainly to promote and support this kind of technical cooperation among developing countries, as well as between industrialized and developing countries. This promotive and supportive role too can best be executed through the proper use of national institutions.

131. Primary health care as envisaged above, especially during its evolutionary phase and particularly in developing countries, requires considerable financial resources. This support for primary health care has to be very carefully channelled. In the past, most financial support has gone to highly sophisticated and specialized medical services for small privileged groups. It is now necessary to reverse this trend and focus the support on primary health care. As an expression of the international political commitment and support mentioned in paragraphs 116 and 128, the affluent countries would do well to increase substantially the transfer of funds to the developing countries for primary health care. Flexibility in the use of these funds is important so that receiving countries can allocate them where they are most required. Requirements for care in the community are self-evident. However, because of the need to reorient the health system so that it supports primary health care, and to facilitate the process of referral to the appropriate form of specialized health care, it should also be possible to use these external financial resources for health centres and district hospitals on condition that they are fully supporting primary health care. Such politically motivated support, coupled with the additional resources that the developing countries themselves can generate within the context of the New International Economic Order, will add a genuine developmental potential to international collaboration.
132. National and international nongovernmental organizations can make a very useful contribution to primary health care programmes, precisely because they work within the community. They have the same responsibility as international governmental organizations in the sense that they provide technical and financial support to countries and would do well to ensure that these are channelled into the promotion of primary health care and its supporting system.

133. In conclusion, international commitment to primary health care should be oriented to support national primary health care programmes by creating a positive climate of opinion; by facilitating the exchange of expertise, technology and information through technical cooperation among developing countries and between industrialized and developing countries; and by encouraging proper orientation of financial resources. However, all international agencies, nongovernmental organizations and countries providing support have to be aware that the purpose of their efforts is in the long run to enable countries themselves to apply primary health care as part of their overall development and in the spirit of self-reliance.