



SCIENTIFIC GROUP ON INTESTINAL PROTOZOAN  
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RELATIONSHIP OF PREVENTIVE AND CONTROL MEASURES TO PRIMARY HEALTH CARE

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Primary health care has been defined by the National Health Care Seminar held at Bangkok, Thailand 1978 as follows:

"Primary Health Care is a public health approach to the integration of health promotion, disease prevention, medical care, and rehabilitation through community involvement and cooperation of the government sector for the achievement of local health objectives using basic resources mostly from the local area, and applying an appropriate technology which easily integrates into the daily life, culture, tradition and society of the local population, and results in resolving health problems of acute perceived need. Its implementation is connected to the overall local development activities and to the public health service system's support of those activities; acceptance of referrals from the local area, and strengthened communication with the local population".

In an integrated programme of national health care, it is essential that specific attention should be given to preventive and control measures. The objective of prevention and control is to reduce the incidence of diseases (communicable diseases) to its minimum. In order to make preventive and control measures effective, it is necessary that special attention should be paid to primary health care. The interrelationship between preventive and control measures to primary health care is therefore not only logical but essential.

Preventive and control measures are essentially directed to deal with making the environment suitable for healthy living. One cannot envisage a successful implementation of a programme in the latter without it being closely coordinated with primary health care.

The objective of primary health care is to maximize the extent of popular participation at all levels of society in the acquisition of elementary health knowledge and basic skills, so as to avoid conditions that create and spread communicable diseases. It also envisages the development of a sense of judgement among people to take action with regard to their own health problems. The two conditions are, therefore, availability of basic knowledge and ability to take action as occasion arises. This implies that primary health care is the concern of the people and, therefore, we must expect and promote the fullest participation of all people in this activity. It is a condition of living in society to prepare the environment to make living healthy and successful.

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There are a considerable number of diseases which are prevalent in the tropical countries. Geographical conditions, overpopulation, and poverty are basic factors that promote the spread of such diseases in communities. As has been constantly reiterated, morbidity in developing countries caused by communicable diseases is one of the major economic hindrances to development. The most prevalent form of disease that causes such morbidity among tropical populations are the intestinal parasitic diseases. It is also well-known that these diseases could easily be brought under control by properly conceived health care systems with minimum institutional requirements and financial resources. One cannot assume that the prevalence of these diseases is due to poverty alone. Conditions of poverty could certainly be brought about by the morbidity caused by these diseases. If the poorest sections of our population were adequately healthy, undoubtedly they could always find the means wherewithal to make a comfortable living under given conditions.

If we take the most prevalent intestinal parasitic diseases, it is possible to conceive the adoption of preventive and control measures which could be integrated into the primary health care system with the minimum adjustment and financing.

#### CONCEPTUAL FRAMEWORK

In order to make preventive and control measures successful it is necessary that the government should plan schemes for introducing effective primary health care programmes at all levels of society.

This involves:

(1) that such a programme to be successful must be addressed to all people at all levels to ensure mass participation. A comprehensive programme to make people conscious of their responsibilities must be undertaken.

(2) that the national government must provide an initiative to use existing socio-economic relationships as the basis around which such a programme could be built. Mass participation calls for identification of leadership among the rural and urban communities and the training of such leaders not only to undertake this work but also to train other members of the community.

(3) the minimum of government intervention to ensure the activation of voluntary work and where necessary to back the intervention with a certain amount of legislation. It is well understood that government intervention should not in any way become a burden on the capabilities and capacities of the people to accept and adopt and implement practices in their community. As far as possible it is essential that existing practices and socio-cultural habits should be utilized in order to promote primary health care.

(4) that schools should be provided with compulsory subjects on primary health care.

(5) that incentive schemes are developed among various communities that would provide a basis for competitive improvement of the environment and conditions of living.

(6) that a continuing training scheme is provided. Primary health care must necessarily rely on a well-founded system of a network of connexions. The points of linkages to the hierarchy of the higher echelons of the professional system must be carefully worked out at different levels of the existing institutional framework. It should be a connexion that gradually links the layman to the professional. This can only be achieved by training of people at all key levels of society, which has to be undertaken continuously and through training of trainers.

It is easy for us to envisage the necessary conditions for promotion of primary health care. However, what is more important is to undertake such a programme on the basis of given populations. The responsibility for introducing these schemes must be built in to the programmes of preventive and control measures, and medical officers and other officials

responsible for implementing those programmes should be also responsible for dealing with primary health care.

In a general analysis of the health situation undertaken in 1976, we have ascertained that more than 50% of people in Thailand were accustomed to buy drugs for self-treatment. On the other hand around 14% had no treatment. This is not due entirely to the fact that there is indeed a shortage of medical facilities. Self-treatment can be extremely dangerous. In societies where such practices are common, primary health care would enable the people to utilize their knowledge and have ready at hand medical facilities of a preliminary nature which could cope with situations of that kind.

The steps taken to introduce preventive and control measures envisage a fairly comprehensive administrative and technical institutional framework within the national health plan. At each of the vital points of decision making it is necessary that facilities should be made available for defusion of information on health care based on information provided to the preventive and control centres which could be used to inform the people of measures that should be taken in order to eliminate the causes of spreading such diseases.

We give below the example of primary health care in the Lampang health development project. The conceptual diagram indicates the flow of responsibilities and the levels to which the district health community could have access through the health communicators. The second diagram provides a conceptual framework of the Samerng project.

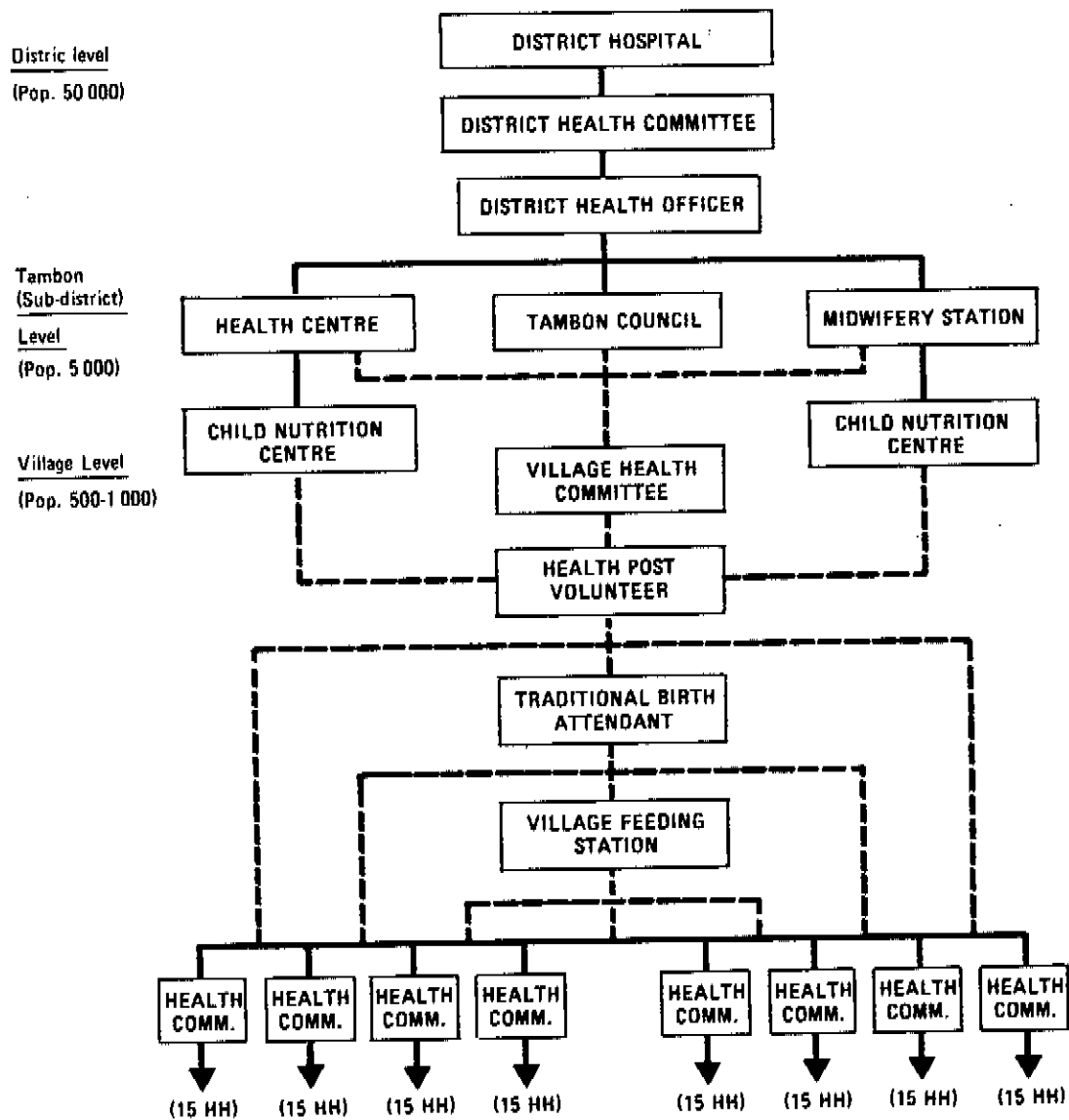
It will be noticed that the whole programme is multi-disciplinary in nature. Primary health care reaches different disciplines including family planning, nutrition and education.

In the national health plan (the fourth, five-year plan, 1977-1981) the planners envisage a number of measures which are basically directed through primary health care. It is envisaged that specialized programmes would be developed to cope with certain communicable diseases. Throughout the plan, care has been taken to indicate the extent of mass participation and its vital importance. In order to make the preventive and control measures effective it is, therefore, absolutely essential that steps should be taken to develop programmes of primary health care and implement those decisions on a realistic basis.

#### CONCLUSION

Programmes of preventive and control measures of intestinal protozoan and helminthic diseases should be integrated within the comprehensive administrative and health institutions of the existing national health services. Primary health care should be implemented in the overall development activities and health disciplines through mass community participation and cooperation from different governmental departments. It is imperative that specialized programmes should be developed to promote interrelationship of preventive and control measures to primary health care services of the country.

**SCHEMATIC OF PRIMARY HEALTH CARE IN THE LAMPANG HEALTH DEVELOPMENT PROJECT**



HEALTH COMM. = Health communicator

HH = households

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### THE CONCEPTUAL FRAMEWORK OF SAMERNG PROJECT, THAILAND

