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**Health Care and Primary Health Care**

**PHASE II COURSE**

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## INTRODUCTION

In an attempt to understanding Health Care and Primary Health Care, it is worth noting that the concept of Primary Health Care has been at the center of health development agenda for decades, originally inspired by the 1948 World Health Organization (WHO) constitution and later the focus of the Alma-Ata International Conference on Primary Health Care (1978). We will also look at the current health situation of the country with regards to PHC.

We will use Multiple Choice Question Approach with Answers to explain our responses.

## MULTIPLE CHOICE QUESTIONS AND ANSWERS

1. Primary health care includes a wide range of services:
  - a. Health promotion
  - b. Disease prevention
  - c. Palliative care
  - d. All of the above

**Response: D. Primary health care includes a wide range of services such as health promotion, disease prevention, treatment and rehabilitation and palliative care.**

2. Existing health services were failing to provide quality health care to the people:
  - a. True
  - b. False

**Response: A. Before 1978 globally, existing health services were failing to provide quality health care to the people. Different alternatives and ideas failed to establish a well-functioning health care system. This prompted the Internal Conference on Primary Health Care in Alma Ata and gave rise to the Alma Ata Declaration.**

3. Primary health care is important for integrated personal health care:
  - a. True
  - b. False

**Response: A. Primary care is the first level of health care between the population and the health-care system available to all peoples, and it is important for integrated personal health care, public health function and ongoing referrals to hospital services. It is a basic health care.**

4. Health is defined as:
  - a. A complete state of wellbeing
  - b. Not merely the absence of disease
  - c. Mental and physical health are equally important
  - d. A only
  - e. All of the above

**Response: E. Health is a complete state of physical, mental and social wellbeing, and not merely the absence of disease or infirmity, it is a fundamental human right.**

5. The objectives of Primary Health Care are:
  - a. Increase services that affect the healthy growth of youths and children
  - b. Boost participation of the community and develop community satisfaction
  - c. Provide reasonable and timely access to Primary Health Care services
  - d. All of the above
  - e. None of the above

**Response: D. Primary Health Care has as objectives to increase the programs and services that affect the healthy growth of children and youth, boost community participation and develop its satisfaction, support and advocate for healthy public**

**policy within all sectors, provide reasonable and timely access to PHC services, apply the standards of accountability in professional practice, among others.**

6. .... Principles of PHC:
- a. Social equality
  - b. Social equity, nationwide coverage
  - c. Self-reliance
  - d. All of the above
  - e. B and C only

**Response: E. The five principles of PHC are social equity, nation-wide coverage/wider coverage, self-reliance, inter-sectoral coordination and people's involvement (in planning and implementation of programs).**

7. Appropriate technology and support mechanism make up the two of the four pillars of PHC:
- a. True
  - b. False

**Response: A. PHC has four pillars which articulate around community participation, inter-sectoral coordination, appropriate technology and support mechanism made available.**

8. Primary health care is directly linked to Sustainable Development Goal (SDG) 3 and all the other SDGs:
- a. True
  - b. False

**Response: A. SDG 3, ensure healthy lives and promote well-being for all at all ages is specific to health, and includes the provision of universal health coverage (UHC)**

which aims to provide access to good quality health services for all, without financial hardship. Other SDGs (hunger, gender equality, clean water and sanitation, affordable and clean energy, sustainable cities and communities, climate action, and peace, justice and strong institutions) also contribute indirectly to the attainment of health.

9. The 2018 Astana Declaration redefined three main functions of primary health care:
- Meeting the health needs of the population through provision of a comprehensive health package
  - Systematically addressing the broader determinants of health
  - Empowering individuals, families and communities
  - A and B only
  - All the above

**Response: E. The 2018 Astana Declaration redefined three main functions of primary health care: meeting the health needs of the population through provision of a comprehensive range of promotive, protective, preventive, curative, rehabilitative, and palliative health-care services throughout the life course; systematically addressing the broader determinants of health including social, economic and environmental contexts through evidence-informed public policies and multisectoral action; empowering individuals, families and communities to optimize their health, and supporting people such as self-carers and caregivers as co-developers of health and social services.**

10. For UHC to be truly universal:
- Design health systems for people and with people
  - A strong focus on equity
  - All of the above
  - None of the above

**Response: C. For UHC to be truly universal, a shift is needed from health systems designed around diseases and institutions towards health systems designed for people and with people. PHC requires governments at all levels to underscore the importance of action beyond the health sector in order to pursue a whole of government approach to health, including health-in-all policies, strong focus on equity and interventions that encompass the entire life course.**

11. PHC is the most inclusive, cost-effective and efficient approach to people's health:

- a. True
- b. False

**Response: A. PHC is the most inclusive, equitable, cost-effective and efficient approach to enhance people's physical and mental, as well as social well-being. Evidence of wide-ranging impact of investment in PHC continues to grow around the world, particularly in times of crisis such as the COVID 19 pandemic. PHC focuses on health for all.**

12. The evolution of PHC in Cameroon covers two main periods:

- a. True
- b. False

**Response: A. The evolution of PHC in Cameroon covers two main periods; before and after the International Conference on PHC in Alma Ata in 1978.**

13. Before Alma Ata, two approaches have been adopted:

- a. Medical approach
- b. Health service approach
- c. All of the above
- d. A only

**Response: C. Before Alma Ata, two approaches have been adopted; the medical approach based on colonial-inspired vertical programs in which good health was**

**synonymous with absence of disease. Selected care was free of charge and the community followed the health workers' instructions. Following this, a health service approach was applied characterized by the four demonstration zones of public health action put in place and intended to introduce progressively selective health care and services deemed economically viable.**

14. The four demonstration zones put in place are:

- a. National and regional levels
- b. District and peripheral levels
- c. District and community levels
- d. All of the above
- e. A and C only

**Response: E. The four demonstration zones put in place were the national, regional/provincial, district and community levels. This was later revised.**

15. Revised and current health system pyramid is made up of:

- a. Five levels
- b. Three levels
- c. Two levels

**Response: B. The revised and current health system pyramid is made up of three levels: the central or strategic level, the regional or intermediate level and the district, operational or peripheral level. We note here that the weight of activities is increasing as we move from the central level (10%, 20%, 70%) downwards, meanwhile financial allocations is decreasing (70%, 15%, 15%). Performance Base Financing (PBF) aims to reverse this.**

16. PHC performance in Cameroon is below expectation mostly due to:

- a. Growing privatization
- b. Weak regulatory system
- c. None of the above

- d. All of the above

**Response: D. PHC performance in Cameroon is below expectation mostly due to growing privatization, weak regulatory system and lack of accountability. It has one of the highest health care expenditure occurring in the informal sector.**

17. Reorientation of PHC had as primary objective the social goal of health for all:

- a. True
- b. False

**Response: A. Reorientation of PHC involved a realignment of the National Health System towards the social goal of health for all. Its purpose was to ensure universal access to PHC services through a decentralized management process focused on the health district level, with the institution of the integrated health centers as the first level of contact with the health system.**

18. Reorientation of PHC aims at:

- a. Integrating health activities
- b. Empowering the communities
- c. All of the above
- d. A only

**Response: C. Reorientation of PHC aims at integrating health activities at the level of the health center, while empowering the communities involved in financing and management.**

19. Legislatives and regulatory framework have placed the health district as the foundation stone for PHC implementation:

- a. True
- b. False



**Response: A. Legislatives and regulatory framework have placed the health district as the foundation stone for PHC implementation, including the institution of district management teams and dialogue structures in the form of district health committees and district management committees.**

20. The dialogue structures are responsible for:

- a. Translating community participation into practice
- b. Mobilizing health care workers
- c. A only
- d. All of the above

**Response: C. The dialogue structures are responsible for translating community participation into practice and promoting the ownership of health services by local actors.**

21. The PHC has registered some achievements in:

- a. Routine immunization
- b. Non communicable diseases
- c. Malaria and HIV
- d. A and C only
- e. All of the above

**Response: D. The PHC system has archived high routine immunization coverage rates, high coverage of malaria-preventive technologies, and high coverage of HIV screening.**

22. The epidemiological profile of the country is marked by:

- a. Increase incidence rates of diseases
- b. Predominance of communicable diseases
- c. Mortality from non-communicable disease

- d. All of the above
- e. B and C only

**Response: E.** The epidemiological profile of the country is marked by a predominance of communicable diseases including HIV/AIDS, malaria and tuberculosis, which represent 23.66% of overall disease burden, along with a remarkable increase in mortality from non-communicable diseases (cardiovascular diseases, cancers, mental illnesses, trauma due to road accidents, accidents at work and occupational diseases). Also, maternal mortality remains high.

23. As far as PHC financing is concerned, there is no taxation directly allocated to health:

- a. True
- b. False

**Response: A.** There is no taxation directly allocated to health. Cost recovery at the point of care constitutes the main purchasing mechanism for PHC services, and prepayment through micro insurance, mutual funds or health insurance remain of marginal importance.

24. Prior to Alma Ata, the majority of certain selected PHC services were free, except for .....

- a. Medicines and drugs in dispensing pharmacies
- b. General consultations
- c. All of the above
- d. None of the above

**Response: A.** Prior to Alma Ata, the majority of certain selected PHC services were free, except for medicines and drugs in dispensing pharmacies and remunerated services in hospitals and health centers. After Alma Ata, PHC were free or partially

**subsidized on the basis of standardized but differentiated care between public, private and for-profit health facilities.**

25. PHC funding now has two main sources:

- a. Hospital based and community based
- b. Community based and non-community based
- c. All of the above
- d. A only

**Response: B. PHC funding now has two main sources, community based through fee for services at the point of delivery, purchase of medicines, human investment, donations and legacies, and non-community based, in the form of national solidarity and through the public budget and international solidarity through public aid to health development.**

26. The development of health district is a top priority for the Cameroonian health system:

- a. True
- b. False

**Response: A. The Cameroon health system has adopted its Health Sector strategy for 2017-2026. The development of health district as a strategic priority objective and with universal health coverage as the ultimate goal.**

## Conclusion

Studying Health Care and Primary Health Care, focus was made on Cameroon health care system as well as evolutions made in PHC. The various inter-sectoral aspects were not left out. This has greatly broadened our understanding on the subject, taking into consideration achievements made so far as well as realizing the many gaps that still require great attention.

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