HFA, PHC, UHC, MDG, SDG

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Health for all (HFA)

- In **May 1977**, it was decided in the World Health Assembly (WHA) to launch a movement known as **"Health for All by the year 2000"**.
- The member countries of WHO at the 30th WHA defined HFA as:

  "attainment by all the people of the world by 2000 AD of a level of health that will enable every individual to lead a socially and economically productive life"
- The essential principle of HFA is **"equity in health"** i.e. all people should have an opportunity to enjoy good health by an equitable distribution of health resources.

12 Indicators for global monitoring of HFA

1. HFA has received **endorsement as policy** at the highest official level
2. **Mechanisms for involving people** in the implementation of strategies have been formed or strengthened
3. At least **5% of the GNP** is spent on health
4. A **reasonable % of National Health Expenditure** is devoted to local healthcare
5. Resources are **equitably distributed**
6. The **number of developing countries** with well defined strategies for HFA, accompanied by **explicit resources allocations**, who needs for external resources are receiving sustained support from more affluent countries.

12 Indicators for global monitoring of HFA

7. **PHC is available** to the whole population, **with at least the following-**
   - ✓ Safe water **at home or within 15 minutes** walking distance
   - ✓ Adequate sanitary facility **at home or immediate vicinity**
   - ✓ Immunization against **6 VPDs**
   - ✓ Local healthcare, including availability of **20 essential drugs** within **1 hour's walking distance**
   - ✓ Trained personnel for **attending pregnancy and childbirth**
   - ✓ Caring for children up to at least **1 year of age**

12 Indicators for global monitoring of HFA

8. The **nutritional status of children** is adequate, in that:
   - ✓ At least **90% of newborn infants** have a birth weight **at least 2500g**
   - ✓ At least **90% of children** have a weight for age to reference value
9. **IMR** for all is below **50 per 1000** live-births
10. **Life expectancy** of birth is over **60 years**
11. Adult literacy rate exceeds **70%**
12. GNP per head exceeds **500 US dollar**

Primary Health Care: Concept

- The concept of **primary health care** came into **lime-light in 1978** following **Alma-Ata declaration** in USSR.
- It has been defined as-

"Primary health care is an essential health care based on practical, scientifically sound, and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination".

Primary Health Care: Concept

- PHC has the all hallmarks of a primary health care delivery, first proposed by the **Bhore Committee in 1946**.
- Before Alma-Ata conference, PHC was regarded as **"basic health services", "first contact care", "easily accessible care", "services provided by generalists"** etc.
- PHC has been accepted by all countries as the key to **the attainment of Health for All by 2000 AD**.

Primary Health Care: Components

- **Education** concerning prevailing health problems and the methods of preventing and controlling them;
- Promotion of **food supply and proper nutrition**;
- An adequate supply of **safe water and basic sanitation**;
- **Maternal and child health care**, including family planning;
- **Immunization** against the major infectious diseases;
- Prevention and control of **locally endemic diseases**;
- Appropriate treatment of **common diseases and injuries**; and
- Provision of **essential drugs**.

Primary Health Care: Principles

- **Equitable distribution of health services**
- **Community participation at all level**
- **Intersectoral coordination**
- **Appropriate technology**

Primary Health Care: Principles

❑ **Equitable distribution of health services**

- The first key principle in the primary health care strategy is **equity or equitable distribution** of health services, i.e. , health services must be shared equally by all people irrespective of their ability to pay, and all (rich or poor, urban or rural) must have access to health services.
- At present, health services are mainly **concentrated in the major towns and cities** resulting in inequality of care to the people in rural areas.
- The worst hit are the **needy and vulnerable groups** of the population in rural areas and urban slums.

Primary Health Care: Principles

❑ **Equitable distribution of health services**

- The failure to reach the majority of the people is usually due to **inaccessibility**.
- Primary health care aims to **redress this imbalance** by shifting the centre of gravity of the health care system **from cities** (**where three-quarters of the health budget is spent**) to the **rural areas** (**where three-quarters of the people live**), and bring these services as near people's homes as possible.

Primary Health Care: Principles

❑ **Community participation at all level**

- The **involvement of individuals, families, and communities** in promotion of their own health and welfare, is an essential ingredient of primary health care.
- Countries are now conscious of the fact that **universal coverage** by primary health care cannot be achieved without the involvement of the local community.
- There must be a continuing effort to secure meaningful involvement of the community in the planning, implementation and maintenance of health services.

Primary Health Care: Principles

- **Community participation at all level**
  - In short, primary health care must be built on the principle of **community participation (or involvement)**.
  - One approach that has been tried **successfully in Bangladesh** is the use of community clinic [Community group **(CG)**, Community support group **(CSG)**, multipurpose health volunteers **(MHV) and** trained dais/skilled birth attendance **(SBA)]**.
  - They have been greatly influenced by experience in China where community participation in the form of **bare-foot doctors** took place on an unprecedented scale.

Primary Health Care: Principles

- **Intersectoral coordination**
  - There is an increasing realization of the fact that the components of primary health care **cannot be provided by the health sector alone**.
  - The Declaration of Alma-Ata states that "primary health care involves **in addition to the health sector, all related sectors** and aspects of national and community development, in particular agriculture, animal husbandry, food , industry, education, housing, public works, communication and others sectors".

Primary Health Care: Principles

- **Intersectoral coordination**
  - To achieve such cooperation, countries may have to review their administrative system, reallocate their resources and introduce suitable legislation to ensure that coordination can take place.
  - This requires strong political will to translate values into action.
  - An important element of intersectoral approach is **planning with other sectors** to avoid unnecessary duplication of activities.
  - Another term **"intra-sectoral coordination"** is sometimes used which means cooperation between the **implementing authorities** of **MOHFW** i.e. linkage between DGHS, DGME, DGFP, DGNM etc.

Primary Health Care: Principles

- **Appropriate technology**
  - **Appropriate technology** has been defined as "technology that is scientifically sound, adaptable to local needs, and acceptable to those who apply it and those for whom it is used, and that can be maintained by the people themselves in keeping with the principle of self reliance with the resources the community and country can afford" .
  - Example: **Homemade ORS**

PHC continuation

- **Riga recommendation:** In March 1988 at Riga, capital of Latvia, a meeting was held organized by WHO and UNICEF to assess the progress and prospect of PHC, where a decision to maintain HFA as a permanent goal of all nation was recommended.
- **Revitalization of PHC:** A regional conference of SEAR countries was held in Jakarta, Indonesia during the period 6-8 August, 2008 to revitalize PHC in SEAR countries.
- **Astana declaration:** During 15-26 October 2018, in Astana, Kazakhstan a declaration to strengthen PHC systems as an essential step toward achieving UHC and health-related SDGs.

Millenium Development Goals

- In **2000, the Millennium Declaration** identified fundamental values essential to international relations.
- The Millennium Development Goals set targets for realizing these values around the world **by 2015** and served as the focus for UN work throughout the period in the Millenium Summit held in September, 2000.
- MDG had **8 goals, 18 targets and 48 indicators**.

Millenium Development Goals

SDG (Sustainable Development Goals)

- At the historic UN General Assembly Summit in **September 2015**, the **2030 Agenda for Sustainable Development** was adopted by the UN's **193 member states**.
- The **17 Sustainable Development Goals (SDGs) and their 169 targets** are part of this agenda.
- The Sustainable Development Goals are a bold, universal agreement to end poverty and all its dimensions and craft an equal, just and secure world – **for people, planet and prosperity**.

Core Principles of SDG

- Universality
- Leaving no one behind
- Interconnectedness and indivisibility
- Inclusiveness
- Multi-stakeholder partnerships

5 Ps of SDG

- People
- Planet
- Prosperity
- Peace
- Partnership

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Goal-3: Good health & Well-being for all

Target

- **3.1** By 2030, reduce the global **maternal mortality ratio** to less than **70 per 100,000 live births**

Indicators

- **3.1.1 Maternal mortality ratio**
- **3.1.2 Proportion of births attended by skilled health personnel**

Goal-3: Good health & Well-being for all

Target

- **3.2** By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce **neonatal mortality** to at least as low as **12 per 1,000 live births** and **under-5 mortality** to at least as low as **25 per 1,000 live births**

Indicators

- **3.2.1 Under-five mortality rate**
- **3.2.2 Neonatal mortality rate**

Goal-3: Good health & Well-being for all

Target

- **3.3** By 2030, **end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases** and combat hepatitis, water-borne diseases and other communicable diseases

Indicators

- **3.3.1** Number of new HIV infections per 1,000 uninfected population
- **3.3.2** Tuberculosis incidence per 100,000 population
- **3.3.3** Malaria incidence per 1,000 population
- **3.3.4** Hepatitis B incidence per 100,000 population
- **3.3.5** Number of people requiring interventions against neglected tropical diseases

Goal-3: Good health & Well-being for all

Target

- **3.4** By 2030, **reduce by one third premature mortality** from non-communicable diseases through prevention and treatment and promote mental health and well-being

Indicators

- **3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease**
- **3.4.2** Suicide mortality rate

Goal-3: Good health & Well-being for all

Target

- **3.5** Strengthen the prevention and treatment of **substance abuse**, including **narcotic drug abuse and harmful use of alcohol**

Indicators

- **3.5.1** Coverage of treatment interventions for substance use disorders
- **3.5.2** Alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol

Goal-3: Good health & Well-being for all

Target

- **3.6** By 2030, **halve** the number of global deaths and injuries from **RTA**

Indicators

- **3.6.1** Death rate due to road traffic injuries

Goal-3: Good health & Well-being for all

Target

- **3.7** By 2030, ensure universal access to **sexual and reproductive health-care services**, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

Indicators

- **3.7.1** Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods
- **3.7.2** Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group

Goal-3: Good health & Well-being for all

Target

- **3.8** Achieve **universal health coverage**, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

Indicators

- **3.8.1** **Coverage of essential health services**
- **3.8.2** Proportion of population with large household expenditures on health as a share of total household expenditure or income

Goal-3: Good health & Well-being for all

Target

- **3.9** By 2030, substantially **reduce the number of deaths and illnesses** from hazardous chemicals and air, water and soil pollution and contamination

Indicators

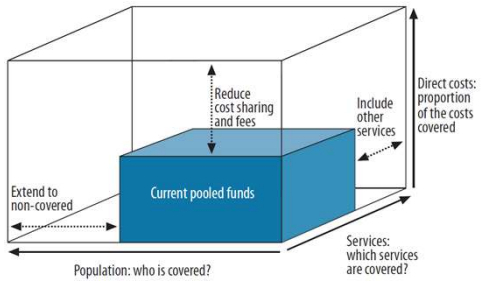
- **3.9.1 Mortality rate attributed to household and ambient air pollution**
- **3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene**
- **3.9.3 Mortality rate attributed to unintentional poisoning**

Universal health coverage (UHC)

- **Universal health coverage (UHC)** means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship.
- It covers the **full continuum of essential health services**, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course.
- Protecting people from the **financial consequences** of paying for health services out of their own pockets reduces the risk that people will be pushed into poverty.

Universal health coverage (UHC)

- The three key **dimensions** of UHC:
  - ✓ **population coverage,**
  - ✓ **service coverage and**
  - ✓ **cost coverage.**



Universal health coverage (UHC)

- Achieving UHC is one of the targets the nations of the world set when they adopted the 2030 **Sustainable Development Goals (SDGs)** in 2015 **(Target 3.8)**
- Progress on UHC is tracked using two indicators:
  - ✓ **coverage of essential health services** (SDG 3.8.1); and
  - ✓ **catastrophic health spending** (and related indicators) (SDG 3.8.2)

Existing important health programs

- Community based health care program e.g. community clinic
- Maternal health and family planning program
- National newborn health program and IMCI
- EPI program
- Adolescent health program
- Malaria control program
- Aedes transmitted disease control program (dengue, chikungunya)
- Soil transmitted helminthiasis (STH) control program

Existing important health programs

- Lymphatic filariasis elimination program
- Kala-azar elimination program
- School health program
- TB and leprosy control program
- NCD control program
- Control of Vitamin-A deficiency disorders
- Control of iron and folate deficiency anaemia
- Arsenic mitigation program

Essential service package (ESP) components

- **Reproductive healthcare** including family planning and safe motherhood.
- **Child health care**: ARI, CDD, EPI, blindness prevention etc.
- **Communicable disease control**: TB, leprosy, malaria, kala-azar, filaria, STDs.
- **Limited curative care**: Common medical disorders and injuries.
- **Behaviour change communication**: Social change, advocacy, social marketing etc.

BCC (Behaviour change communication)

- **Behaviour change communication (BCC)** is a strategic approach that utilizes communication to promote positive health outcome by leveraging established theories and models of behaviour change.
- It acknowledges the **influence of social and cultural context** in shaping individual behaviour.
- The BCC process involves systematic steps, including **formative research, behaviour analysis, communication planning, implementation, monitoring, evaluation and follow-up activities**.

BCC: Benefits

- Enhancement of knowledge, attitude and skills
- Stimulation of community dialogue
- Promotion of essential attitude change
- Creation of demand for information and services
- Advocacy for family health care education policy
- Increases the utilization of promotive, preventive and curative health care services

SBCC: Definition

- **Social and behaviour change communication** is a research-based, consultative process that uses **communication** to promote and facilitate **behaviour change**, and to support the requisite social change for the purpose of improving health outcome.
- **SBCC** is the use of communication to influence individual and collective behaviours. Methods include interpersonal communication, community mobilization, mass media, ICT and others.
- **SBCC** is defined as the systematic application of **interactive, theory-based, and research-driven communication process and strategies** for change at the individual, community, and social levels.

SBCC: Model

SBCC is guided by a **socio-ecological model** that shows how behaviour operates on and is influenced by five interconnected levels: **individual, family and peer networks, communities, organizations and policy environments.**

Key principles of SBCC

Effective SBCC relies on:

a. **Social and behaviour change objectives:** The goal of SBCC is to change knowledge, attitudes and practices of target groups and stimulate social change at the local and national level.

b. **Tailored messaging:** All creative messages and products disseminated through interpersonal, group and mass-media channels should be informed by indepth knowledge of the intended audience.

Key principles of SBCC

Effective SBCC relies on:

c. **Two-way communication:** High quality SBCC requires two-way communication flows for feedback and improvement from the intended audience.

d. **Measurement systems:** Monitoring changes in attitudes and behaviours helps to measure the impact of communications outlined by the programme objectives.

References

- Islam, M.Z. (2023). Essentials of public health. Bibliophile, Banglabazar, Dhaka.
- Park, K. (2023) Parks Textbook of Preventive and Social Medicine. 27th Edition, M/S Banarsidas Bhanot Publishers, Jabalpur.
- Rashid, Khabir, Hyder's textbook of community medicine and public health. 6th Edition, MAHS Publishers, Dhaka.
- UNICEF (2025). Social and behaviour change communication. URL: https://www.sbcguidance.org/understand/social-and-behaviour-change-communication (Accessed on 19/02/2025)